Worcestershire Acute Hospitals NHS Trust

Newborn Hearing Screening- Inpatient Oto Acoustic Emission (Aoae) For Well Babies

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

All babies born in Worcestershire Royal Hospital will be offered a hearing screen with Otoacoustic emissions where possible. This will ideally be carried out before baby is discharged. Those who are discharged beforehand will be offered an outpatient appointment.

This guideline is for use by the following staff groups :

Newborn Hearing Screeners
Local Manager newborn Hearing Screen

Lead Clinician(s)	
Kim Doughty	Local Manager/Team Leader
Approved by Audiology Governance Meeting on:	21st July 2026
Approved by Medicines Safety Committee on:	NA
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
15/11/2023	First Document	ENT Directorate Committee
11/06/2026	Introduction - Aoae ideally carried out before baby is discharged	Audiology Governance
	Make sure that 5 hours have passed between Aoae 1 and Aoae 2	
	Advise to see GP/HV if concerns in the future	
	If needs an 8-month TFU appointment letter will be sent nearer the appointment date	
	Ask for text reminder consent	
	Explain need for Aabr if referred on Aoae 2	
	No need to file proforma in baby's note, but complete red book	

INTRODUCTION

All babies born in Worcestershire Royal Hospital will be offered a hearing screen with Otoacoustic emissions where possible. Those who are discharged will be offered an outpatient appointment, but all babies should be screened as an inpatient wherever possible.

DETAILS OF PROTOCOL

Complete QA checks – x4 if an Aabr kit or 3 if just an Aoae kit.

Check leads

Clean equipment.

Wash hands according to infection control policy.

Identify babies awaiting screen.

Print pro forma's

Introduce yourself and your role to mum

Identify mum.

Explain screen to mum.

Obtain consent. Unless baby is under social services care, consent can only be obtained from mum. If screen is declined, ask mum to sign a decline form. Copy of this for us and for GP/HV. Let her know that she can change her mind within 3 months of baby's gestational age, but the earlier the screen is done the better.

Check details on proforma, address, phone number etc.

Check if any risk factors, has baby been well?

Enter details on accuscreen.

Wash hands.

If doing an Aoae 2 – double check on Smart 4 Hearing for previous result so you know if both ears or just the one, and which one, needs rescreening. Also make sure that 5 hours have passed since Aoae1.

Stand on the same side of the baby as the ear you will be screening so that you can observe the ear properly.

Select appropriate earpiece, generally start with the blue tip.

If baby settled and mum happy, go ahead with the screen.

Hold and open the ear.

Insert earpiece and give it a ¼ turn making sure that the lead is going up and away from the baby.

Assess fit – it should stay in place without any support. If not fitting properly try a different size.

If baby still settled and not too much extraneous noise, check that you have the correct ear and press start.

If baby becomes restless/cries or background noise increases, stop screen and wait for conditions to settle. You can have up to 3 attempts on each ear if screen does not complete, but obviously best for everyone if you can obtain screen on the first try so check conditions before starting the screen.

Go to the other side of the baby so the other ear can be assessed. Repeat the screen in the second ear.

Check again that the correct results have been saved to the correct ears.

Explain results to mum.

Fill in red book, page 7.

If bilateral Clear responses and no risk factors – discharge. Show mum the check lists in red book, pages 58 and 59. Advise them to speak to GP/HV if concerns about the hearing in the future.

If bilateral Clear Responses but risk factors present – explain the 8 months Targeted Follow Up and that the appointment will be sent in the post nearer the time. Check where the most convenient site for this appointment would be. Ask if mum is happy to receive text reminders. Show mum the check lists in red book pages 58 and 59.

If unilateral or bilateral No Clear Responses on Aoae1 – Explain need for Aoae 2 and why we wait 5 hours to do this screen – if going home arrange outpatient appointment at the most convenient site for mum.

If unilateral or bilateral No Clear Responses on Aoae2 – Explain need for Aabr and advantages/ disadvantages of having the Aabr as an inpatient versus an outpatient appointment. If an outpatient appointment is chosen book appointment for this at their chosen hospital site.

Clean equipment.

Dispose of used tips in yellow bin.

Wash hands according to infection control policy.

Complete proforma and red book.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Percentage of babies having their hearing screen prior to discharge	On quarterly reports from NHSP	Quarterly	Local manager for newborn hearing screen	Team Leader for Newborn Hearing Screen and Public Health England	Quarterly

References

Patient journey from screen to referral - GOV.UK
Newborn hearing screening programme (NHSP): care pathways for well babies - GOV.UK

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Kim Doughty – Newborn Hearing Screen Lead
Newborn Hearing Screeners

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Kim Doughty**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Screening Manager/ interim lead**	**Kim.doughty@nhs.net**
Date assessment completed	**22/01/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Clinical Guidance**			
What is the aim, purpose and/or intended outcomes of this Activity?	Assist hearing screeners on how to complete an Aoae			
Who will be affected by the development & implementation of this activity?	✓ ❑ ❑ ❑ ❑	Service User Patient Carers Visitors	✓ ❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	✓ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NHSE
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed at ENT directorate meeting
Summary of relevant findings	No changes needed to guidance

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**November 2026 when guidance needs reviewing**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K.Doughty
Date signed	22.01.2024
Comments:	
Signature of person the Leader Person for this activity	K.Doughty
Date signed	22.01.2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.