

I. NEW MEXICO BIRTHING HOSPITAL SCREENING RESPONSIBILITIES

- Requirements for *General and Special Hospitals 7.7.2 NMAC* require that all newborns must be screened for hearing sensitivity prior to hospital discharge.
- Hearing screening of newborns is a standing order in NM hospitals and consent forms are not necessary. An informational brochure *Your Baby's Hearing Screen* that explains newborn hearing screening shall be included in the hospital's admission packet (see Appendix A).

SECTION 1 - Well Infant Nurseries

A. Initial Hearing Screening

Most New Mexico hospitals use the automated auditory brainstem response (AABR) screening unit that measures the newborn's brainwaves in response to sound. The screening units provide a simple pass / refer response that requires no interpretation on the part of screening personnel.

1. Initial screening should be performed prior to discharge preferably twelve (12) hours or more after birth. If a newborn is screened too soon after birth, a higher referral rate may occur due to residual birthing debris in the ear canal(s).
2. Both ears shall be screened individually.
3. If the newborn passes the AABR in both ears, the baby's hearing sensitivity is considered adequate and no further testing is recommended at this time. However, a screening pass does not rule out a progressive hearing loss or an auditory neuropathy.
4. Parents or the legal guardian may waive the requirement to have their newborn screened if they object to screening on the grounds it conflicts with their religious beliefs. The waiver for hearing screening shall be presented for signature after the infant's physician (medical home) has provided the parents or legal guardian with both a written and an oral explanation of why hearing screening is important so they may make an informed decision. The signed waiver shall be placed in the newborn infant's medical record. Copies of signed waivers shall be faxed to the State Children's Medical Services (CMS) office at (505) 827-5995 or (505) 476-8896, or mailed to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.

B. Rescreening of Infants who Refer

If a newborn does not pass the initial screen, or if results cannot be obtained in one or both ears (e.g. baby moving too much; ambient noise in screening room), the infant shall be rescreened prior to discharge.

1. Both ears shall be rescreened individually even if only one ear failed the initial screen.
2. Rescreening shall consist of one attempt on each ear (do not continue to rescreen to try to obtain a pass).
3. For infants who refer on the 2nd inpatient screen, the *Newborn Hearing Screening Referral Form* shall be completed. Fax the original copy of the *Newborn Hearing Screening Referral Form* to the State CMS office at (505) 827-5995 or (505) 476-8896, or mail to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.
4. The State Newborn Hearing Screening Program will work in partnership with the infant's physician (medical home) to assure the infant has a hearing evaluation with an audiologist to confirm the presence, nature and degree of the hearing loss before three (3) months of age. Infants with confirmed hearing loss will be referred to early intervention services before six (6) months of age.

C. Infants Not Screened Prior to Discharge

1. Record reason infant was not screened on the *Newborn Hearing Screening Referral Form* (e.g. missed screen due to equipment failure or lack of supplies, infant transferred without a screen, etc).
2. Inform parents of importance of obtaining a hearing screening for their baby and give them a copy of the *Newborn Hearing Screening Referral Form*.
3. Fax the original *Newborn Hearing Screening Referral Form* to the State CMS office at (505) 827-5995 or (505) 476-8896, or mail to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.
4. Inform child's physician (medical home) in writing by giving/mailling a copy of the *Newborn Hearing Screening Referral Form* to physician and/or follow hospital protocol for informing child's physician.
5. If hospital allows outpatient rescreening, arrange for the follow-up screening appointment at the hospital or, provide parent or the legal guardian with the information needed for them to schedule a follow-up hospital outpatient screening appointment. Inform parents/guardian orally and/or in writing of the hospital protocol as to what they will need to do before and on the day of the appointment. Hospital protocol may include any or all of the following:
 - a. Obtaining and bringing with them a written referral for a hearing screen from their child's physician;
 - b. Calling labor and delivery on the morning they are bringing the infant in to assure that screening staff will be available;

- c. Not putting lotion or oil on infant on the day they are bringing infant in;
- d. Changing infant's diaper and feeding the infant a few minutes before screening to help assure infant will be asleep during the screen;
- e. Signing in process and where to sign in before going to room where infant will be screened.

