

Newborn Hearing Screening Guidelines

Key Points

- Newborn Hearing Screening 8 Month Targeted Follow Up Pathway
- Newborn Hearing Screening Guidance for Medical Staff for Risk Factors
- Newborn Hearing Screening Immediate Referral
- Newborn Hearing Screening NICU SCBU Pathway and Failsafe
- Newborn Hearing Screening Pathway - Maternity Wards
- Newborn Hearing Screening Priority 1 Pathway
- Newborn Hearing Screening Letters for parents where two consecutive hearing screening appointments have been missed

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Key words: Newborn hearing screening, Newborn hearing screening referral, NHSP, AABR, AOA

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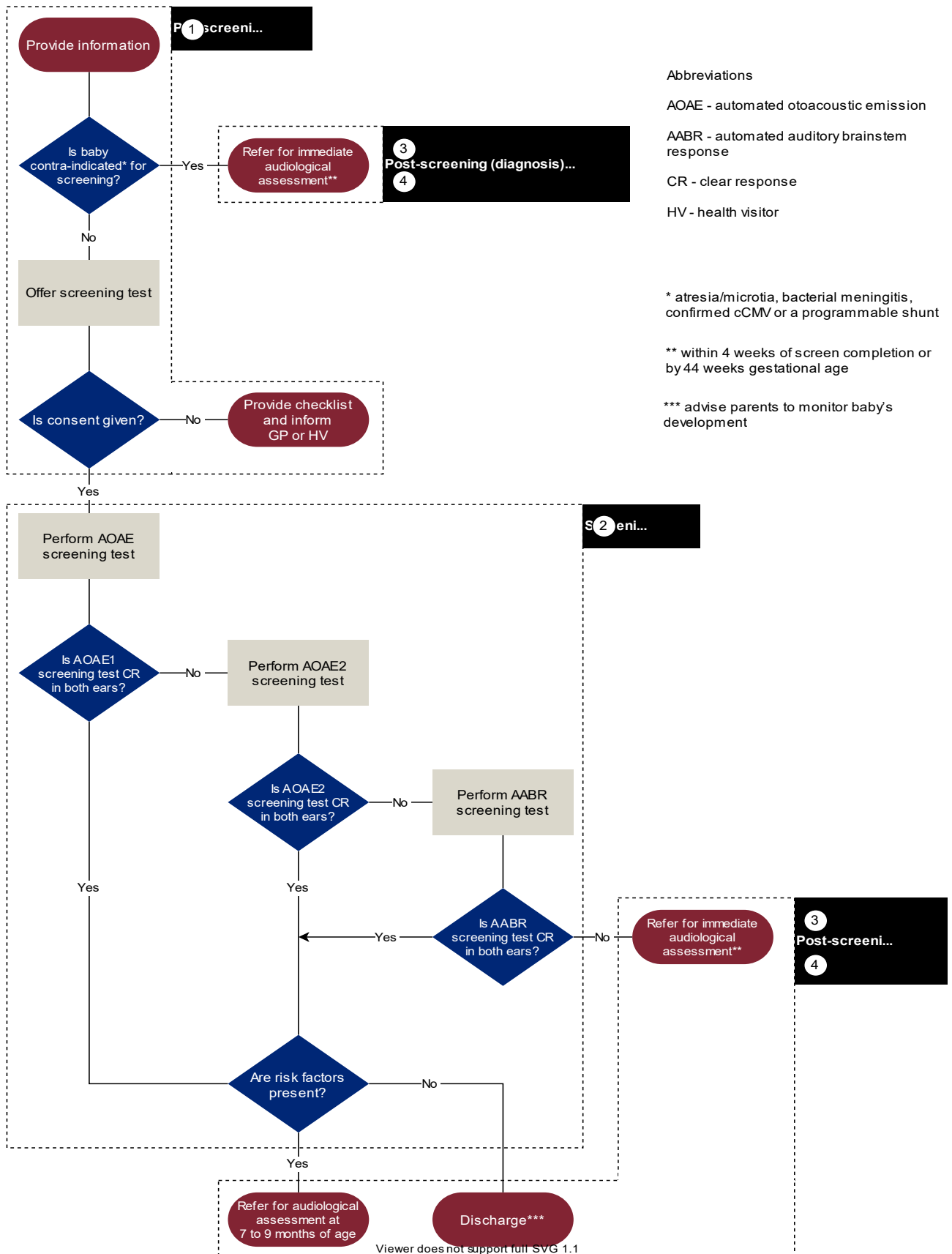
Abbreviations

