Indications for ES/GS in Critically Ill Neonates

These criteria do not exclude completion of other genetic testing or consultation in the hospitalization for indications not listed here.

- Neonatal encephalopathy without inciting event
- Multiple congenital anomalies not suggestive of aneuploidy¹
- Concern for metabolic disorder²
- Hydrops fetalis without clear etiology
- Neonatal seizures without HIE
- Abnormal neurologic exam including significant hypotonia/hypertonia, weakness Complex congenital heart disease
- Growth abnormality including Intrauterine Growth Restriction (IUGR), Small for Gestational Age (SGA), micro/macrocephaly or overgrowth without clear etiology
- Dysmorphic features

¹ Common aneuploidies: Trisomy 21 (Down syndrome), Trisomy 13 (Patau syndrome), Trisomy 18 (Edward syndrome), Monosomy X (Turner syndrome)

² Signs of Acute Metabolic Disorders in the Neonatal Period: Sudden, gradual or insidious onset of sepsis-like features including poor feeding, vomiting, lethargy, seizures, hypoglycemia and lactic acidosis, abnormal urine organic acids, hyperammonemia