newborn screening
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Best Practice of a DOH Retained Hospital:

San Lorenzo Ruiz Women's Hospital achieves 100% coverage

When Dr. Marilou Neri came to San Lorenzo Ruiz Women's Hospital (SLRWH) in 2002, the facility was not performing newborn screening. A letter of invitation to attend a newborn screening orientation and prior experience in the newborn screening program at the Jose Reyes Medical Memorial Center where she came from, triggered the idea of offering the service. These marked the beginning of a major advocacy that has recently hit its goal of 100% coverage.

SLRWH was established in March 1990 under the Department of Health – National Capital Region. It is a special hospital for women composed of an Emergency Room, Outpatient Department, Ward and Admissions, and Ancillary. It has three major components: a Women's Hospital; a halfway house for Women in Crisis; and training, education, counseling/rehabilitation Center for Women.

The newborn screening program officially took off in this hospital in September 2004. Just like any fledgling project, the beginning was painfully slow and bewildering. Dr. Neri was a one-man team, handling the entire newborn screening operation - from blood collection to result handling and even collection of payment. To lessen the load, she tried to include the task of payment collection in the hospital's billing department. It did not materialize, however, since newborn screening was not mandated at the time, hence, no basis for its inclusion in the billing.

Just like in any government hospital that caters mostly to indigents and despite the increasing advocacy on NBS, it was difficult to convince mothers to have their newborns screened. So the hospital decided to start with their private paying patients. Still, there were some private patients who refused when they saw that there would be additional charges in their current billing - unanticipated payments.

Paisa-isa lang talaga nung umpisa. But this never disheartened Dr. Neri and her newfound allies in the newborn screening program from continuing their advocacy. Advocacy activities during mother's classes and prenatal sessions were conducted. Newborn screening mechanisms and its cost were discussed. With this, parents were informed early about newborn screening and were able to prepare themselves financially. The efforts brought 20 babies screened out of 70. Slowly, the coverage began to increase.

In 2005, Dr. Neri discussed again with the management to include newborn screening in the bill and thus, extend it to non private patients. It was also in this year that the hospital got a mandate from the Department of Health to include newborn screening in their services. A Memorandum of Agreement for the inclusion of newborn screening in their accounting was formulated until it finally became part of the hospital bill as a newborn care package.

Still, under this setup, San Lorenzo did

(Continued on page 4)

Dr. Marilou Neri giving a lecture on newborn screening to parents

RA 9288 to include Sanctions on Violators

The Advisory Committee on Newborn Screening (ACNBS), the Committee created to act as an advisory body to the office of the Secretary of the DOH in terms of policy and program directions, last June 12, 2008 came up with a resolution approving the following addendum to the Rules and Regulations Implementing Republic Act No. 9288 Otherwise Known as the "Newborn Screening Act of 2004": The additional Rules and Regulation were made to fully implement Rule VII Section 24 on Licensing and Accreditation.

d) *The NBS coverage goal is eighty five percent (85%) in 2010. DOH and PHIC shall ensure that*

(Continued on page 3)

Republic of the Philippines
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PHILHEALTH CIRCULAR
No. 20, s-2007

TO : **ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM AND ALL OTHERS CONCERNED**

SUBJECT : **AMENDMENT TO PHILHEALTH CIRCULAR NO. 34 s.2006 PHILHEALTH NEWBORN CARE PACKAGE (NCP)**

Pursuant to approved PhilHealth Board Resolution No. 1060 series of 2007 amending PhilHealth Board Resolution No. 925 s.2006 the following are guidelines on the implementation of NCP:

