Introduction

Every hospital providing maternity care shall offer to obtain a sample of blood from an infant born at the hospital and provide that sample to the mother of the infant. While the hospital is required to offer to collect the sample, the parent may decline the procedure.

Background

The Child ID Blood Spot Program gives parents the option of having the hospital collect and provide the mother with a sample of her newborn's blood at the time of birth. In the event of a future emergency involving the child, such as an accident, abduction, or natural or manmade disaster, the blood collected can be used to perform a DNA analysis for use in identifying the child. This sample provides an additional piece of information parents can give to authorities in an emergency.

To collect the sample, a drop of blood is spotted onto a specially designed blood spot sample collection card, placed in a protective envelope with a drying agent, sealed, and given directly to the mother for storage and safekeeping.

This guidance was developed in collaboration with the Virginia Hospital and Healthcare Association (VHHA). VDH encourages hospitals to refer to the VHHA guidance document at: http://www.vhha.com/childidprogram.html for additional logistical information not provided in this guidance.

General Information

A. To demonstrate that the hospital complied with the law requiring that the offer to obtain the blood sample has been extended, hospitals should document in the mother’s and infant’s charts that they made the offer, as well as the parent's acceptance or refusal of the offer. A model parental consent form is attached.

B. The sample may be collected in the delivery room from the newborn's cord blood. It also may be collected later in the nursery from the same heel stick used to collect blood for the Newborn

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1 Section 32.1-134.02 of the Code of Virginia. Infants; blood sample provided to parents.
2 This differs from the Virginia Newborn Screening Program, which provides for the diagnosis and treatment of 27 disorders to prevent permanent disability or death.
Screening Program, but the Child ID Program blood spot will be collected on a separate card and provided to the mother.

C. Each hospital should establish financial/reimbursement policies for collection of the blood sample and associated services. The Virginia Department of Medical Assistance Services advises that Child ID Blood Spot collection is covered for Medicaid enrollees using Revenue code 0399 (other blood handling). Other coverage and reimbursement for Child ID Blood Spot collection is likely to vary by carrier and contract.

D. In the event the newborn requires high risk care, birth hospitals should consider obtaining the sample with cord blood at the time of delivery, prior to neonatal transfer to a sub-specialty unit, and/or prior to the administration of blood products.

E. In the event a blood sample was not obtained for the Child ID Blood Spot Program prior to a blood transfusion and the mother requests a blood sample, hospitals may obtain the blood sample prior to discharge and label the blood spot card as “POST TRANSFUSION”. This information may be helpful for future laboratory evaluation, if necessary. As DNA technology has advanced significantly, laboratories are and will continue to be better capable of identifying host DNA, even if contaminated with other DNA.

F. Once the sample is collected, it should be provided directly to the mother, who then assumes responsibility for any storage or further use of the sample. Once it is provided to the mother, the hospital has no further access to or responsibility for the sample, including its storage, analysis or use.

**Suggested Collection Procedures**

1. Provide informational materials regarding the Child ID Blood Spot program to the parent(s).

2. With maternal (parental) consent to take a sample, collect the blood on a blood spot sample collection card.

3. Collect the blood sample either in the delivery room from cord blood or later in the nursery at the same time the blood is collected for the Newborn Screening Program.

   Note: The blood collection procedures are the same as the newborn screening procedures except that the blood spot sample is given to the mother.

4. Gloves must be worn at all times when handling blood, blood products and related materials to prevent contamination.
5. Take steps to avoid adding your DNA to the blood spot card (touching card without gloves, shed hairs, sneezing or coughing near card).

6. With gloves, write newborn’s name (if known) and birth date on the stain card and on the outside of the foil pouch. Alternatively, a hospital label may be used.

7. Fill in the circle on the stain card with the blood sample using concentric circular motions. Do NOT puddle, rub or smear the blood sample.

8. Allow the blood to completely air dry.

9. Place the blood spot sample card and the desiccant in the foil pouch and seal.

10. Give the blood spot sample card to the mother. Explain to the mother that the pouch should remain sealed unless and until a DNA analysis is necessary.

11. Document the procedural information regarding the blood spot collection and the presentation of card to mother in the mother and infant’s medical charts just like any procedure note with date, time, who performed it.

12. Keep the unused cards dry, clean and uncontaminated before use, storing cards and other supplies consistent with any relevant manufacturer’s recommendations.

**Sources**


Virginia Department of Health, Office of the Chief Medical Examiner and Office of Family Health Services

Virginia Department of Forensic Science
Model Consent Form
Child ID Blood Spot Program

I, ________________________________________________________, consent to the collection of my child’s blood sample for the purposes of the Child ID Blood Spot Program. The _________________________________ hospital will provide the blood sample to me after collection. I understand that once the sample is given to me, the hospital has no further access to and no further responsibility for the sample, including storage, analysis or use.

Signatures:

______________________________  ________________________
Parent (Mother)               Date

______________________________  __________________________
Hospital representative           Date