AABR	Automated Auditory Brainstem Response
AOAE / OAE	Automated Otoacoustic Emission / Otoacoustic Emission
CR / NCR	Clear response / No clear response
GP	General Practitioner
HV	Health Visitor
NHSP	Newborn Hearing Screening Programme
NICU	Neonatal Intensive Care Unit
S4N	Smart4NIPE
SCBU	Special Care Baby Unit
TFU	Targeted follow up

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1. Well Baby Pathway



2. Referrals for babies within Frimley Health: Trust Guidance for medical staff

NEWBORN HEARING SCREENING PROGRAMME GUIDELINES	
Risk factors that require immediate referral The following babies will be excluded from the routine hearing screen and should continue to be directly referred by the paediatricians to Paediatric Audiology	
Babies diagnosed or strongly suspected of neonatal bacterial meningitis or meningococcal septicaemia or Cytomegalovirus	
Babies with microtia / external ear canal atresia	
Babies with proven levels of ototoxic medication (only if this is after hearing screening is complete, if proven levels before screen then only TFU required – PLEASE do referral to audiology)	
Babies with programmable ventricular –peritoneal shunts	
Or any professional concern re hearing requiring referral, please specify on referral:	
1. Risk Factors requiring targeted follow up hearing screen at 7-9mths of age. The following babies will be referred by the Newborn Hearing Screening team or medical team.	
Congenital Infection Toxoplasmosis, Rubella or suspected CMV	
Craniofacial abnormalities – including branchial arch and cervical spine anomalies, ear anomalies and cleft palate (not pre-auricular skin tags with normal pinna, or cleft lip with a normal palate)	
Syndrome associated with a hearing loss	
NICU babies with bilateral unclear AOA's and clear AABR's	
Gentamicin level >2mcg in well babies Babies to be referred by medical staff receiving the blood result. PLEASE see above.	DOCTORS ONLY
2. Risk Factors no longer requiring targeted hearing screen at 7-9mths of age	
Family history of sensorineural hearing loss	
Ventilation for >5days or ECMO	
Jaundice (only babies with severe unconjugated hyperbilirubinemia need referral for assessment) In the case of severe unconjugated hyperbilirubinemia paediatric referral to audiology is required at whatever age a baby is at the time this is identified - irrelevant of hearing screen outcome. This need for referral is outside the hearing screening programme because it may occur after the screen is completed and the baby is no longer being tracked by the hearing screening programme.	
Neuro-development or neurodegenerative disorder	
Therapeutic whole body cooling (previously Birth Asphyxia HIE grade 2 or 3)	

Referral centre and details:

- Babies resident in Berkshire- referral should be completed on ICE in WPH**
East Berkshire Audiology dept abrqueries@berkshire.nhs.uk
- Babies resident in Surrey, East Hampshire**
Paediatric Lead, Audiology Dept, Royal Surrey, Egerton Rd., Guildford, GU2 7XX by post or NHS email to rsc-tr.Paedenquiries@nhs.net
- Babies resident in Buckinghamshire**
Wycombe & Amersham Hospitals - 01494 425601 BHT.audiologywh@nhs.net or Ward 3A, 3rd Floor, Main Hospital, High Wycombe, HP11 2TT

