



Newborn Hearing Screening Program Procedure

1. Purpose

The *Newborn Hearing Screening Program Procedure* outlines the minimum process requirements for implementation of the MP 0167/21 *Newborn Hearing Screening Program Policy*. The Newborn Hearing Screening Program involves screening newborn babies to identify those with moderate to profound (> 40 decibels) congenital permanent bilateral, unilateral sensory or permanent conductive hearing loss including neural hearing loss. One to two babies are diagnosed per 1,000 born.

There is clear evidence to show that delays in the identification and treatment of permanent childhood hearing impairment may significantly affect quality of life in terms of language acquisition, social and emotional development, and education and employment prospects. Approximately 50% of hearing impairment at birth occurs in the absence of any known risk factor.

The Newborn Hearing Screening Program is provided by the WA health system as part of standard maternity care.

2. Procedural Requirements

2.1 Child and Adolescent Health Service

The Child and Adolescent Health Service is responsible for providing administrative, management and quality assurance services for the WA Newborn Hearing Screening Program through the Newborn Hearing Screening Department at Perth Children's Hospital. It is responsible for relevant operational policies and procedures to support a safe and quality Newborn Hearing Screening Program in line with the Mandatory Policy.

2.1.1 Administrative and Management Services

The Child and Adolescent Health Service must provide administrative support to the Health Service Providers that provide newborn hearing screening tests. They must have procedures in place to:

- develop and maintain information for parents/guardians on the WA Newborn Hearing Screening Program
- develop, update and disseminate information for Health Service Providers on the Newborn Hearing Screening Program
- provide access to training and ongoing education for Health Service Providers
- collate and enter the raw screening data into the Newborn Hearing Screening Program database.

The Child and Adolescent Health Service must nominate a contact position to manage the Newborn Hearing Screening Program. This contact position is responsible for liaising with Health Service Providers to:

- complete referrals for babies who receive a 'refer' result for a diagnostic assessment
- clarify the presence of surveillance indicators
- complete referrals for babies who receive a 'pass' result and present with surveillance indicators.

2.1.2 Quality Assurance

The Child and Adolescent Health Service must undertake quality assurance activities related to the WA Newborn Hearing Screening Program. Quality assurance activities include:

- collate and analyse data for reporting

2.2 Health Service Providers that provide newborn hearing screening tests

Health Service Providers that provide newborn hearing screening tests must have operational policies and procedures to:

- offer newborn hearing screening and provide information to the parent/guardian of all eligible newborns
- ensure parental/guardian consent for screening of all eligible babies
- perform the hearing screening test from six hours post birth to four weeks post term
- ensure screening staff are appropriately trained, meet competency expectations and have access to ongoing education
- provide raw data from the screening device to the Child and Adolescent Health Service hearingscreening@health.wa.gov.au (at least weekly)
- enable screening to occur prior to discharge, for babies at higher risk of not attending the newborn hearing screening as an outpatient, these may include:
 - early discharge patients, especially those who discharge against medical advice
 - babies of families who reside in regional/ remote locations
 - babies who require an inter hospital transfer
 - babies of Aboriginal mothers
 - babies of culturally and linguistically diverse mothers
 - babies born to mothers without Medicare cover
 - babies who present after the recommended time frame.
- ensure that screening records of all babies who receive a 'refer' result and/or receive a 'pass' result but present with surveillance indicators, are reported to the Child and Adolescent Health Service within one business day. The surveillance indicators may include:
 - family history of permanent childhood hearing loss
 - syndromes associated with hearing loss
 - prolonged ventilation
 - proven/ suspected congenital infection
 - hypoxic ischemic encephalopathy
 - craniofacial anomalies
 - hyperbilirubinemia
 - ototoxic medication
 - meningitis.

- ensure that the screening device used to provide the raw data to the Child and Adolescent Health Service is appropriate as per the Equipment Specification Requirements ([insert link](#))
- nominate at least one contact position responsible for the Newborn Hearing Screening Program at each birthing site to:
 - be the point of contact with the Child and Adolescent Health Service
 - maintain the portfolio of current staff training and performance management
 - co-ordinate follow-up screens for babies requiring a repeat test
 - coordinate screens for babies who did not receive their hearing screening prior to discharge or transfer
 - oversee equipment maintenance and consumables.
- outline mechanisms to record a complaint regarding newborn hearing screening.

This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.