

OPERATIONAL GUIDANCE FOR BABIES REQUIRING FURTHER SCREENING/ASSESSMENT (NON-STANDARD REFERRALS)

Newborn Hearing Screening Wales (updated October 2019)

1. Babies that require a further screening test following discharge from the screening programme

If a baby who has been previously screened on the post natal ward is admitted to Neonatal Unit for greater than 48 hours, this baby's status changes to high risk and an AABR must be performed prior to discharge.

2. Babies that require a diagnostic hearing assessment

Paediatric clinical teams caring for a baby may advise the screening programme or an individual screener of a medical condition that the team determine will affect screening and /or assessment. The following advice should be followed:

- *Bacterial meningitis*
A baby with bacterial meningitis must be referred by the paediatric team to Children's Audiology. Local meningitis protocols will be in place.
- *Confirmed cCMV*
Babies with cCMV confirmed BEFORE hearing screening has taken place should be referred by the Paediatrician to Audiology for an early hearing assessment.
Referral is the responsibility of the medical team caring for the baby.
- *Babies with Programmable Ventriculo-Peritoneal (PVP) shunts in place*
Audiological equipment (including some screening devices) generate magnetic fields which can cause a potential risk
All babies with programmable VP shunts should NOT BE SCREENED but referred for assessment with insert earphones in a centre where the PVP shunt can be reset if required.

- *Gentamicin levels greater than therapeutic range*
Many babies are prescribed gentamicin for treatment of infection. The baby may require a diagnostic assessment if gentamicin levels greater than the recommended therapeutic range have been found following testing of blood levels. Referral for assessment is the responsibility of the medical team caring for the baby.
- *Clinical Decisions*
There are other situations where babies may require diagnostic assessment. For example, babies with:
 - congenital infection e.g. Congenital Cytomegalovirus (confirmed AFTER newborn hearing screening has taken place), Rubella, Toxoplasma, Syphilis
 - metabolic diseases such as Congenital Hypothyroidism
 - one or both ears significantly malformed or absent

It is the responsibility of the local Paediatricians to identify those babies requiring hearing assessment, and to refer directly to Children’s Audiology for assessment.

Notification from Audiology to NBHSW

The Health Board Children’s Audiology service should advise NBHSW if a referral of a baby under six weeks old is received, in order for the diagnostic assessment to be recorded on Awnbhs as a Newborn Screening Manager Referral for assessment.

Newborn Hearing Screeners

Screeners should advise the Programme Coordinator and Newborn Screening Manager of a baby in the above categories if they are aware of the paediatric team referral. A note should be made on the Awnbhs narrative.

The Programme Coordinator and Newborn Screening Manager can contact the Medical Lead, Children’s Audiology or local teams as required.

3. Other Cases

Well Baby Rescreen

- Babies who have been seen by audiology for a further hearing test following a one ear clear response and the audiologist requests an assessment.

This may be because:

- a clear response is not recorded in either ear on re-screen or
- because the same result is recorded (i.e. no clear response in the same ear).

If the result is reversed (i.e. clear response in the ear that had a no clear response on screening, but no clear response in the ear that had a clear response at screen), diagnostic assessment is not necessary.

Audiology to notify NBHSW who will record as NSM Referral for assessment.

Babies Remaining Unwell Beyond Eligibility for Screening

Babies who remain unwell beyond the time eligible for screening, but are under three months of age, will require discussion with the Programme Coordinator. The Programme Coordinator will work with the Medical Lead and /or local neonatal team to determine whether an assessment for referral is appropriate.

4. Information Leaflets for Non-Standard Referrals

There are two leaflets which can be provided for parents.

- Your baby's visit to the Audiology Clinic (for babies referred without screening)
- Your baby's visit to the Audiology Clinic (for babies referred after a clear response screening test)

References:

<https://phescreening.blog.gov.uk/2019/07/19/listening-to-the-needs-of-local-newborn-hearing-screening-providers/>

<https://www.gov.uk/government/publications/surveillance-and-audiological-referral-guidelines/guidelines-for-surveillance-and-audiological-referral-for-infants-and-children-following-newborn-hearing-screen>

<https://www.thebsa.org.uk/interim-safety-advice-to-audiologists-on-performing-hearing-tests-and-fitting-hearing-aids-to-patients-with-a-programmable-ventriculo-peritoneal-shunt-pvp-shunt/>