3. Newborn Hearing Screening Pathway: Priority 1

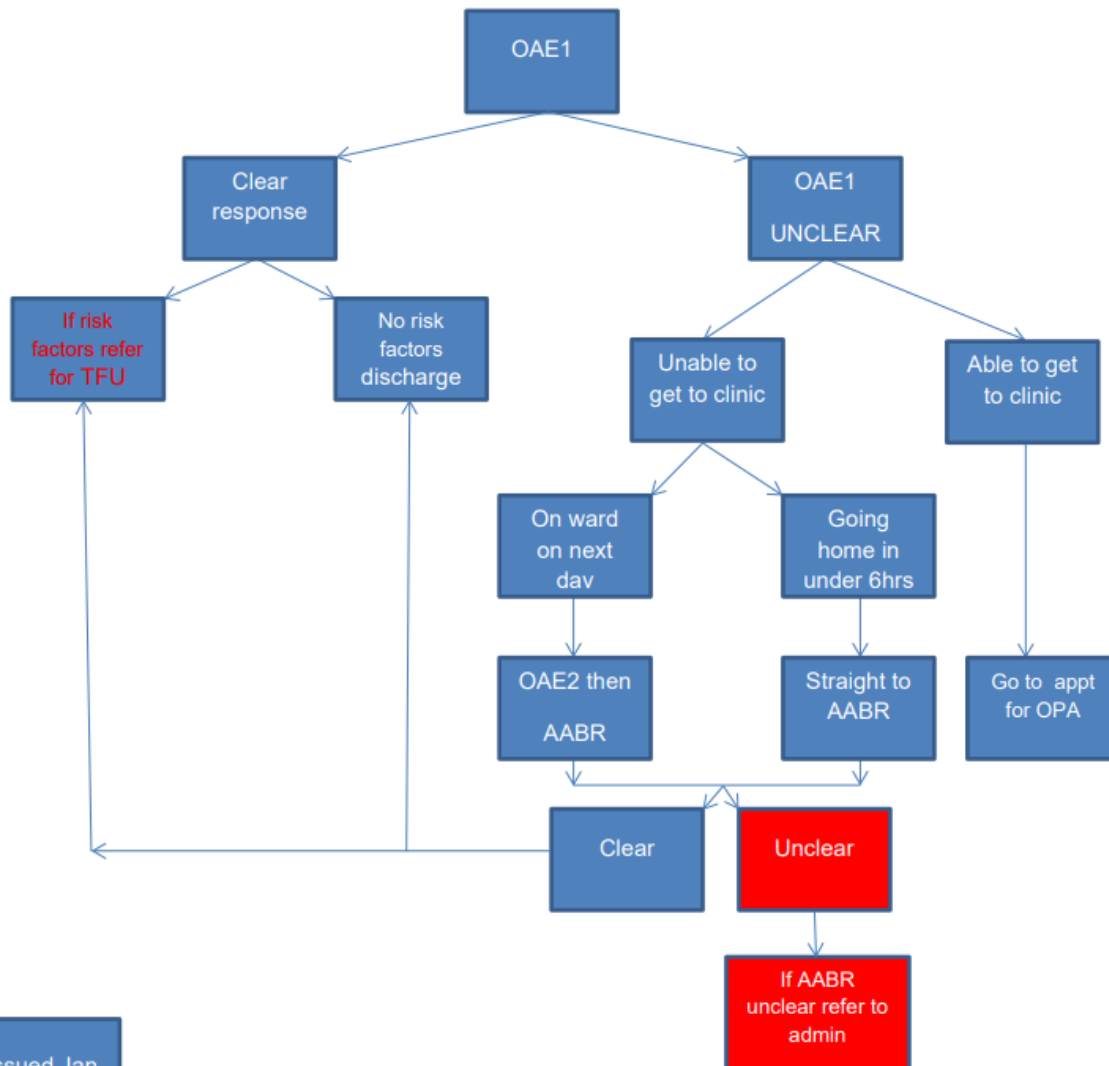
Maximise screening but minimise referrals

