



Michigan CCHD Screening- Reporting Form for Homebirths

CCHD Screening using pulse oximetry is required for all infants born in Michigan. Data should be submitted to MDCH even when screening is not completed
This form can be mailed to: **MDHHS - CCHD, 333 S Grand Ave, PO Box 30195, Lansing MI 48909** or by FAX: 517-335-9419

Demographics requested:

Newborn Screening Kit Number Midwife/Birth Attendant

Baby's First Name Baby's Last Name Birth Order

Baby's Date of Birth Baby's Medical Record Number

Mother's First Name Mother's Last Name

Pulse Ox Reading 1

Date Time

Perfusion Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Pass
Rescreen
Fail

Reason Not Completed

Other Reason Not Completed

Pulse Ox Reading 2

Date Time

Perfusion Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Reason Not Completed

Other Reason Not Completed

Pulse Ox Reading 3

Date Time

Perfusion Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Reason Not Completed

Other Reason Not Completed

Reason Not Completed:

*If screening outcome was "Fail" what action did you take? Where was infant sent for follow-up?

Michigan Algorithm for Pulse Oximetry Screening

Protocol for all newborns without cardiovascular or respiratory distress (asymptomatic). Screening should take place before discharge as close to 24 hours of life as possible, at or after 35 weeks gestation.**

** NICU screening should occur when medically appropriate- See MDCH recommended NICU screening algorithm

