

RICHARD BERNING, MD, FAAP, FACC
PEDIATRIC HEART SPECIALISTS, LLC

107 CHURCH HILL. ROAD, SUITE I-A
SANDY HOOK, CT 06482-1108

MAIN: 203-426-0225
FAX: 203-426-0249

March 6, 2012

Sen. Terry Geratana

Co-Chair, Public-Health Committee

Legislative Office Building, Room 3003

Hartford, CT 06106

RE: Support for Raised Bill #56

Dear Sen. Terry Geratana:

As a practicing Connecticut pediatric cardiologist for over 15 years in Connecticut, I can confidently state that passage of Bill #56 will save lives. This Bill mandates routine screening of all babies before discharge to home from the nursery after birth for cyanosis (bluish skin caused by decreased oxygen levels in the blood) using a pulse oximeter, a tool that every hospital and even most doctors' offices already use on a regular basis. Currently oxygen levels are typically only checked on ill patients. Newborn infants who appear healthy (and not blue enough to raise anyone's concern) can be sent home from the hospital never having had their oxygen level checked with the pulse oximeter equipment.

Congenital heart disease occurs in approximately 1% of all newborn babies. Many of these babies will be identified prenatally or otherwise after birth when they present with murmurs and breathing difficulty. Before birth the baby receives oxygen from the placenta and the blood is diverted away from the lungs via a blood vessel called the ductus arteriosus. The ductus arteriosus is programmed to squeeze closed once the baby is born and begins breathing. The ductus can stay patent, or open, for hours or days and even longer depending on many factors. When babies have serious congenital heart disease, this patent ductus arteriosus (PDA) can actually keep them alive by providing a detour past the defective portion of their heart. A baby with serious congenital heart disease and a patent ductus arteriosus can look well enough to fool a doctor or nurse into misdiagnosing them as a healthy baby. At some later point, usually when they are home, the ductus arteriosus can close causing the baby to become very sick and even die suddenly.

Dr. Berning's Testimony for support of House Bill #56

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Passage of Bill #56 will standardize the evaluation of newborn infants before discharge to home and likely catch many of the infants who were presumed to be healthy but in fact had serious congenital heart disease. The test is simple and inexpensive, and the equipment needed is already available at every Connecticut hospital. Detecting these previously missed seriously ill infants early will ultimately save healthcare dollars, unnecessary deaths, and save their families heart ache and grief. I urge you to vote for passage Bill #56!

Sincerely,

A handwritten signature in black ink, appearing to read "R. Berning MD". The signature is written in a cursive, flowing style.

Richard A. Berning, MD FAAP, FACC

Pediatric Cardiologist