FPH & Wexham

Screening priorities

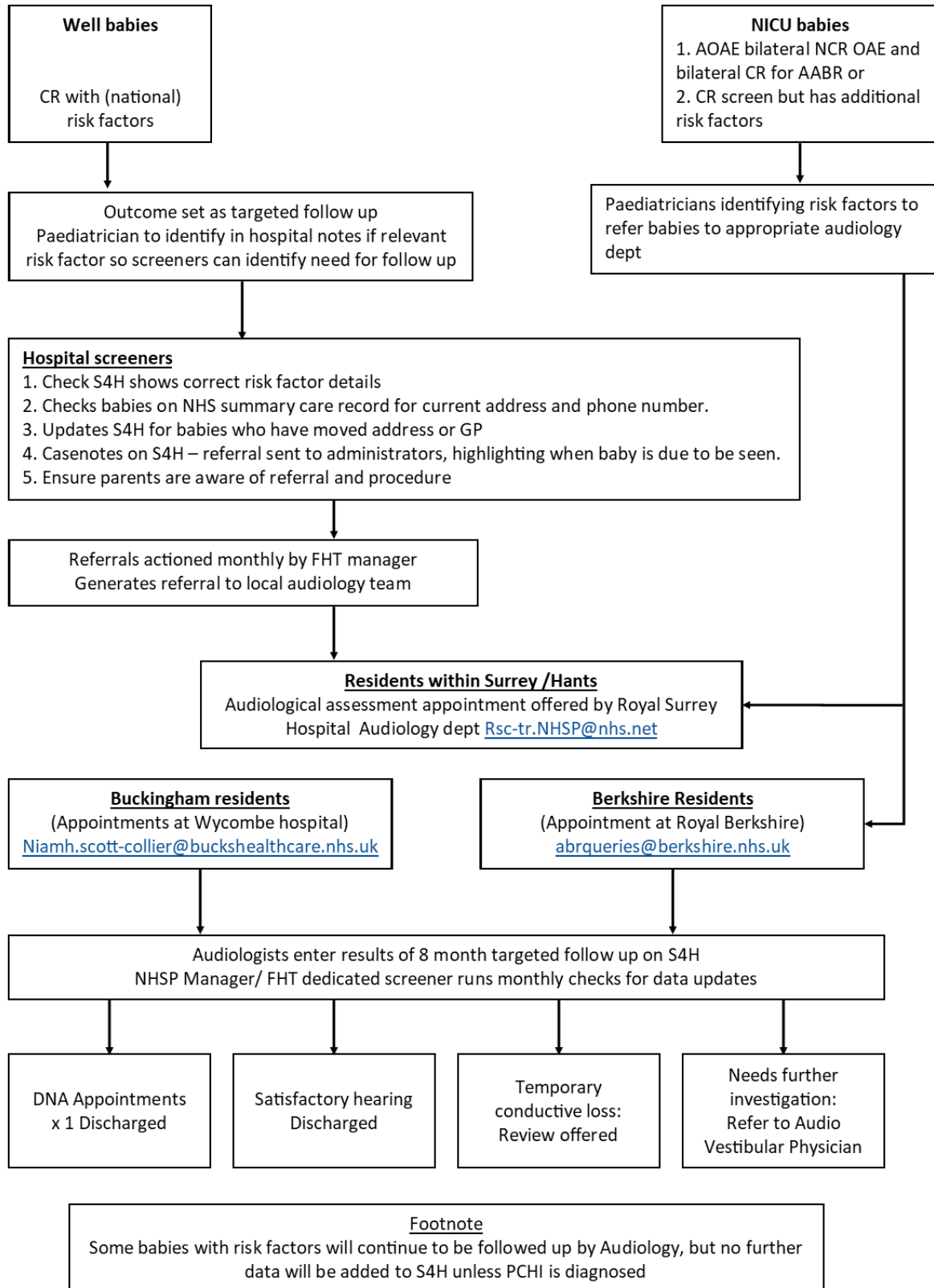
Priority 1 (has to be screened today)

