Worcestershire Acute Hospitals NHS Trust

# Newborn Hearing Screening- Inpatient Automated Auditory Brainstem Response (Aabr) Guidance 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

Guidance for Aabr screening on the ward to ascertain the need for onward referral to Audiology for diagnostic testing.

Well Babies who require an automated auditory brainstem response screen for the following reasons:
Referred on AOAE twice on both or one ear.

## 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 |
| This protocol should not be used after end of: | 21st July 2029 |

## Key amendments to this guideline

| Date | Amendment | Approved by: |
|---|---|---|
| 15/11/2023 | First Document | ENT Directorate Committee |
| 11/06/2026 | Title and introduction changed to just cover Well Babies | Audiology Governance |
| | To contact GP/HV if any future concerns added | |
| | Appointment letters for 8-month TFU's will be sent nearer the appointment time | |
| | Text reminder consent asked for | |
| | Update S4H added | |

## INTRODUCTION

## DETAILS OF Guidance

Complete QA checks if not already done.

Introduce yourself and your role.

Identify mum of the baby and check details.

Explain Aabr to mum. Ask if any questions.

Recheck consent. If declines, decline form needs signing. Copy of this for us and for GP/HV. Let her know that she can change her mind within 3 months, but the earlier it is done the better.

Check details on pro forma.

Check baby is well. Double check risk factors if Aaoe was not done on the same day.

Check mum is happy to proceed.

Clean equipment according to infection control.

Enter details onto accuscreen.

Set out consumables needed.

Wash hands according to infection control policy.

Check sensor placement areas prior to prepping them to make sure it is ok to go ahead with the screen.

Prepare sites – hold skin taut and use 3-5 firm wipes either with dot tape or cotton wool and Nuprep.

Connect correct leads to sensors:

Forehead – White

Shoulder – Black

Nape of neck – Red

Place sensors on correct sites:

Forehead – up to, but not in hairline

Nape – up to, but not in hairline

Shoulder – on fleshy area, at 2cms away from nape sensor

Place transducers into headphones.

Place headphones over the correct ears, trying to stay clear of any hair if possible:

Red=Right

Blue=Left

Check baby's ears are completely enclosed by the headphones and transducers all the way in. Double check that they are on the correct ears before starting screen.

Check impedances and myogenic levels

If baby is settled and surroundings are as quiet as possible, press start. You can either do the ears separately or both together.

If conditions change pause the screen until settled again.

Complete screen.

Explain results to mum – ask if any questions.

Remove sensors gently by walking them off

Remove headphones in the same way.

Dispose of sensors and headphones in a yellow bin.

Fill in red book, page 7

If bilateral Clear Response and no risk factors – Discharge. Show mum check lists in red book, pages 58 and 59. Explain to contact GP/HV if any concerns in the future.

If bilateral Clear Response but risk factors present – explain 8-month 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 they are happy to receive text reminders Show mum check lists in red book pages 58 and 59.

If bilateral or unilateral No Clear Response –Book for ABR diagnostic test. If they are a well well-baby, book ABR for 2 weeks following the screen. If a NICU baby arrange ABR for when they reach 40 weeks corrected age. Check where the most convenient site for this appointment would be. Ask if they are happy to receive text reminders.

Check and clean accuscreen and leads.

Wash hands according to infection control policy.

Complete pro forma and file in baby's notes.

Update S4H.

## 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?** |
| | Rate of referral to Audiology for diagnostic testing following a referral from Newborn Hearing Screen | Percentage of babies referred to Audiology for diagnostic testing | Quarterly | Local Manager for Newborn hearing Screen | Antenatal and Newborn screening Board | Quarterly |

## References

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

Newborn Hearing Screening Programme (NHSP) operational guidance. Published November 2016. Updated 26 July 2018. Public Health England.

## Contribution List

### Contribution List

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

| Designation |
|---|
| Kim Doughty – Newborn Hearing Screen Interim 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;

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**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 Screen 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 screeners with Aabr's | | | |
| Who will be affected by the development & implementation of this activity? | ✓ ❑<br>❑<br>❑<br>❑ | Service User<br>Patient<br>Carers<br>Visitors | ✓ ❑<br>❑<br>❑<br>❑ | Staff<br>Communities<br>Other<br>_____ |
| Is this: | ✓ Review of an existing activity<br>❑ 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 |

## 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** | | ✓ | | |

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|---|---|---|---|
| **Other Vulnerable and Disadvantaged 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) | **2026 when guidance reviewed** | | | |

**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.