

# Universal Newborn Hearing Screening

## SAMPLE POLICY AND PROCEDURE FOR OUT-OF-HOSPITAL BIRTHS

[FACILITY'S NAME]

### Purpose

To meet Minnesota state requirements related to mandatory newborn hearing screening of all newborns before 1 month of age, documenting the results in the medical record, reporting the results of the screening to the primary care physician, the parent(s)/guardian(s), and to the Minnesota Department of Health (MDH).

### Policy

Individuals who are trained to do hearing screenings will provide an initial hearing screen for all newborns after 12 hours of age and ideally between 24 hours and 14 days of age. Infants who do not pass initial screening will receive a rescreening by their midwife provider ideally within one to two weeks of initial screen date and no later than 1 month of age. Exceptions include a) newborns who are transferred out to tertiary facilities, b) newborns whose parent(s)/guardian(s) refuse or choose to delay the procedure, and c) midwives who do not have hearing screening equipment available must provide information to parents where they may have their child's hearing screened.

### Version

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### Procedure

#### A. Preparations for Hearing Screening

1. Give parent(s)/guardian(s) informational brochure or fact sheet about newborn hearing screening. Minnesota Department of Health recommends use of the [Newborn Hearing Screening for Out-of-Hospitals Birth brochure](#), which can be ordered free of charge.
2. Parental options:
  - i. 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.

- a. Have parent complete & sign the [Directive to Destroy Newborn Blood Samples and Newborn Screening Test Results form](#):
- b. Place original document in infant's electronic medical record.
- c. Provide copies to the parent(s)/guardian(s), newborn's primary care physician, and the MDH Newborn Screening Program (see instructions on the form).
- ii. MN state law allows parent(s)/guardian(s) to refuse or delay their child's hearing screening. Because this decision is a serious one, parent(s)/guardian(s) need to review the benefits of hearing screening with their provider.
  - a. Have parent complete & sign the [Parental Refusal or Delay of Newborn Screening form](#).
  - b. Place original document in infant's electronic medical record.
  - c. Provide copies to the parent(s)/guardian(s), newborn's primary care physician, and the MDH Newborn Screening Program (see instructions on the form).
3. Determine if infant is appropriate to screen.
  - a. Infant needs screening.
  - b. Infant is ideally at least 12 hours of age for well-baby nursery.
  - c. Infant is in a "quiet" state.
4. Follow hospital infection control procedure.
5. Prepare infant for screening by following step-by-step instructions located with the screening equipment.
6. Choose a quiet location for completing testing (either nursery exam room, or mother's room if a quiet environment can be ensured).
7. Screen both ears.
  - a. 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:
  - i. Both ears must pass a single screening to be considered an overall passing result.
  - ii. Document results in infant's medical record.
  - iii. Inform parent(s)/guardian(s) of PASS result and give them appropriate written information. The [MDH PASS Result: Hearing Screen Result Notification form](#) is orderable in multiple languages on the [MDH Newborn Screening Materials and Resources webpage](#).

- iv. 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 physician.
  - v. Notify infant’s primary care physician of PASS result.
  - vi. Report results to MDH within one week of screen date by using the [Hearing Screen and Pulse Oximetry \(CCHD\) Results Report form](#) **OR** ensure routine export **OR** manual entry of screening results to MDH using the MNScreen electronic platform, if used by your practice.
2. If infant **refers/does not pass/has incomplete screen or technical fail**:
- i. Repeat screen immediately following [OAE Screening Tips](#) for a quality screening. If the infant passes, see section B1 above. If the infant again does not pass, continue with 2b below.
  - ii. Document results in infant’s medical record.
  - iii. Inform parent(s)/guardian(s) of refer/did not pass result and schedule a rescreen within one to two weeks and no later than 1 month of age. The [MDH Hearing Screen Result Notification form](#) is orderable in multiple languages on the [MDH Newborn Screening Materials and Resources webpage](#).
  - iv. Report results to MDH within one week of screen date by using the [Hearing Screen and Pulse Oximetry \(CCHD\) Results Report form](#) **OR** ensure routine export **OR** manual entry of screening results to MDH using the MNScreen electronic platform.