Babies that are leaving the ward today



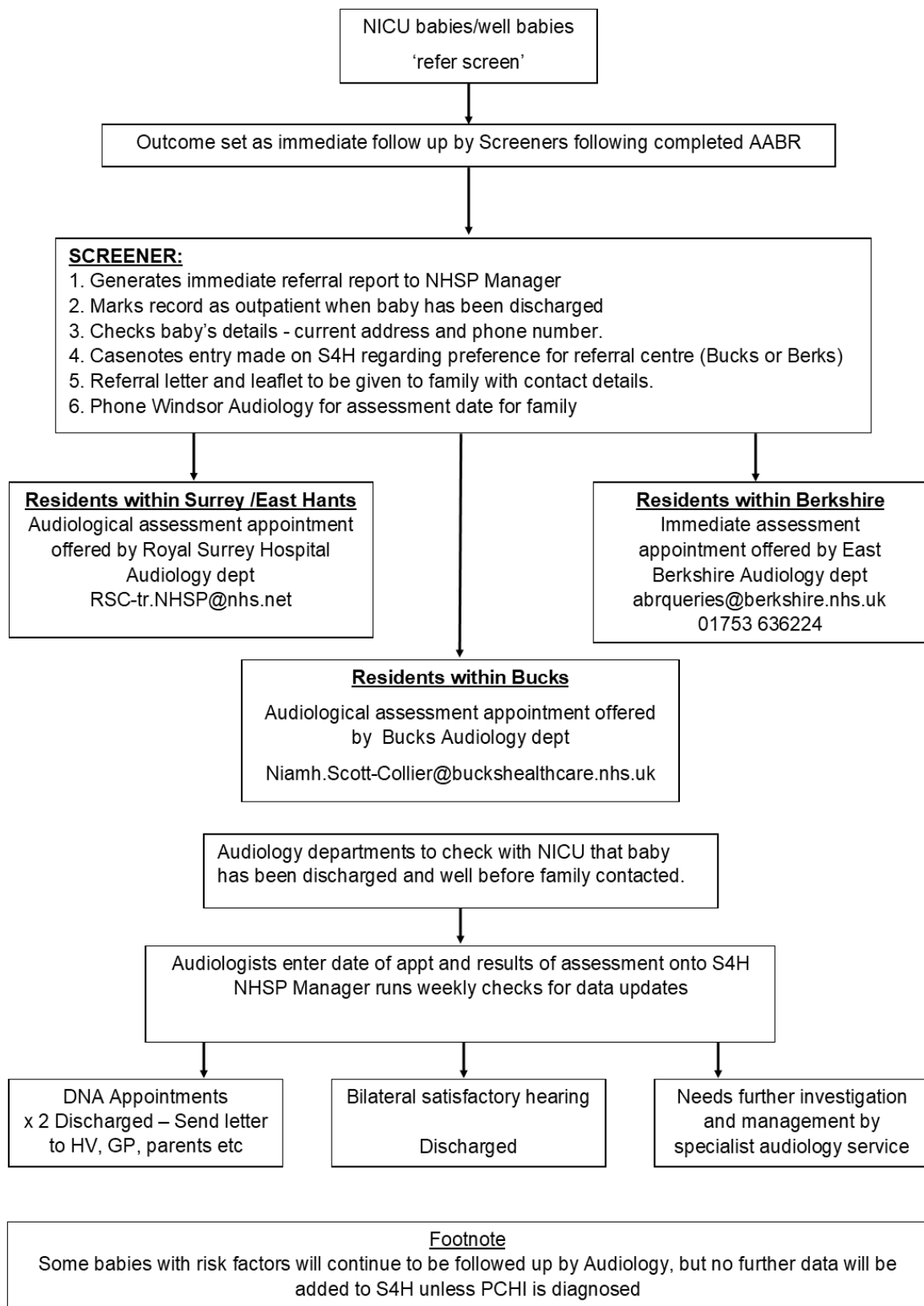
4. Newborn Hearing Screening: 8 month targeted follow up pathway

