

Universal Newborn Hearing Screening Policy and Procedure for Out of Hospital Births

**For use in association with the
MCCPM hearing screening Program**



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For more information or assistance, contact:

Newborn Screening Program

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Universal Newborn Hearing Screening Policy and Procedure for Out of Hospital Births

Purpose: To meet Minnesota state requirements related to mandatory newborn hearing screening of all newborns before one month of age, documenting the results in the medical chart, and reporting the results of the screening to the primary care physician, the parent(s)/guardian(s), and the Minnesota Department of Health (MDH).

Policy: Individuals that have been trained to do hearing screenings will provide an initial hearing screen for all newborns within 3 days of delivery and (if needed) a rescreen by two weeks of age. Exceptions include a) newborns that are transferred out to tertiary facilities and b) newborns whose parent(s)/guardian(s) refuse the procedure.

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Procedure:

A. Preparations for Hearing Screening

1. Document orders to perform the screen.
2. Enter infant's demographic information in Hearing Screening Logbook.
3. Give parent(s)/guardian(s) informational brochure and access to an educational video about hearing screening.
4. Choose appropriate infant to screen:
 - Infant needs screening.
 - Infant is in a "quiet" state.
5. Follow infection control procedures.
6. Prepare infant for screening by following step by step instructions located with the screening equipment.
7. Screen both ears (even if one ear passed on a previous date)
 - Note: it is important not to repeatedly rescreen as this may result in a false pass. Some babies will need more specialized testing.

B. Results

1. If infant passes:
 - Document test results in infant's health record.
 - Document results in Hearing Screening Logbook.
 - Inform parent(s)/guardian(s) of PASS result and give them appropriate written information.
 - Send PASS result to infant's primary care provider, if applicable.
 - Document on MDH newborn screening specimen card.
 - If specimen card is not available, complete the [MDH Hearing Screen Report Form](#) and fax it to 651-215-6285.

B. Results Continued

2. If infant refers/fails/does not pass:
 - Repeat screen immediately following OAE tips for screening, equaling first screen.
 - If infant passes this screening, see instructions B1 above.
 - If infant does not pass, rescreen at 2 week check ideally but no later than 1 month postpartum (See Section C).
 - Inform parent(s)/guardian(s) of REFER result.
 - Document result in infant's health record.
 - Document results in Hearing Screening Logbook.
 - Document result on MDH newborn screening specimen card
 - If specimen card is not available, complete the [MDH Hearing Screen Report Form](#) and fax it to 651-215-6285

C. 2 week Rescreen Procedure (for infants not passing initial birth screen)

1. Follow Preparation for Hearing Screening section (A, 1-7) above.
2. If infant passes both ears, see instructions B1 above.
3. If infant refers/fails/does not pass second screen:
 - Document results in infant's health record.
 - Document in Hearing Screening Logbook.
 - Schedule diagnostic audiology appointment as soon as possible. Inform parent(s)/guardian(s) of REFER result, follow-up information, and appointment dates.
 - Provide parent(s)/guardian(s) with "Follow-Up Guide for REFER Results" notification form, which documents results.
4. Send FINAL Hearing Screening test results to primary care provider, if applicable.
5. Complete the [MDH Hearing Screen Report Form](#) and fax it to MDH Newborn Screening Program at 651-215-6285.

D. Communication with Parents

1. Information about newborn hearing screening is covered in the MDH brochure titled "Newborn Hearing Screening for Out-of-Hospital Birth".
2. Hearing screening results:
 - PASS: Indicates the infant passed the hearing screening in both ears.
 - Encourage the parent(s)/guardian(s) to express any future concerns about their child's hearing to their primary care provider.
 - REFER: Indicates the infant did not pass the hearing screening in one or both ears.
 - Help parent(s)/guardian(s) understand that a REFER result does not mean their child has a hearing loss but that they need additional testing to make sure hearing is normal for speech and language development.
 - Emphasize the importance of follow-up appointments for early hearing loss identification.
3. Parent options:
 - MN state law allows parent(s)/guardian(s) to choose to have their child's hearing screened, but to request that the MDH's record of the hearing test be destroyed

- Have them complete the following form: <http://www.health.state.mn.us/newbornscreening/docs/directivedestroy.pdf>
 - Place original document in infant's health record.
 - Provide copies to the parent(s)/guardian(s), newborn's primary care provider (if applicable), and the MDH Newborn Screening Program (see instructions on the form).
- MN state law allows parent(s)/guardian(s) to choose not to have their child's hearing screened (opt-out decision). Because this decision is a serious one, parent(s)/guardian(s) need to review the benefits of hearing screening with their provider.
 - Have them complete the following form: http://www.health.state.mn.us/newbornscreening/docs/parental_refusal.pdf
 - Place original document in infant's health record.
 - Provide copies to the parent(s)/guardian(s), newborn's primary care provider (if applicable), and the MDH Newborn Screening Program (see instructions on the form).

