

**Hospital Clinical Guidelines**  
**EVIDENCE TABLE**

**GUIDELINE TOPIC: Neonatal Newborn Screening**

Please record all references used in developing the clinical guideline. This form must be filled out electronically and emailed to [Jody.Smith@rch.org.au](mailto:Jody.Smith@rch.org.au)

NB: If you need assistance with completing this table, please contact Jody Smith on x 6956.

<b>Reference</b> ( <i>include title, author, journal title, year of publication, volume and issue, pages</i> )	<b>Method</b>	<b>Evidence level</b> (I-V)	<b>Summary of recommendation from this reference (point form)</b>
Genetic Health Services Victoria (2003) " <i>Newborn Screening Program</i> "	Evidence Based Guideline	V	<ul style="list-style-type: none"> <li>• Genetic Health Services Victoria is a partnership between the Department of Human Services (DHS), the Murdoch Children's Research Institute (MCRI), other health service providers and the community.</li> <li>• The information contained in this guideline is believed to reflect best practice at the time of publication. Where good evidence is not available the guideline offers current consensus based on expert opinion.</li> <li>• The guideline includes strategies for the effective management of neonatal newborn screening.</li> </ul>
Human Genetics Society of Australasia and The Royal College of Physicians (2000) <i>Policy Statement on the Retention, Storage and Use of Sample Cards from Newborn Screening Programs.</i>	Evidenced Based Policy	V	<ul style="list-style-type: none"> <li>• The policy statement has been developed by a joint subcommittee of the Human Genetics Society of Australasia and the Division of Paediatrics of the Royal Australasian College of Physicians.</li> <li>• The policy provides guidance to Newborn Screening Programs on issues that relate to sample cards after screening tests are completed</li> </ul>
Human Genetics Society of Australasia and The Royal College of Physicians (2004) " <i>Newborn blood-spot screening policy statement</i> "	Evidence Based Policy	V	<ul style="list-style-type: none"> <li>• Recommended screening policy is developed by a joint subcommittee of the Human Genetics Society of Australasia and the Division of Australasian College of Physicians.</li> </ul>
Skene, L. Baniker, A and Nisselle, P. (2004) Retention of Guthrie cards: reassuring parents. <i>Medicine Today vol 5 68-71.</i>	Expert Opinion	V	<ul style="list-style-type: none"> <li>• Doctors have an important role in reinforcing the benefits to children of newborn screening.</li> <li>• Providing accurate information about the legal implications.</li> <li>• Article clearly outlines the purpose of newborn screening, Guthrie cards, research and informed consent.</li> </ul>

Level of Evidence  
Clinical Guidelines  
Royal Children's Hospital  
**The Hierarchy of Evidence**

**The Hierarchy of evidence is based on the National Health and Medical Research Council (2000) and Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)**

- I** Evidence obtained from a systematic review of all relevant randomised control trials.
- II** Evidence obtained from at least one properly designed randomised control trial.
- III-1** Evidence obtained from well-designed pseudo-randomised controlled trials (alternative allocation or some other method).
- III-2** Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case control studies, or interrupted time series with a control group.
- III-3** Evidence obtained from comparative studies with historical control, two or more single–arm studies, or interrupted time series without a parallel control group.
- IV** Evidence obtained from case-series, either post-test or pre-test and post test.
- V** Expert opinion without critical appraisal, or based on physiology, bench research, or historically based clinical principles.

Clinical guidelines are based on reviews of the best available evidence. **Level 1 evidence represents the gold standard for intervention studies;** however it is not available for all areas of practice and for some guidelines it may be appropriate to utilise results from studies with lower levels of evidence. Some clinical guidelines may also be informed by experts in the field, locally (RCH) and internationally (Journal articles) (expert opinion) etc. This NHMRC Hierarchy can be used to grade evidence. Please record details on the evidence table and return to Clinical Quality and Safety (CQS) with guideline draft. The Evidence table can be filled out electronically or printed and used as a hard copy.

*Please contact Jody Smith Clinical Guideline and Path Coordinator on ext 6956 if you have any concerns or require assistance.*