GENERAL RULES

1. The package shall cover all eligible newborn-dependents delivered in all accredited health facilities including non-hospital maternity health care providers.
2. Services covered shall include administration of BCG vaccine and resuscitation of the newborn. The amount of the package however shall remain at P1,000.
3. It is reiterated that the health care facility should be able to provide all the required services covered by the package. In case the facility was not able to provide the complete services, claims from the said facility shall not be compensated. This however, shall not prohibit payment to members within the amount of the package item enumerated in Circular No. 34 s.2006 provided that Official Receipt/s are attached to the claim application.
4. To qualify as service providers for this package, currently accredited facilities and those applying for initial, renewal and re-accreditation are required to submit a photocopy of Newborn Screening Facility (NSF) certificate issued by the Department of Health (DOH) or Newborn Screening Reference Center (NSRC) to the Accreditation Department or Accreditation Section of PhilHealth Regional Offices (PROs) on or before December 31, 2007. All claims of PhilHealth accredited facilities for NCP with admission beginning January 1, 2008 that are not certified by DOH or NSRC as NSF shall not be reimbursed.
5. Newborn Screening (NBS) is ideally performed after twenty-four hours of life but not later than three (3) days from complete delivery of the newborn. As such, claims for NCP within the said period shall be compensated. However, for newborns placed in intensive care to ensure survival, premature and sick newborns, they may be exempted from the three-day requirement but should be tested within seven (7) days of age. Official Receipt/s for NBS dated within the same period (even after discharge of patient/ newborn) shall be covered by the package.

CLAIMS FILING

1. The facility should indicate the **filter collection card number** of the NBS specimen collection form in the Part IV (C) item no. 3 of the said claim form. The said claim form shall be returned to the facility in case the facility is not able to indicate the said number.

To illustrate:

C. Others

1. Eye prophylaxis, umbilical cord care, Vitamin K, thermal care, administration of BCG vaccine & resuscitation of the newborn
2. 1st dose of Hepatitis B immunization
3. Newborn Screening Test ***(filter collection card number)***

2. All services covered by the package should be enumerated in the Part IV (C) of the said claim form as shown above.
3. To facilitate speedy processing of claims it is reiterated that Claim Forms 1 and 2 shall be submitted together with maternal application within the prescribed period.
4. All claim applications for NCP shall be coded using RVS code **99432**

CODE	DESCRIPTIVE TERM	RVU
99432	Normal Newborn Care	Package

5. PhilHealth rules on ICD-10 shall also apply for this package.
6. Requirements for NCP claim applications shall include:

   6.1 duly accomplished Forms 1 and 2
   6.2 certificate of live birth
   6.3 clear copy of Member Data Record
   6.4 proof of premium payment

This Circular shall take effect for all claims with admission dates starting January 1, 2008. All other benefit availment rules inconsistent with these rules are hereby repealed.

(Sgd.) LORNA O. FAJARDO
Acting President and CEO

Date signed: December 12, 2007

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June 12, 2008

DEPARTMENT MEMORANDUM
No. 2008- 0128

TO: **ALL DIRECTORS AND REGULATORY OFFICERS OF THE BUREAU OF HEALTH FACILITIES AND SERVICES AND CENTERS FOR HEALTH DEVELOPMENT, AND OTHERS CONCERNED**

SUBJECT: **Newborn Screening Coverage**

Section 9 of Republic Act 9288 known as the Newborn Screening Act of 2004, states that the Department of Health and the Philippine Health Insurance Corporation shall require health institutions to provide newborn screening services (NBS) as a condition for licensure or accreditation.

In 2004, provision of NBS has been included as part of the requirements for the licensure of hospitals. After the two (2) year transition period, provision of such service became a mandatory requirement for the licensure of hospitals in 2006.

Despite of the various administrative issuances reiterating compliance to the said requirement, the NBS coverage in the hospitals remain at a dismal rate of seventeen percent (17%) as of the December 2007. Only one thousand twelve (1,012) hospitals are enrolled as newborn screening facilities as of 2007. Out of the enrolled hospitals, eighty three percent (83%) are active in the collection of newborn screening.