D. Infants Who Pass Screen but Have an Identified Risk Factor

1. Record results of newborn hearing screening and record the identified risk factor(s) in the Baby Has Risk Factor for Hearing Loss section on the *Newborn Hearing Screening Referral Form*.
2. Inform parents of importance of obtaining periodic hearing testing for their child as recommended by an audiologist and give them the pink copy of the *Newborn Hearing Screening Referral Form*.
3. Fax or mail the original *Newborn Hearing Screening Referral Form* to the State CMS office at (505) 827-5995 or (505) 476-8896, or mail to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.
4. Inform child's physician (medical home) in writing by giving / mailing the yellow copy of the *Newborn Hearing Screening Referral Form* to physician or follow hospital protocol for informing child's physician.

See page 12-13 for a list of risk factors for hearing loss as per the JCIH 2007 and the American Academy of Pediatrics.

E. Hospital Documentation and Communication of Screening Results

1. Screening personnel shall verbally report hearing screening results to the parents in a confidential, culturally sensitive and understandable manner. A "refer" on a hearing screen is not a diagnosis of hearing loss. A "refer" only identifies the need for further hearing testing. Therefore, when a newborn "refers" on a hearing screen, this information shall not be conveyed to the parents in an apologetic or a distressed manner. Parents should be informed that their child's initial hearing screen was inconclusive and a second screen must be performed as soon as possible.
2. Parents shall be provided with written screening results and appropriate follow-up and resource information (i.e. pink copy of the *Newborn Hearing Screening Referral Form* and the Newborn Hearing Screening Program's informational brochure, *Your Baby's First Hearing Test*). Documentation of the infant's hearing sensitivity screening results shall be entered into the infant's medical record.
3. Documentation of the infant's screening results shall be entered on the infant's birth certificate in accordance with hospital policy.
4. Inform child's physician in writing by giving / mailing the yellow copy of the *Newborn Hearing Screening Referral Form* to physician or follow hospital protocol for informing child's physician.
5. Fax the original *Newborn Hearing Screening Referral Form* to the State CMS office at (505) 827-5995 or (505) 476-8896, or mail to Newborn Hearing Screening

Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.

6. Hospitals shall have protocols to ensure that each infant is linked to a medical home during or before discharge.

F. Hospital Screening Personnel Requirements

1. Screening personnel shall be required to have competencies needed to perform hearing screenings on newborns.
2. Screening personnel shall participate in training conducted by the manufacturer supplying the hearing screening equipment and by CMS staff / contractors on the use of the screening equipment, screening protocols, and referral to CMS.
3. Screening personnel shall be trained in sensitive communication of screening results.
4. Copies of completed competencies of screening personnel shall be signed and dated, kept at the hospital and be available for review by the Newborn Hearing Screening Program.

See *Screening Competencies* in Section IX.

SECTION 2 - NICU Infants

1. NICU infants admitted for more than 5 days should be screened with ABR to detect neural hearing loss.
2. ABR is the only appropriate screening technique for use in the NICU.
3. Infants who do not pass the ABR screening in the NICU should be referred directly to an audiologist experienced in testing infants and young children for rescreening and, as indicated, comprehensive diagnostic evaluation that includes ABR.
4. Rescreening should be completed for both ears, even if 1 ear did not pass initially (there is considerable risk for progressive hearing loss in ear that initially passed hearing screening).

SECTION 3 - Infants Readmitted to Hospital in First Month of Life

1. Hospitals should do a repeat AABR hearing screening before discharge on all infants readmitted during the first month of life when there are conditions associated with potential hearing loss (e.g. hyperbilirubinemia requiring exchange transfusion, ototoxic medications, or culture-positive sepsis).
2. Follow screening steps.
3. Fax the original *Newborn Hearing Screening Referral Form* to the State CMS office at (505) 827-5995 or (505) 476-8896, or mail to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of discharge.