



## GUIDELINE

# Newborn Hearing Screening

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

## Aim

All newborn infants in the Neonatal Units are to have the newborn hearing screening attended when clinically stable to tolerate the procedure and according gestational age criteria.

## Risk

Newborn hearing screening not performed when clinically indicated, to at risk infants.

## Process for Screening Infants within Neonatology

All infants are to have Hearing Screening prior to discharge home. All peripheral maternity hospitals also provide a hearing screening service; therefore check with the birth hospital prior to transferring the infant.

A consent form is to be signed by the parents prior to the screen.

The consent form and an information pamphlet will be explained to parents (or left at the bedside) by the Newborn Hearing Screener who performs the test and completes the relevant section in the Personal Health Record book - date and result of the hearing screen.

- Infants must be at least 6 hours of age with a gestation greater than 34 weeks (corrected age) for a hearing screen to be accurate.
- If an infant refers at screening (i.e. does not pass), the screen must be repeated at least 24 hours later.
- If the infant refers on the second screen, the Screener informs the PCH Newborn Hearing Screening Department, who refer the infant to PCH Audiology

for diagnostic assessments. The NBHS Department will arrange the referral and will advise parents.


- If an infant refers on the first hearing screen and they are from the country, discuss with NBHS Department at PCH regarding the timing and location of the next screen.
- The following surveillance indicators (risk factors) must be flagged with the Screener or directly communicated to the NBHS Department so appropriate follow-up can be arranged for the infant.
- The NBHS Department will process the referral of surveillance indicators that are identified within the neonatal period (1 month age).

Risk Factors	Additional Information
Family history of permanent childhood hearing loss	<i>Parent, sibling or two other blood relatives.</i> <i>Excludes: grommets, ear infections, trauma and non-inherited hearing loss-related syndromes or disorders.</i>
Syndromes associated with hearing loss	E.g. Trisomy 21, Pierre Robin Sequence, Goldenhar, CHARGE
Craniofacial anomalies	E.g. Cleft Palate - not including isolated cleft lip; Microtia/Atresia
Hyperbilirubinemia	Term baby ( $\geq 38+0$ weeks) SBR $>450$ $\mu\text{mol/L}$ ; Pre-term baby ( $<38+0$ weeks) SBR $>340$ $\mu\text{mol/L}$ Or Exchange transfusion
Proven/suspected congenital infection of baby	Cytomegalovirus CMV, Toxoplasmosis, Rubella, Herpes, Syphilis
Prolonged mechanical ventilation	$\geq 120$ hours and/or $\geq 12$ hours inhaled nitric oxide
Hypoxic Ischemic Encephalopathy (HIE)	If requires cooling
Meningitis	Bacterial or viral
Ototoxic medication (including aminoglycosides) if monitored levels exceed therapeutic range	E.g. antibiotics Trough Gentamycin level $>1$ $\mu\text{g/mL}$ Trough Vancomycin level $>23$ $\mu\text{g/mL}$ or $\text{mg/L}$

The Newborn Hearing Screener visits daily or may be paged on 7780 at KEMH to book a hearing screen.

The PCH Newborn Hearing Screening Department may be emailed at [hearingscreening@health.wa.gov.au](mailto:hearingscreening@health.wa.gov.au) or telephoned on 6456 0037. The office is staffed Mon-Fri 7am -4pm.

This document can be made available in alternative formats on request.

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Excellence

Collaboration

Accountability

Equity

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