To be able to achieve the 85% NBS coverage by 2010, target coverage shall be imposed as follows: 30% - 2008, 50% - 2009 and 85% by 2010. All hospitals must ensure that such targets are attained. Otherwise, administrative fines as stipulated in Administrative order No. 2007-0022 shall be imposed.

FRANCISCO T. DUQUE III, M.D., MSc.
Secretary of Health

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Consolidating Newborn Screening Efforts in the Asia Pacific Region

Of the 134 million babies born in the world, 67 million are born in Asia. However, only 10% of the babies are being screened. At present, about 22 000 babies are lost to mental retardation from congenital hypothyroidism alone. This screening is considered as one of the most cost-effective ways of saving lives. In countries with depressed and developing economies, such as in Asia, newborn screening is either not yet a priority or just emerging as a priority.

To further involve less advantaged countries to identify opportunities and barriers to establishing or expanding newborn screening within the Asia Pacific region, a pre-conference to the joint 7th Human Genome Organization (HUGO) Pacific Meeting (HGM) and the Asia-Pacific Conference on Human Genetics was held from March 30 to April 1, 2008. Entitled "Consolidating Newborn Screening Efforts in the Asia Pacific Region," the activity was held at Shangri-La Resort and Hotel, Mactan Island, Cebu, Philippines.

The pre-conference was organized by Dr. Carmencita D Padilla, director of the Newborn Screening Reference Center, in collaboration with Dr. Bradford L Therrell, director of the National Newborn Screening and Genetics Resource Center. The activity took advantage of the presence of policy makers, scientists and researchers in the main conference to draw their attention to the role and importance of newborn screening.

The primary aim of the workshop was to support the organization and implementation of a working network of collaborators within the Asia Pacific Region focused on improving the health of newborns through improved newborn screening.

Representatives from eleven countries (Bangladesh, China, India, Indonesia, Laos, Pakistan, Palau, Philippines, Sri Lanka, Vietnam, and Mongolia) participated in the workshop. The participants came up with a joint manifesto entitled, "Cebu Declaration."

In the Declaration, the group stated that "newborn screening is an important tool in the prevention of disease and disability in our children and thus should be a key part of a comprehensive public health system in all of our countries. Each country should prioritize the panel of screening disorders and system of care that is appropriate to her situation".

Some of the recommendations made by the group were:

- All to be encouraged to develop policies and provide necessary support to establish a systematic national newborn screening program within the context of a global national policy for children's health that will provide access to all newborns in these countries and provide follow-up services.
- Screen for at least one condition and develop a national model program that takes into account all aspects of post-testing care.
- Establish national research priorities around newborn screening, through culturally relevant and ethical strategies.
- Reduce disability and death by assuring that the children identified as having screened positive for a disorder have the opportunity to a good quality of life.
- Develop population studies to determine the incidence of genetic disorders in the region and consider linking to national databases with standardized measurements.
- Begin regionalization and cooperation among countries by sharing of expertise, information, and other resources.
- Develop training programs that focus on role-specific activities that build the interdisciplinary teams needed for newborn screening systems of care.
- Stimulate regional research capacity that addresses the specific conditions of priority to Asia and the Asia-Pacific.

Recognizing the need for the establishment of a collaborative, cooperative networking to facilitate the development of a newborn screening system for all nations, the group outlined the following strategies to be taken: hold periodic meetings to assess country advances; develop smaller focused meetings on issues of particular importance; establish structures for increased communication across the region including a regional website and biennial regional meetings; establish an advisory committee to set up an agenda for addressing the recommendations identified by the group; establish working groups that can implement identified priorities; and involve other professional groups interested in quality child health care.

(Continued from page 1)

such target coverage will be attained by the hospitals and other birthing facilities.

e) The following administrative fines are being recommended to be imposed on health facilities who refuse to provide NBS services and collect more than the maximum allowable NBS fee:

First offense - Warning

Second offense - Administrative fine of fifty thousand pesos (P50,000)

Third offense – Administrative fine of one hundred thousand pesos (P100,000)

f) The DOH and PHIC shall formulate their respective guidelines on fine imposition.

