



Newborn Screening ACT Sheet

F, A, Other (Probable Unidentified Hb Variant)

Unidentified Hemoglobin Variant

Condition Description

In addition to the normal hemoglobin F (fetal) and A (adult) found by the newborn screen, an unidentified abnormal hemoglobin variant was also found. However, most unidentified variants have no clinical or hematological significance, and usually a referral to hematology is not needed.

Take the Following Actions

- Contact the family to inform them of the screening result;
- Evaluate for jaundice (beyond the first month of life), cyanosis, anemia, splenomegaly, and poor feeding or weight gain;
- Review family history for anemia, bleeding disorders and splenectomy;
- Repeat newborn screen if second screen has not yet been done; and
- At 3-6 months of age, obtain complete blood count, MCV, blood smear, and reticulocyte count. Consult with pediatric hematologist if results are abnormal, usually they are not.

Diagnostic Evaluation

Follow-up labs include CBC, MCV, blood smear, and reticulocyte count as described above.

Clinical Considerations

If the CBC is normal and baby shows normal growth and development patterns, then no further testing is needed. In some cases, the Hb variant may present altered oxygen affinity or be chemically unstable, which may cause anemia, erythrocytosis (high hemoglobin concentration) or hemolysis. In such situations, further evaluation by a pediatric hematologist is necessary.

Additional Information

[Cook Children's – How to respond to a hemoglobin variant on a newborn screen](#)

[Utah Department of Health & Human Services – Hemoglobin Trait \(C, D, E or Unidentified\)](#)