



Newborn Hearing Screening **Wales**
Sgrinio Clyw Babanod **Cymru**

MIDWIFE INFORMATION PACK

NEWBORN HEARING SCREENING WALES

Welcome to the Midwife Information Pack

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Appendix 1: Your Baby's Hearing Screening Test Leaflet

Appendix 2: Flowchart for Well Babies

1 Overview

1.1 Background Information

In Wales approximately 40 children (1.4 per 1000 births) are born each year with a significant permanent hearing loss.^{1,2} The impact of this hearing loss on the child and family is substantial. Hearing loss affects communication and language acquisition and the quality of life of the children and their families.³

Evidence supports improvement in language outcomes for those children who are identified early and provided with appropriate habilitation including early language support, amplification and family support.³

1.2 The Newborn Hearing Screening Programme for Wales

The aim of the programme is to identify babies with significant hearing impairment which is of sufficient severity to cause or potentially cause a disability without the introduction of habilitation in infancy.

- The screen is offered to all babies whose mother is resident in Wales.
- Trained hearing screeners will perform the newborn hearing screening, both in the hospital and community.
- The screen is offered to most babies within the first week of life and should be completed by the age of four weeks. Babies are eligible for the first stage of screening up to six weeks after birth.
- Significant hearing impairment is a bilateral permanent hearing loss of a level greater than 40 dBnHL in the better ear, taken as an average over 500, 1000, 2000 and 4,000 Hz.
- The screening programme ends at the completion of the assessment process or normally at three months whichever is soonest. It is accepted that audiological confirmation may not be completed by this stage.
- The screening programme will ensure that adequate services are available for hearing impaired young babies and their families up to the age of two years.
- The screening programme will not identify all young children with hearing impairment and therefore continued surveillance by parents and professionals will be important.

1.3 References

- 1 Sparkes, C. Stocktake of Hearing Screening in Wales to prepare for Universal Neonatal Hearing Screening. October 2001. National Assembly for Wales.
- 2 Report of the Associate Director, NBHSW 2011
www.newbornhearingscreening.wales.nhs.uk
- 3 Davis A, Bamford J, Wilson I, Ramkalawan T, Forshaw M, Wright S. A critical review of the role of neonatal hearing screening in the detection of congenital hearing impairment. Health Technol Assessment 1997; 1(10)

2 The Role of the Midwife

The midwife has 3 main roles:

- Providing information to mothers
- Supporting the screeners working on the post natal wards
- Assisting with the induction of new screeners

2.1 Information Provision for mothers

While midwives have no formal role in providing information about newborn hearing screening to mothers, they may find that, during the antenatal period, mothers ask questions regarding the screening process. Midwives should be familiar with the service model in their area and the information provided in the purple leaflet "Your Baby's Hearing Screening Test" (See Appendix 1).

The midwife may also need to provide support to a mother if her baby has been referred for assessment following screening on the ward.

2.2 Supporting screeners: Information required by screeners from midwives before screening

Before the newborn hearing screeners approach mothers on the postnatal ward each day, they will ask the midwifery staff if there is any information of which they should be aware. The following information would be helpful for screeners to know:

Infection Control

- Location of a mother/baby being barrier nursed/reverse barrier nursed
- What personal protective equipment is required and where it is to be found
- If there are specific waste disposal instructions

Factors relating to mother

- Baby has died
- Mother unwell
- Mother speaks no or little English
- Mother Deaf
- Cause for concern
- Possible Mental Capacity issues

Factors relating to baby

- Baby in neonatal unit
- Cleft lip/palate
- External ear anomaly
- Suspected Down's Syndrome
- Other significant congenital abnormality

2.3 Assisting with induction of new screeners

Newly appointed screeners undergo a 3 week training programme which includes induction to the maternity wards. This should be delivered by a senior midwife.

Core components to be delivered by Maternity Staff, as follows:-

Aims:

- 1) To provide new screener with an understanding of the overall layout and routine within the maternity unit
- 2) To equip new screener with the information they need to become a confident and effective part of the maternity unit team
- 3) To introduce new screener to the key issues in interacting with mothers and handling babies with confidence, safety and care
- 4) To provide new screener with the information they need to recognise the limits of their role and when they need to alert ward staff

The issues covered should include:

- Safety and Security (ward security system; info given to parents; fire safety; health and safety precautions on ward)
- Baby care (infection control measures; correct positioning in cot; communication with parents; interaction with other professionals on ward; confidentiality; safeguarding issues)
- Social services (maternity social workers; babies for adoption; parental responsibility)

3 The Screen

3.1 Information provided by screeners to parents

It is essential that families are provided with sufficient information at all stages to enable them to make informed choices about screening. Newborn Hearing Screening Wales has developed a leaflet, "Your Baby's Hearing Screening Test" (see Appendix 1) which explains the reason and benefits of screening and the type of test. A hearing screener in hospital or the community will give this leaflet prior to explaining the screening process using a flowchart (see Appendix 2). Following the screening test all mothers will be given verbal and written information on the result of the screening test and follow up arrangements.

3.2 Consent

Written consent for the test is taken by the screener. This is from the mother when a baby is screened in hospital. Information regarding parental responsibility is sent with clinic appointment letters.

3.3 Timing of the screening test

We aim to screen over 75% of babies in the first week of life and 90% by 4 weeks of age. This may not be the case if a baby is pre-term or is unwell and needs Special Care. As many babies as possible will be screened in hospital, and those that are not will be offered a screen in the community, usually at a local clinic.