### C. Rescreen Procedure (for infants not passing initial screening)

- 1. Follow Preparation for Hearing Screening section (A, 3-7) above.
- 2. Rescreen **both ears** even if one ear passed a previous screen. **Both ears must pass in a single screening for an overall passing result. Combining passing results in opposite ears on successive screens does not equal a passing result.**
- 3. If infant passes, see section above.
- 4. If infant **refers/does not pass/has incomplete screen or technical fail** for the second screen:
  - i. Document results in infant’s medical record.
  - ii. Inform parent(s)/guardian(s) of refer/did not pass result, follow-up information, and appointment dates.
    - a. REFER: Indicates the infant did not pass the hearing screening in one or both ears. Help parent(s)/guardian(s) understand that a refer/did not pass result does not mean their child has a hearing loss but that they need additional testing to know more about hearing levels. Emphasize the importance of follow-up appointments for early hearing loss identification.

- b. Use of a [Teach Back Tool](#) is recommended to ensure that families of infant who need audiology follow-up clearly understand what next steps are needed.
- iii. Help family to schedule hearing follow-up appointment with audiology as soon as possible. Ideally, a follow-up diagnostic audiology appointment should be scheduled immediately with the family, prior to them leaving the rescreening appointment.
- iv. Notify primary care physician of **FINAL inpatient REFER/DID NOT PASS** test results and date/location of scheduled hearing follow-up appointment.
- v. Report/document outpatient follow-up appointment date to MDH within one week.

## D. Missed Hearing Screen / Equipment Malfunction

1. The infant's medical record should clearly indicate that hearing screening was not completed.
2. Schedule hearing screening at an alternate location if needed (which may include another midwifery practice, primary care clinic, or audiology clinic) or have the infant return as soon as possible on another date.
3. Notify primary care physician of missed hearing screening and alternate screen date/time/location.
4. Report missed hearing screen to MDH, along with alternate screen date/time/location.

## E. Result Reporting

1. Report results of newborn hearing screening to:
  - i. The parent(s)/guardian(s) should receive results verbally and in writing.
  - ii. The primary care physician should receive the FINAL birth screen results, and any outpatient results completed by the midwifery provider.
  - iii. The Minnesota Department of Health

## F. Contingency Plan for Equipment Failure

1. Contact equipment vendor to evaluate equipment for 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. All screening should be completed before 1 month of age.

## G. Staff Training

1. All staff providing hearing screening will receive orientation and education on newborn hearing screening.

2. Staff providing hearing screening will have initial and annual refresher training to assure qualified competent hearing screeners.
3. MDH audiologists can be available to provide onsite training, or a [national online curriculum](#) can be used.

## H. References

- 1 Newborn Hearing Screening for Out-of-Hospital Birth brochure. Retrieved from [https://www.health.state.mn.us/people/newbornscreening/materials/nbhs\\_oooh.pdf](https://www.health.state.mn.us/people/newbornscreening/materials/nbhs_oooh.pdf)
- 2 Directive to Destroy Newborn Screening Blood Spots and Test Results Form. Retrieved from <https://www.health.state.mn.us/people/newbornscreening/materials/legalforms/2020directivetodestroy.pdf>
- 3 Parental Refusal or Delay of Newborn Screening Form. Retrieved from <https://www.health.state.mn.us/people/newbornscreening/materials/legalforms/refusaldelay.pdf>
- 4 MDH PASS Result: Hearing Screen Result Notification Form. Retrieved from [PASS Result: Hearing Screen Result Notification \(state.mn.us\)](#)
- 5 MDH Newborn Screening Material and Resources webpage. Retrieved from [Newborn Screening Materials and Resources: Education Materials and Forms - MN Dept. of Health \(state.mn.us\)](#)
- 6 Hearing Screen and Pulse Oximetry (CCHD) Results Report form. Retrieved from [Hearing Screening and Pulse Oximetry \(CCHD\) Results Report Form Hospital Births \(state.mn.us\)](#)
- 7 OAE Screening Tips. Retrieved from [OAE Screening Tips \(state.mn.us\)](#)
- 8 MDH Hearing Screen Result Notification form. Retrieved from [REFER Result: Hearing Screen Result Notification \(state.mn.us\)](#)
- 9 Minnesota Department of Health. (2019) Teach Back Tool. Retrieved from <https://www.health.state.mn.us/docs/people/childreneyouth/improveehdi/teachback.pdf>
- 10 NCHAM Newborn Hearing Screening Training Curriculum. Retrieved from <http://www.infanthearing.org/nhstc/index.html>

NEWBORN HEARING SCREENING FOR OUT OF HOSPITAL BIRTHS

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*To obtain this information in a different format, call: 651-201-5466.*