





Newborn Heart Screenings: Fact Sheet (SB 172)

The American Heart Association, March of Dimes and Mended Little Hearts are proud to support SB 172, which would require all newborns in Oregon be screened for critical congenital heart disease (CCHD).

This bill will save lives

- An estimated 300-350 babies are born in Oregon each year with a congenital heart disease. Of these, roughly 80 are critical.
- "Critical" in CCHD means that the heart defect causes severe, life threatening symptoms and requires intervention within the first hours, days or months of life.
- Pulse oximetry screening will identify babies with CCHD earlier in their lives so they can get the treatment they need as soon as possible.



• CCHD is the most common cause of death in the first year of life. ii

CCHD screening is cost effective

- Recent cost estimates for pulse oximetry screening range from less than \$5 to \$10 per infant, depending on the protocol. iii
- Many hospitals in Oregon are already implementing this screening because they recognize the life-saving and cost-effective benefits.
- The follow up care and echocardiograms that are needed for these babies will be needed whether this screening is done or not, but the life and medical costs will be higher if the babies are not identified early.
- Medical costs for one family for their ERs visit and NICU stay to get their baby stable enough for surgery can easily total more than \$250,000, the vast majority of which could be avoided had the baby been diagnosed in the hospital.







ⁱ Oregon Public Health Division, Oregon Health Authority: Screening for Critical Congenital Heart Disease. January 2, 2013. Vol 62, No. 1.

ii Knapp, AA, Metterville, DR, Kemper, AR, Prosser, L, Perrin, JM. Evidence review: Critical congenital cyanotic heart disease, Final Draft, September 3, 2010. Prepared for the Maternal and Child Health Bureau, Health Resources and Services Administration.See: www.hrsa.gov/advisorycommittees/ mchbadvisory/heritabledisorders/nominatecondition/reviews/cyanoticheart.pdf. iii Ibid.