Does it make sense to sequence the genome of all new born babies?

This is coming, Genome Sequencing in Babies to Begin as Part of Study, with high risk cases first:

“Stephen F. Kingsmore, director of the Center for Pediatric Genomic Medicine at Children’s Mercy and a leader of the study, says he expects any expanded program of newborn genome sequencing to be applied to some of the approximately 14 percent of the 4 million babies born in the U.S. each year who are admitted to neonatal intensive care units. Genome sequencing can be helpful when babies don’t exhibit typical symptoms of known diseases or have rare or unknown genetic conditions, he says.

There is ‘strong logic and good evidence that in acutely ill babies this makes sense. It is not clear at all it makes sense in a healthy baby,**‘** Kingsmore says.”

Right now I agree that the benefits for sequencing high risk newborns seems much more obvious than for healthy infants. But it’s just a matter of time that longitudinal studies will want to include healthy infants, who after all have varying degrees of later-in-life risks with heritable components.

Read full, original article: Genome Sequencing of Newborns