



## Information about the Victorian Infant Hearing Screening Program for professionals involved in the care of newborns

The Victorian Infant Hearing Screening Program (VIHSP) aims to screen all infants born in Victoria in order to identify those with a moderate or greater bilateral hearing impairment.

Pre-discharge hearing screening is the international standard of care, and is supported by the National Framework for Neonatal Hearing Screening<sup>1</sup> and by professional bodies internationally<sup>2</sup>. All states and territories in Australia now provide newborn hearing screening.

### Updates to Targeted Surveillance – risk factors for progressive hearing loss

The *My Health, Learning and Development Record* is used as the vehicle for targeted surveillance of infants who pass their hearing screen and are at risk of progressive or acquired loss.

In the Birth Details section: Hearing Screen Results (page 2) risk factors for hearing loss are classified as requiring referral to audiology immediately (i.e. meningitis, congenital abnormality of the head/neck, or significant head injury) or at 8-12 months of age, following a Pass result on the hearing screen.

The VIHSP Hearing Screener records any risk factors present and/or confirmed at the time of the screen. Some of these factors might become evident following the hearing screen and in these instances it is the responsibility of the Special Care Nursery, Maternal & Child Health Nurse, GP, or parent to note this. Referral to audiology on the basis of risk factors (immediate or at 8-12months) is the responsibility of the nurse or medical practitioner who identifies the risk factor.

### What do I need to do for a baby that has a risk factor?

Discuss with the family if the baby has already been referred to audiology; if not, audiology referrals can be made using the **VIHSP Audiology Referral Form**. This referral form and a list of audiology centres can be found at: [http://www.rch.org.au/vihsp/resources/Audiology\\_referral](http://www.rch.org.au/vihsp/resources/Audiology_referral). The previously used green forms are no longer applicable.

### What do I need to do for a baby that has referred on the hearing screen?

Confirm with the family if the baby has attended audiology, or is scheduled to attend an audiology appointment. If no appointment has been made, contact the VIHSP Area Manager at the birth hospital. Their details can be found at [www.vihsp.org.au](http://www.vihsp.org.au) on the *Contact Us* page.

### What does DIRECT REFER mean in the *My Health & Development Record*?

A direct refer is a deviation from standard practice, where the baby is not able to proceed through the hearing screening pathway and complete a hearing screen. The only medical indicators for a VIHSP Direct Refer are microtia or atresia. If microtia or atresia is present, the VIHSP Area Manager will make a referral to audiology without completing the hearing screen. In some cases, the medical specialist (paediatrician, ENT, etc.) requests a referral to audiology due to other indicators. In these instances, VIHSP will still offer a hearing screen to the family prior to the audiology appointment and is able to complete the audiology referral regardless of the screen result, in conjunction with the medical team.

### What supports does the family receive when referred to Diagnostic Audiology?

VIHSP provides an Early Support Service (ESS) to all babies referred for further testing. The ESS worker will contact the family within days of the baby receiving a 'Refer' result on the hearing screen.

### What do I do if a baby has not had a hearing screen yet (includes homebirth or born elsewhere)?

Contact the VIHSP Area Manager for that hospital/region and ask them if the baby is booked in for an outpatient appointment. Their details can be found at [www.vihsp.org.au](http://www.vihsp.org.au) on the *Contact Us* page.

### What is the age range for newborn hearing screening?

Babies who are at least 34 weeks corrected gestational age, and no more than six months of age (corrected) can be screened with the available screening devices. However in practice it can be difficult to successfully complete the screen for babies above the age of 3 months.

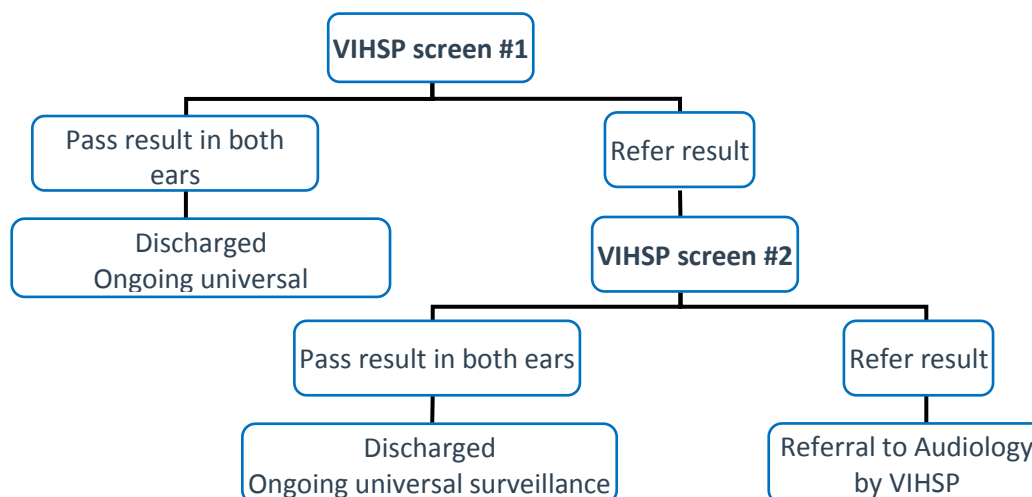
### Do babies pass the screen, but actually have a hearing loss?

Yes, because this is a screen there is a possibility that a baby will pass when they have a hearing loss. This possibility is very slim, 0.01% at most. Other babies not detected by the screen may have a mild hearing loss, a deteriorating loss or a loss that worsens over time.

### Screening Criteria

| Eligible: screen immediately                                                                                                                                                                                                                                                 | Eligible: delay screen                                                                                                                                                                  | Direct Refer (to audiology)                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Any well baby &gt;34 weeks corrected GA and &lt;6 months (corrected)</li><li>Settled, quiet and calm, preferably asleep.</li><li>Minor cranio-facial abnormalities e.g. cleft palate</li><li>Suspected neurological disorder</li></ul> | <ul style="list-style-type: none"><li>Medically unwell</li><li>Compromised skin integrity</li><li>On respiratory support (CPAP / high-flow)</li><li>Infants on CNS stimulants</li></ul> | <ul style="list-style-type: none"><li>Microtia or atresia of the ear</li><li>&gt;6 months corrected age</li><li>Severe cranio-facial abnormalities</li></ul> |

### The VIHSP screening protocol



For further information about VIHSP please see [www.vihsp.org.au](http://www.vihsp.org.au).

For further information about screening, diagnosis, and early intervention please see <http://infantheating.vihsp.org.au/>

### Key references

- <http://www.health.gov.au/internet/main/publishing.nsf/Content/neonatal-hearing-screening>
- American Academy of Pediatrics, Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*.2007;120(4):898– 921