

Heart Defects in New Mexico: *d*-TGA



Congenital heart defects (CHDs) are the most common type of birth defect. A child is said to have a CHD when he or she is born with a heart that is not formed normally. As medical care and treatment have advanced, babies with CHD are living longer and healthier lives.

What is New Mexico doing to catch heart defects early?

All birthing facilities in New Mexico are required to screen newborns for risk of heart defects, including congenital heart defects (CHDs), such as *d*-TGA.*

The screen for CHDs, called pulse oximetry, is painless and measures the baby's pulse and the level of oxygen in the baby's blood. Screening performed in the birthing facility before discharge allows immediate referral for follow-up testing. Pulse oximetry alone cannot diagnose a heart defect.

*Parents choosing to forego this screening must sign a waiver.

What are the symptoms of a heart defect?

It's important for parents and caregivers to be able to identify the symptoms of a heart defect. If you notice any of these symptoms, seek medical help immediately.

- Pounding heart
- Weak pulse
- Pale or blue-colored skin, nails, or lips
- Fast or troubled breathing
- Poor feeding
- Very sleepy

Dextro-Transposition of the Great Arteries (d-TGA)

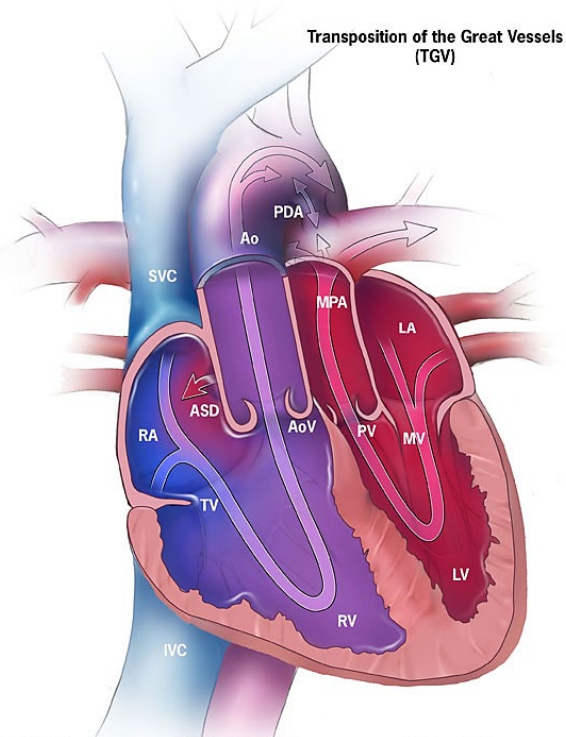
What is d-TGA?

Dextro-transposition of the great arteries (d-TGA), also known as Transposition of the Great Vessels, is a complex heart defect present at birth. The heart of a baby with d-TGA is pumping oxygen-rich blood back to the lungs and oxygen-poor blood to the rest of the body. A properly working heart does just the opposite; it pumps oxygen-poor blood to the lungs for replenishment and oxygen-rich blood to the rest of the body. Immediate problems caused by this mix-up are lack of oxygen to the tissues, and eventually will lead to heart failure, and lung damage.

Often, babies with d-TGA have other heart defects, like a hole between the lower chambers of the heart (a ventricular septal defect) or the upper chambers of the heart (an atrial septal defect) that allow blood to mix so that some of the oxygen-rich blood can be pumped to the rest of the body.

What causes d-TGA?

In most cases, the cause of heart defects are unknown. Some known causes include medical conditions of the mother such as diabetes, lupus, rubella infections, or obesity. Smoking, drinking alcohol, or taking certain medications can also increase the risk of a heart defect. Other known causes include alterations to the genes or chromosomes during the development of the fetus.



RA, Right Atrium
RV, Right Ventricle
LA, Left Atrium
LV, Left Ventricle

SVC, Superior Vena Cava
IVC, Inferior Vena Cava
MPA, Main Pulmonary Artery
Ao, Aorta

TV, Tricuspid Valve
MV, Mitral Valve
AoV, Aortic Valve
ASD, Atrial Septal Defect
PDA, Patent Ductus Arteriosus

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities: <https://www.cdc.gov/heart-defects/about/d-tga.html>

How is d-TGA treated?

Each case of d-TGA is different, so it is important to discuss treatment options with a pediatric cardiologist. When it is necessary, surgery will occur prior to the baby leaving the hospital. Surgery typically results in a very good quality of life for most children.

How common is d-TGA in New Mexico?

D-TGA is not common in New Mexico. There are fewer than 5 babies born each year with this condition.