More NBS billboard setup nationwide

Apart from the major functions stipulated by RA 9288, the Newborn Screening Reference Center (NSRC) has been active in advocacy campaigns to ensure the implementation of the program.

To counter the financial constraints that limit the advocacy efforts for the program, NSRC started partnering with the local government considered as one of the stakeholders tasked to guarantee implementation of the Newborn Screening Program.

Last year, one of the successful strategies that raised public awareness on newborn screening was the mounting of billboards in strategic places nationwide. For 2008, billboard advertising is still being utilized owing to its being a very effective way to arouse people's attention and interest towards newborn screening.

The said strategy is currently being realized again through partnerships with the Newborn Screening Centers and local governments around the country. The participating cities and provinces are Laoag, Manila, Marikina, Caloocan, Muntinlupa, Taguig, Pasig, Pasay, Valenzuela, Pateros, Pampanga, Nueva Ecija, Aurora, Palayan City, Pulilan, Padre Burgos (Quezon), Masbate, Iloilo, Guimaras, Igbaras (Iloilo), Santa Barbara, Calatrava, Tigbauan, Leon, Dumangas, Negros Oriental, Cebu, Sagay, Moalboal, Rona, Borbon, Butuan and Dinagat Islands.

Catherine story: My baby is deficient in G6PD

Catherine is a 30-yr-old mother to three girls. Her husband works abroad.

June 24, 2007 was a very special day for my family. As the whole town of Calumpit celebrates the Feast of Saint John the Baptist, I was in the hospital giving birth to my third daughter. She weighed 7.3lbs, beautiful, and looks like her Dad. All the fear and pain faded off. I felt the JOY in my heart. In my mind I knew her sisters and Dad love to see her soon. We went thru the usual procedure, we rested in the hospital for few days, underwent monitoring and Newborn Screening (NBS). NBS is so new to me so I asked several questions regarding it. I will never forget what the nurse said, "They will call you incase there is problem and if you do not get any phone call from us, that means she's fine."

A week later at about 11:30 am, I received a text message from the Bulacan Maternity and Childrens Hospital. "*Punta ka dito sa BMCH. Dalhin mo baby mo*. Deficient siya sa G6PD. She needs to be brought to PGH for Confirmatory Testing." My heart was pounding; I didn't know how to react to the text message. What crossed my mind was what the doctor said before, "if there is a problem they will call you". I was terribly frightened. I cried. I replied to the doctor, "*Baka po nagkamali lang*." I even gave my daughter's complete name. He replied again, "Yes, *anak ni Catherine*". I immediately called the doctor to confirm again and again if it was really my child. I ended up rushing to the hospital to talk to him in person. I held my little girl in my arms and surrounded her with kisses. I have a lot of dreams for her. I want to see her growing up normal like any other kids. What frightened me first was the notion that if these children are found positive in any of the disorders tested by newborn screening, they are not normal. We see posters everywhere about NBS where they picture a little girl, normal saved by the NBS, and a boy who was not. I could not imagine my daughter growing up like him. Second was, I had to bring my child to NIH, Manila. I thought, diseases that cannot be treated in the province needs to transfer to bigger hospital in Manila where there are complete facilities and specialists.

What frightened me first was the notion that if these children are found positive in any of the disorders tested by newborn screening, they are not normal.

When I met with Dr. Arvin Escueta, my child's pediatrician, I knew in his eyes he found me so helpless that time. He explained well what G6PD is all about. Though confused, I still asked several questions that crossed my mind. Everything was so new to me. I told myself what about the other parents who did not even entered school. How will they understand that their children do not have spare enzyme to metabolize oxidative substances. Every terminology was so scientific. And though comforted and assured I got home sad. I did not know if I would call my husband as I was down and confused about the situation. Instead, I informed my in-laws and my parents. I did not want my husband to worry. If everything turns well, *saka na lang sabihin*. Anyway, I thought I could manage.