3.4 Methods of Screening: Screening Tests used

The automated otoacoustic emissions (AOAE) is the main test used for well babies.



However, it is not always possible to see a clear response within the first 24 hours with this test so if a mother is likely to be discharged within 24 hours, her baby's hearing is

screened again using a different test, the automated auditory brainstem response (AABR).



This is so that a smaller number of babies leave hospital needing follow up. If it is not possible to do an AABR, for example if baby becomes unsettled, then another AOAE screen may be offered in the community, usually in a local clinic.

Babies at high risk are screened using AABR only. High risk babies are babies who have spent more than 48 hours in a Special Care Baby Unit/Neonatal Intensive Care Unit.

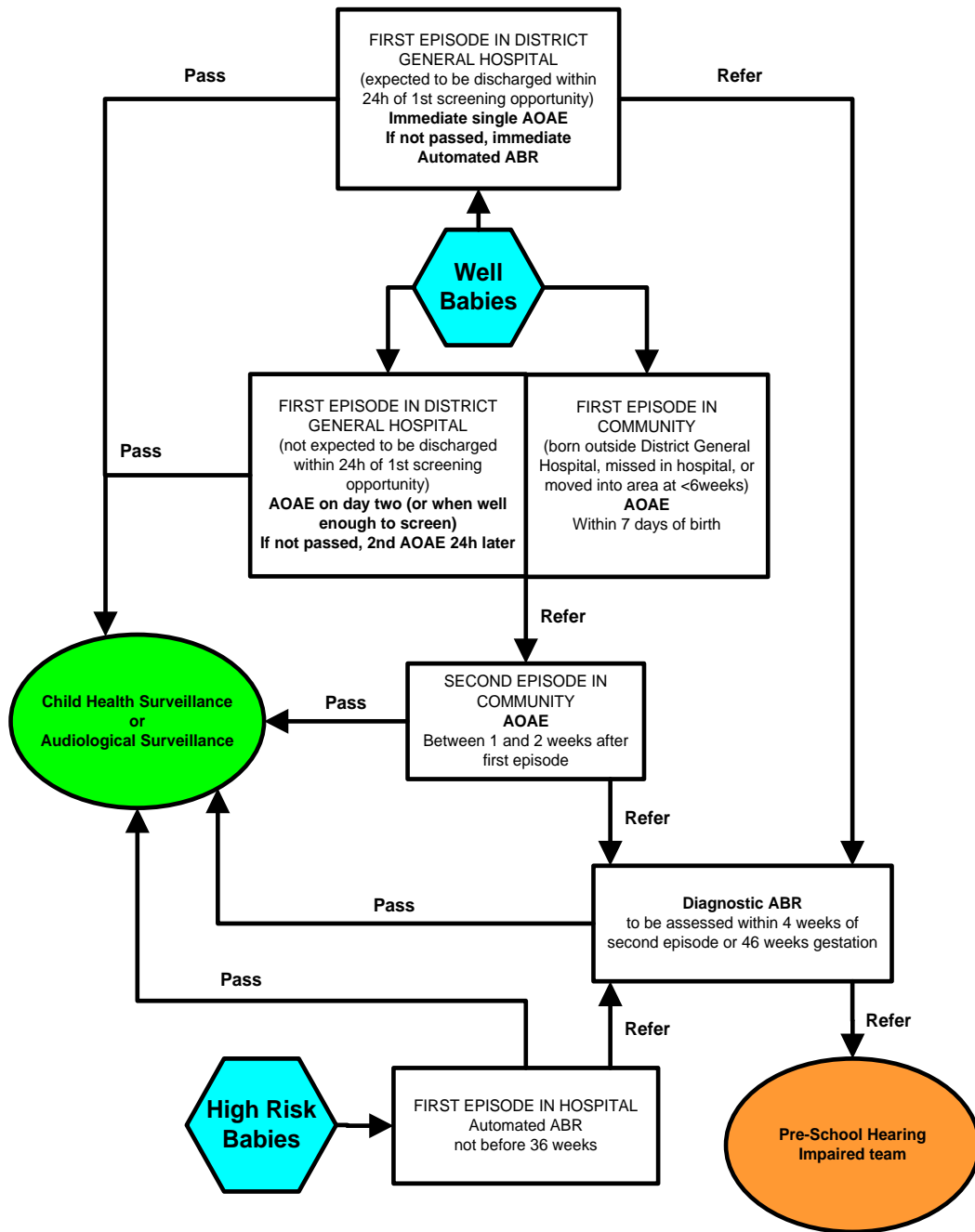
3.5 Outcomes of screen

Well babies with a clear response in one or both ears are discharged from the screening programme. Those with a clear response in one ear have the opportunity to have a further screening test in the audiology department.

Babies who do not show clear responses in either ear on the screening tests require a detailed audiological assessment, including the use of non-automated auditory brainstem response (ABR), to determine the precise nature and extent of any hearing impairment. High risk babies who do not show a clear response in one ear are also referred for audiological assessment.

The screener may advise the midwife on the ward if a baby has been referred for assessment in case the baby's mother is upset or worried. The screener will have explained the screening result and the need for referral and given the mother a leaflet "Your Baby's Visit to the Audiology Clinic". She will also have signposted her to the NBHSW website (www.newbornhearingscreening.wales.nhs.uk).

4 SERVICE MODEL



5 Website

The Newborn Hearing Screening Wales website (www.newbornhearingscreening.wales.nhs.uk) provides information regarding the programme, screening and assessment for parents and the general public. Information for professional groups, including midwives, can be found on the relevant webpage.

6 Contact Details

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