MATERNITY UNIT
GUIDELINE:

NEWBORN HEARING SCREENING

SCOPE:
All midwives and nurses working in Maternity & the NNU

AUTHOR:
Midwife Educator
NHIMS project coordinator

DEFINITIONS:
UNHSEIP: Universal Newborn Hearing Screening & Early Intervention Programme
NHIMS: Newborn Hearing Information Management System
AABR: Automated auditory brainstorm response
Beraphone: The device used to test the baby’s hearing

PURPOSE:
To educate all staff on the hearing screening process

GUIDELINE:
• Parents/caregivers of all newborn babies are offered hearing screening for their infant with full discussion and information.
• The screening protocol provides the opportunity for two - three screening sessions before referral to diagnostic audiology.
• Screening should be completed before discharge from the maternity facility but those babies who are not born in a maternity facility or for families / whānau who choose early discharge the infant may be screened as an outpatient in the audiology department.
• A screening record is created in the NHIMS section of MCIS as soon as the baby is allocated an NHI.
• Following discussion and consent the baby is screened using the Beraphone device. This device immediately sends testing information via the Maico programme to be stored in the hospital main computer.
• The screening information is downloaded into NHIMS and the screening record updated with the outcome.
• A Hearing Screening Risk Assessment is completed in NHIMS by the NNU staff for all babies admitted to NNU.
• It is not necessary for the risk assessment in NHIMS to be completed for well babies though the screener should be informed of any genetic or infection concerns.
• If the initial aABR screen is not successful another is carried out or an appointment made for outpatient screening.
• If screening is completed and passed there is no follow-up required.
If screening is completed and not passed a referral is made for audiology follow-up.

If any of the hearing risk factors are present, the infant is referred for ongoing surveillance.

If an outpatient appointment is required to complete screening and the infant does not attend (DNA) this is documented and a further appointment or contact made. Following three DNA events the infant is discharged from the screening programme.

REFERENCES:
UNHSEIP National Policy and Quality Standards July 2016
Universal Newborn Hearing Screening Reference

EVALUATION:
National and local reporting and audit

Date of Approval: 17/01/2017

Next Review Date: 17/01/2020