

# CCHD Screening Guidelines for Midwives

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## Informed Choice

All families should be offered the option of pulse oximetry screening for critical congenital heart defects (CCHD) for their newborns. As part of prenatal informed choice discussions, midwives should discuss the benefits of CCHD screening with their clients and their protocol for further evaluation of any abnormal screening results. The midwife should also provide educational resources to assist their clients as they make an informed decision about whether their child will have this screening.

## Training

All midwives are encouraged to offer pulse oximetry screening for CCHD. In addition to this webinar, resources are available through a variety of online resources, including YouTube videos and PowerPoint presentations. Clinical Directors at birth centers may find it helpful to document staff completion of CCHD screening training, to ensure consistency in the prenatal education, documentation, and newborn care provided by their staff midwives.

## Supplies

- Motion-tolerant pulse oximeter
- Infant Disposable or Reusable Pulse Ox Sensor
- If using disposable sensors, one disposable sensor for every infant screened
- If using reusable sensors, one reusable sensor for each pulse oximeter. Also consider additional reusable sensors for back-up. Reusable sensors should be disinfected using manufacturer's recommendations.
- CCHD Screening Form
- Blanket for warming the infant and blocking extraneous light

## Procedure

- Confirm the client understands the procedure and consents to CCHD screening for their baby.
- It is recommended that the screening be done as part of routine newborn screening done at the mother's first postpartum visit, provided that visit is at least 24 hours after the birth.
- Pulse oximetry should be performed on the newborn's right hand and one foot. The surface of the baby's skin should be clean and dry, and the baby should be calm and awake. The parents should be encouraged to hold/comfort their baby during the screening.
- Evaluate the results:
  - **Pass:** If the newborn's oxygen saturation is  $\geq 95\%$  the right hand or foot AND difference of 3% or less between the two, they will be considered to pass the screening test and no additional evaluation will be necessary unless signs of CCHD are present.
  - **Repeat:** If the oxygen saturation is 90-94% in BOTH the right hand and foot OR a difference of 4% or more between the right hand and foot, repeat pulse ox measurements in one hour. This can be repeated up to two times.
  - **Fail:**
    - If 3rd test is still in the range that would indicate repeat (as described above), it is a FAIL and should be referred to a medical provider.
    - Pulse ox of 90-94% in BOTH the right hand and foot OR a difference of 4% or more between the right hand and foot, this is a FAIL. Do not repeat, refer to medical provider.
    - If the newborn's oxygen saturation is  $< 90\%$  in either the right hand or the foot they should be immediately referred for additional evaluation.
- Verbalize the results to the client.
- Document the results on the CCHD Screening Form.
- Document the results on the Certificate of Live Birth.