# The initial management and stabilisation of the newborn infant with a positive screen for congenital adrenal hyperplasia (CAH): An ANZSPED guideline.

**March 2025**

## Key points

THIS IS A GUIDE FOR BABIES RECALLED FROM THE COMMUNITY

Newborn screening for CAH is aimed at detecting classical or severe CAH due to 21-hydroxylase deficiency; mild cases may not be detected.

The screening test, elevated 17 hydroxyprogesterone (17OHP) level by immunoassay supported by an abnormal steroid profile on liquid chromatography-tandem mass spectrometry (LC-MS/MS) on the same sample, is highly specific for CAH.

Screen positive babies are at high risk of deterioration if treatment is delayed while further confirmatory biochemical or genetic tests are awaited.

**Urgent consultation with a paediatric endocrinologist is recommended.**

It is prudent to monitor glucose and electrolytes and start treatment as soon as possible.

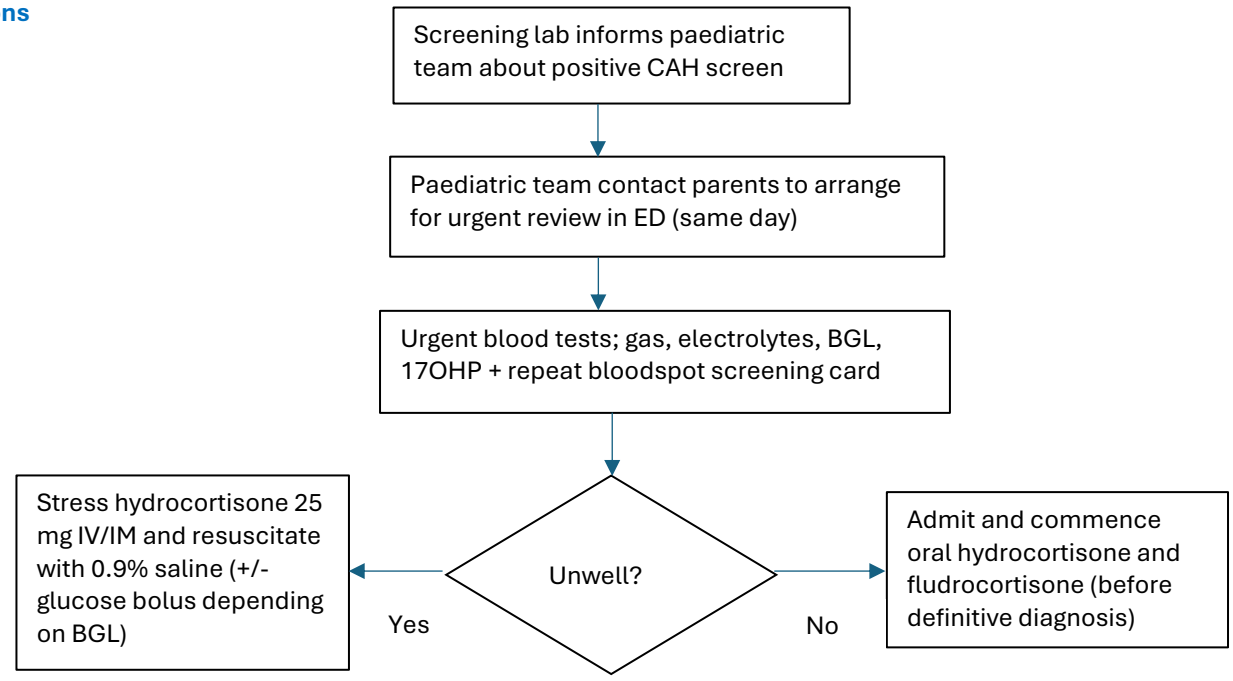
***Unwell babies*** should receive a stress dose of hydrocortisone (25 mg IV/IM) and resuscitation with 0.9% saline. If BG <3 mmol/l give 10% dextrose bolus (2 mls/kg). Hydrocortisone is continued as 100 mg/m$^2$/d or 1 mg/kg IV/IM 4 hourly. Additional fludrocortisone is not needed alongside stress glucocorticoids as large doses have mineralocorticoid effect.

***Well babies*** are treated with oral hydrocortisone and fludrocortisone, ie hydrocortisone 12-15 mg/m$^2$/d (i.e. 1-1.5 mg po tds) and fludrocortisone 100-200 mcg po once daily. Salt replacement is started once feeding is established and prior to discharge (typically 4 mmol/kg/d in 4 divided doses).

Previously well babies on hydrocortisone who deteriorate should receive stress steroid dosing.

All CAH screen positive newborns should be admitted to hospital.

## Actions




*unwell eg hypotension, hypoglycaemia, hyponatraemia, hyperkalaemia

***For more detailed information see the ANZSPED website: anzsped.org (under Resources>Guidelines and Consensus Statements***