Newborn Hearing Screening Programme 8 month Targeted Follow-up Pathway

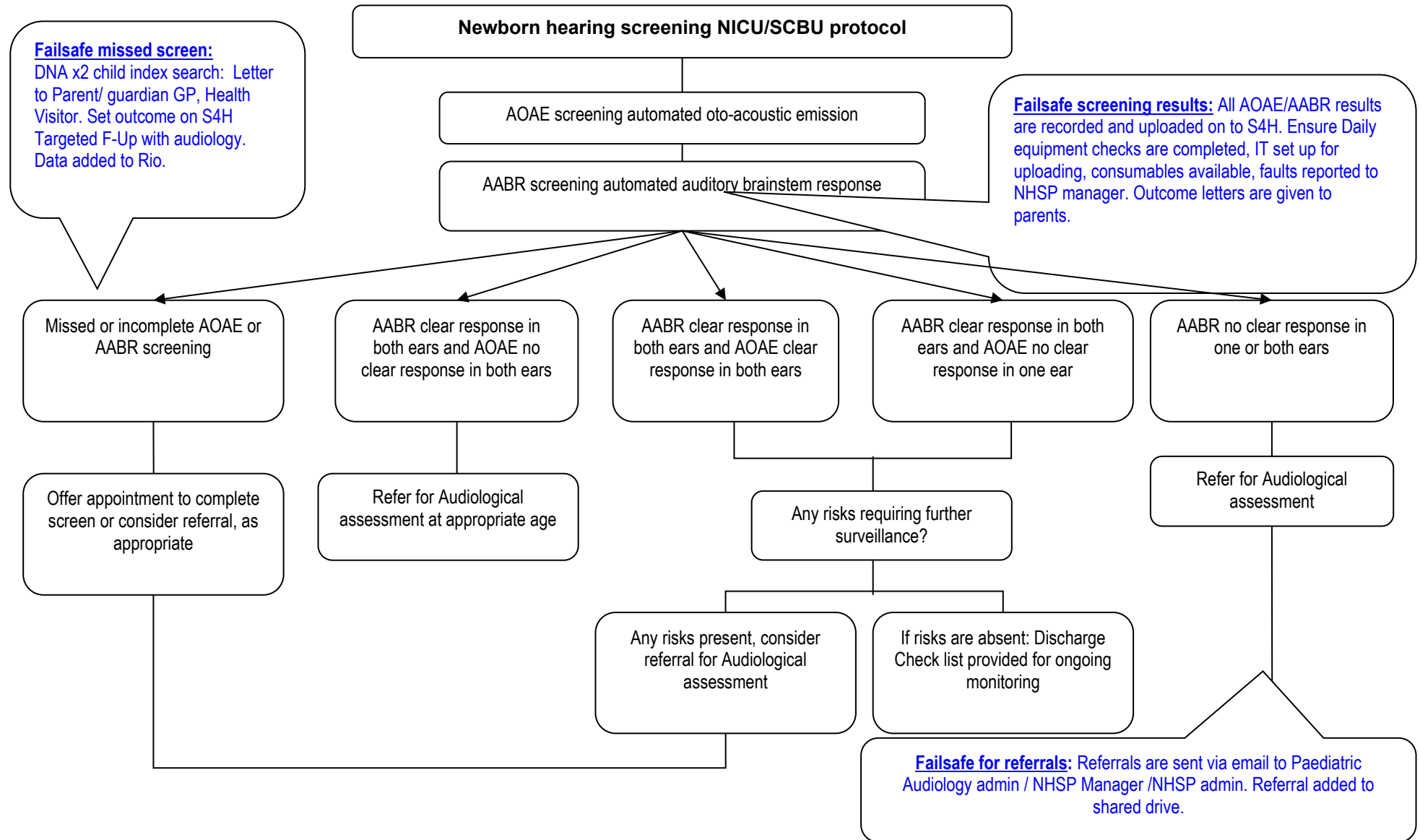


5. Newborn Hearing Screening: Immediate referral pathway

Newborn Hearing Screening Programme Immediate Referral Pathway

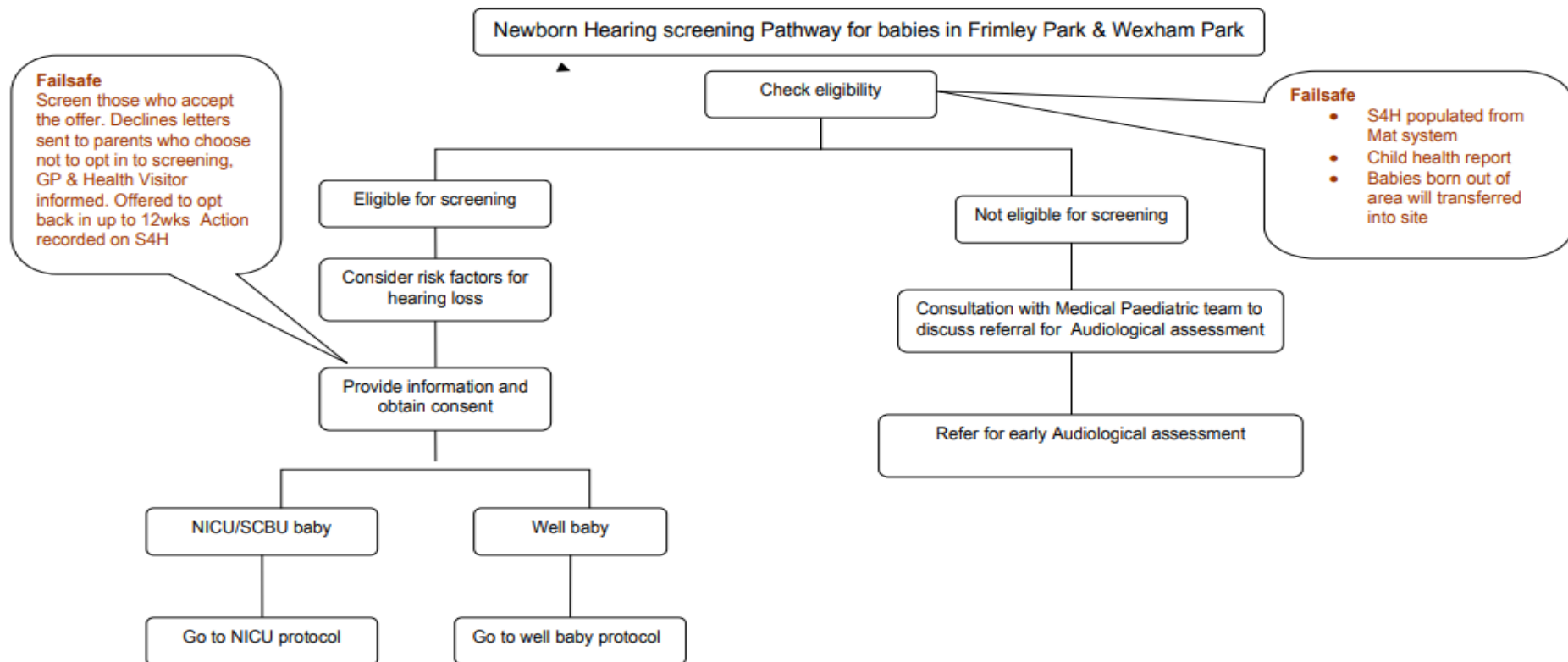


6. Pathway: Hearing Screening NICU/SCBU protocol



7. Newborn Hearing Screening Pathway & failsafe for babies in Frimley Park & Wexham Park Hospitals

Newborn Hearing screening Pathway & Failsafe for babies in Frimley Park & Wexham Park Hospitals



8. Letter for parents following two consecutive missed screening appointments (FPH)

Date:

*Baby
NHS No:*

*Address
Date of birth*

Dear Family,

We have invited you to bring your baby for a hearing screen two times and up to now you have not been able to attend. We have advised your family doctor and health visitor that the hearing screen is incomplete.

Please let your GP and Health Visitor know that your baby's hearing has not completed the screen when you next see them. We have been unable to contact you to discuss this.