E. Infant Hearing Screen Missed

1. Schedule hearing screen (or at alternate site as planned) as soon as possible, ideally before 2 weeks of age and document in Hearing Screening Logbook.
2. Instruct parent(s)/guardian(s) on follow-up information and appointment date.
3. If infant/family **does not** show for hearing screen appointment:
 - Call family to reschedule hearing screen before one (1) month of age.
 - If infant is older than one (1) month of age, refer and schedule with audiology for follow-up.
 - Communicate new appointment information to primary care provider (if applicable) and MDH.
4. When infant **does** return for screen:
 - Follow Preparation for Hearing Screening section (A, 1-7) above.
 - Document test results and put in infant health record.
 - Document in Hearing Screening Logbook.
 - Inform parent(s)/guardian(s) of PASS or REFER result and give them appropriate written information and follow-up instructions.
 - Send test results to primary care provider, if applicable.
 - Complete [MDH Hearing Screen Report Form](#) and fax it to MDH Newborn Screening Program at 651-215-6285.
 - If infant does NOT PASS, schedule with audiology for complete evaluation as soon as possible and no later than three (3) months of age.

E. Result Reporting/Documentation

- Report results of newborn hearing screening to:
 - The parent(s)/guardian(s) should receive results verbally and in writing.
 - The primary care provider (if applicable) should receive the FINAL hearing screen results.

- The Minnesota Department of Health (see section F below for details).
- Document results of the newborn hearing screening:
 - In the infant's health record.
 - In the Hearing Screening Logbook.

F. Reporting Results to the Minnesota Department of Health

- The newborn hearing screening results (3 day birth screen) must be documented on the Newborn Screening Specimen Card, when available
 - The lower right hand corner of the card is designated to collect this information.
 - If screening card is not available or it is the 2 week rescreen, complete the MDH Hearing Screen Report Form and fax it to MDH Newborn Screening Program at 651-215-6285.
- Because the blood collection is designed to screen for disorders that can be serious or even fatal if not found as early as possible, submission of the blood specimen should never be delayed in order to wait for the hearing screening result.
 - If the hearing screening is not complete at the time of blood collection:
 1. Complete the demographic information on the specimen card.
 2. Remove the second page of the card that has a picture of an ear on top labeled "Hearing Screening Copy" in red.
 3. After separating the sheets, the blood specimen can be submitted in a timely fashion.
 4. Fill out the hearing copy with the results from the 3 day birth hearing screening and send to MDH Newborn Screening Program or fax to MDH Newborn Screening Program at 651-215-6285.

G. Contingency Plan for Equipment Failure

1. Contact equipment vendor to evaluate equipment failure.
2. Arrange for loaner equipment, if needed.
3. Babies who miss screening due to equipment malfunction must be brought back for screening when the equipment is repaired, or they should be scheduled for screening elsewhere. Screening should be completed before one (1) month of age.

H. Staff Training

- All staff providing hearing screening will receive orientation and education on Newborn Hearing Screening. This will be documented on the MCCPM Hearing Screening Training Log.
- Staff providing hearing screening will each have initial and annual refresher training to assure qualified competent hearing screeners.

L. References

1. MDH Guidelines for Organization and Administration of Universal Newborn Hearing Screening Programs in the Well Baby Nursery. (May 2008)

2. Joint Commission on Infant Hearing Position Statement (2007), Year 2007 position statement: Principles and guidelines for early hearing detection and intervention. Pediatrics, 120, 898-921.
3. Minnesota Office of the Revisor of Statutes. Minnesota Statute 144.966 Early Hearing Detection and Intervention Program.

M. Tracking screenings for MCCPM and paying related fees

1. Each machine will have a paper log that travels with the machine.
 - Every time the machine is used, the log must be completed. This helps track how often each machine is used.
 - The “houser” of the machine is responsible for ensuring the log is with the machine when it is lent out and returned.
2. Each midwife providing screenings is responsible for keeping track of how many screenings she performs on the machine, in whatever way she desires.
3. At quarterly intervals, coinciding with quarterly MCCPM meetings, each midwife who has used a machine in the past quarter must:
 - Send in \$10 per baby screened, either via check or Paypal (if using Paypal, must add an additional 3% to cover processing fees). Fees must be sent to the MCCPM Hearing Screening Coordinator.
 - If one of the 11 “housing” midwives, they must also email or fax a copy of the paper log accompanying the machine to the MCCPM hearing screening coordinator.
 - These tasks must be completed by the end of the day of each quarterly MCCPM meeting. If these requirements are not met on time, access to a hearing screening machine may be revoked.
4. To clarify, there is a \$10 fee for each baby screened, not for each screen. Therefore, if a baby needs to be screened 3 times, the midwife will pay \$10, not \$30. The fee will be paid for each first time the screening is done on a baby.
5. Please direct any questions to the MCCPM Hearing Coordinator.