

Dear Expectant Parent

Vitamin K

At the time of your baby's birth, you will be asked whether your baby should have a Vitamin K injection.

For some decades, Vitamin K has been given to babies at the time of birth to prevent an uncommon but potentially very serious bleeding problem. Very large overseas studies have confirmed the safety and the effectiveness of Vitamin K given as an intramuscular injection.

Oral Vitamin K, whilst equally safe, is a less effective alternative and does need to be given on 3 separate occasions in the first month. The Vitamin K injection needs to be only given once.

Our strong recommendation to you is for your baby to receive Vitamin K in the newborn period. We believe that Vitamin K given by injection immediately after delivery is the preferable alternative.

Newborn Screening Tests

Prior to your baby's discharge from hospital we suggest that your baby have a Newborn Screening Test. This is part of the normal care of newborn babies in Queensland.

When each baby is about 3 days old, a few drops of blood are taken, collected onto blotting paper and sent to the Neonatal Screening Unit for testing.

The tests which are done include screening tests for phenylketonuria, hypothyroidism, cystic fibrosis and galactosaemia.

Phenylketonuria (PKU) is a rare condition in which an affected baby cannot tolerate the full amount of protein in breast milk or in the usually available formulas. Treatment with a special milk prevents the development of mental retardation and allows the baby to grow and develop normally.

Hypothyroidism is an uncommon condition caused by absent, small or improperly functioning thyroid gland. If left untreated, affected children are mentally retarded and have an abnormal appearance. Early treatment with thyroid hormone leads to normal mental and physical development.

Cystic fibrosis is a condition in which an affected baby may fail to thrive. Babies may have diarrhoea and may have repeated chest infections. Early diagnosis and treatment greatly improves the outlook for affected babies.

Galactosaemia is an extremely rare disorder caused by the accumulation in the blood of one of the sugars found in milk (galactose). Untreated babies with galactosaemia may become very sick and die in infancy, or in later life may be mentally retarded, develop cataracts and liver disease. Prompt treatment with a special milk which does not contain galactose will completely prevent acute illness and greatly improve some of the other longer term effects.

In most cases, the results of these tests are normal. Parents are not notified of normal test results. Approximately 1 in 200 babies will need to have a second test collected, usually because one or other of the first tests did not give a clear result. This second test will be normal in almost all babies. Your doctor will be told of this normal result.

In a very small number of babies, the blood test will be abnormal and your doctor or the hospital will be immediately contacted and you will be notified of the need for further tests and, if necessary, treatment for your baby.

Hearing Screen

Healthy hearing is critical to your child's speech and language development from the earliest months of life. About one or two babies out of every 1000 will have a significant hearing loss. If a hearing loss is not picked up at an early stage, it could affect your child's speech and language development and future learning at school.

The healthy hearing program aims to identify babies born with a permanent hearing loss. The screening does not hurt your baby. Several small pads will be placed gently on your baby's head and chest and soft earphones over each ear. Soft clicking sounds will then be played to your baby's ears. The pads will record your baby's responses to the sounds.

You will be aware of the results immediately. The person performing the screen will discuss the results with you. If your baby has a refer result, a second screen will be performed the next day. If the second screen shows a refer result on one or both of the ears you will be offered testing by an audiologist.

We strongly urge that your baby has these screening tests done prior to your baby's discharge from hospital or, if discharged early, these tests are done shortly after discharge.

Yours sincerely

(Sighted but not signed)

Dr James Scorer
Dr Julian Paxton

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