I scheduled our trip to NIH for the confirmatory test. Thoughts of mothers commuting with their newborns considering they just gave birth crossed my mind on our way to Manila.

A week after the confirmatory test at about 12 noon, I notice my baby turned purple and had a hard time breathing. She was crying so loud. I gave her first aid breathing while rushing her to the hospital. She was diagnosed to have neonatal pneumonia. She was given antibiotics. I still do not know the result of the Confirmatory Test at that time. So I asked somebody to get it for me. The result showed that she was Confirmed G6PD Deficient. I immediately talked to the doctor because there were some antibiotics that was given to her. And I was thankful, only antibiotics from the sulfa group needs to be avoided. She was confined for three weeks due to pneumonia.

After confinement, I prepared a bountiful Baptismal celebration for my daughter held at La Residencia Clubhouse. It is my way of thanking God for trusting me to take care of this special baby.

As I look back it was really a struggle. If you could imagine Pneumonia alone is one kind of disease where Hemolitic crisis can trigger. But my Faith to God is greater than any obstacles in life.

BMCH formed a support group among parents of the G6PD deficient children. Their mission is to spread reliable information to every parents. It is headed by Dr. Escueta. I joined the group. Friendship and sympathy for each other were established. We monitor food that is safe for our babies. We compare notes. Dr. Escueta is patient enough to answer all our questions in the best way he could. We had seminars regarding Feeding a G6PD child. Mothers like me easily cope up with the situation. It was consoling to realize that even we are in this case, the support group is always on our side. A million thanks as well for the NIH for supplying all the data we needed. May GOD bless us all!

(Continued from page 1)

not achieve a 100% screening rate because newborn screening was offered as an option. If the parents refused, they could always ask its removal from the bill.

In 2006, the hospital decided to totally charge the screening service to the bill. However, being a government hospital, there were indigent patients who could still not afford to pay even their basic delivery charges. In such cases, the hospital did not perform NBS on the patient.

In 2007, the hospital was close to 100% newborn screening coverage. It was decided that the P50 of the P550 fee would subsidize those who cannot pay the fee. For the hospital's growing number of Philhealth patients, no problems were encountered but few of the remaining patients still could not be subsidized.

Beginning January 2008, the hospital is proud to declare that it has finally reached its goal of 100% screening coverage. Those who cannot pay the newborn screening fee are being subsidized. For Philhealth patients, the hospital no longer charges an additional P50 pesos (Philhealth only subsidizes P500 of the newborn screening fee) because their vaccine supplies for BCG and Hepatitis are gotten for free from the Department of Health. Hence, no costs are incurred.

A series of constructive and creative efforts described above made this possible. Management support also proved to be an important factor. Advocacy also served as a key. After all the birthing pains and difficulties, the experience affirmed that "*kung gugustuhin talaga, walang imposible*" with persistence, dedication and resourcefulness.

According to Dr. Neri, it is really hard to convince parents to have their babies screened. But the practitioners just have to really be creative. Cases in the hospital of babies confirmed positive in one of the disorders can also be used as examples. This kind of strategy works. Screening rate finally shoots up.

Dr. Neri taught the nurses and other medical staff how to perform newborn screening. Repeat collections were encountered. Just like the story of their newborn screening coverage, their performance in the newborn screening collection improved. This further motivated the staff. Tasks were eventually delegated until an NBS team was set up.

Since the hospital is now sustaining their 100% screening performance, the next goal is total quality on blood sample collection. Dr. Neri and the hospital director want zero repeats by the end of this year; as well as zero missing information. The hospital is also fixing data for possible benchmarking by others. Dr. Neri has transferred her responsibilities on newborn screening to their nurse Mary Ann so she can focus on her other health programs that also need attention.