If you change your mind at any time, please feel free to contact the clinic and we will arrange a date and time for a screen. Here are our contact details:

Newborn Hearing Screening Clinic
Frimley Park Hospital
Portsmouth Road
Frimley
GU16 7UJ
[0300 613 6989](tel:03006136989)

Below are some important facts about hearing screening. How the test is done and why it is important for your baby.

How many babies have a hearing loss?

In this district about 1 in every 1000 babies are born each year with a hearing loss which needs specialist help. About 50% of babies with hearing loss have no known signs or risk factors, like serious illness or family history of deafness.

Why test a baby?

It is often difficult to tell that babies have a hearing loss from just watching their behaviour. Now we have the technology to detect a hearing loss in the first few days of a baby's life. The first few weeks and months of a baby's life are very important to their development.

The importance of early identification of hearing loss

The sooner a baby's hearing loss is identified, the sooner help can be provided. Recent research shows that help in the first few months of life can make a difference.

How is the screening carried out?

While the baby is sleeping naturally, the screener will put a tiny rubber earphone in the outer part of the baby's ear. The earphone sends quiet clicking sounds into the baby's ear. The ear will make its own tiny sound, known as the cochlear emission. The emission can be measured by a computer. The screen is simple, completely safe and painless. Parents/Guardians can stay with the baby throughout the screen.

If your baby's hearing is not screened

Continue to watch your baby as s/he grows. There are 2 checklists with this letter which you might find useful to consult as your baby grows older:

1. The sort of **reactions** your baby may make to sounds as he/she grows older
2. The sort of the **sounds** your baby may **make** as he/she grows older.

Please compare your baby's actions to the list. If you have any concerns at any time about your baby's hearing, contact this clinic (contact information below) or your health visitor or family doctor.

If you have any concerns, please phone the Newborn Hearing screening team on 01483 362624 (office) or Hayley Moore NHSP Manager on 07825834454 h.moore9@nhs.net

9. Letter for parents following two consecutive missed screening appointments (WPH)

Date:

<i>Baby NHS No:</i>	<i>Address Date of birth</i>
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Dear Family,

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If you change your mind at any time, please feel free to contact the clinic and we will arrange a date and time for a screen. Here are our contact details:

Newborn Hearing Screening Clinic
Wexham Park Hospital
Wexham
Slough
SL2 4HL
[0300 615 9133](tel:03006159133)

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Full version control record

Version:	2.0
Guidelines Lead(s):	Hayley Moore, Newborn Hearing Screening Manager
Contributor(s):	
Lead Director / Chief of Service:	Miss Anne Deans, Chief of Service for Obstetrics and Gynaecology
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Pharmaceutical dosing advice and formulary compliance checked by:	N/A
Key words:	Newborn hearing screening, Newborn hearing screening referral, NHSP, AABR, AOA

This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1	December 2021	Valerie Holdich, Newborn Hearing Screening Manager	Final	First Cross Site version. Approved at Obstetric Clinical Governance meeting 21/12/21
1.1	Jan 2024	Valerie Holdich, Newborn Hearing Screening Manager	Interim	Updated telephone contact number for East Berkshire Audiology team
1.2	July 2024	Hayley Moore, Newborn Hearing Screening Manager	Draft	Ototoxic levels and Jaundice checked with Dr Sivaramakrishnan. 19/07/24
2.0	December 2024	Hayley Moore, Newborn Hearing Screening Manager	Final	One document to merge the following six guidelines: 1. Newborn Hearing Screening 8 Month Targeted Follow Up Pathway 2. Newborn Hearing Screening Guidance for Medical Staff for Risk Factors

				<div>3. Newborn Hearing Screening Immediate Referral</div> <div>4. Newborn Hearing Screening NICU SCBU Pathway and Failsafe</div> <div>5. Newborn Hearing Screening Pathway - Maternity Wards</div> <div>6. Newborn Hearing Screening Priority 1 Pathway</div>
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Related Documents

None