

*From the Chief Medical Officer*  
Dr Henrietta Campbell CB

HSS(MD)18-2005

Chief Executives of HSS Boards  
Directors of Public of Health Boards  
Directors of Nursing of HSS Boards  
Directors of Social Services of HSS Boards  
Chief Executives of HSS Trusts  
Medical Directors of HSS Trusts  
Directors of Social Services of HSS Trusts  
Consultants in OHN  
Consultant Paediatricians  
Consultant Obstetricians  
All General Practitioners  
Heads of Audiology Services in HSS Trusts  
Midwifery Managers of HSS Trusts (for onward  
distribution to midwives)  
Nurse Directors of HSS Trusts (for onward  
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Your Ref:  
Our Ref: HSS(MD)18-2005  
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Dear Colleague

## **NEONATAL HEARING SCREENING**

### **Summary**

1. The National Screening Committee has recommended the introduction of a universal newborn hearing screening programme. Newborn hearing screening is more effective in the detection of hearing impairment in babies than current screening methods including the Infant Distraction Test. The purpose of this circular is to outline the arrangements for implementation of a newborn hearing screening programme in Northern Ireland. All Health and Social Services Boards and Trusts should ensure that appropriate screening arrangements are in place, by 1 October 2005. They should work with the project manager and Regional Implementation Project Team to achieve this.

### **Background**

2. Permanent congenital hearing impairment (PCHI) affects approximately 1.1 per 1,000 babies are born in the UK. On the basis of 22,000 births per year it is anticipated that around 25-30 babies are born in Northern Ireland each year with congenital deafness. Research evidence has demonstrated that the detection and treatment of PCHI, before 6 months of age, results in substantially greater speech and language acquisition, with consequent life-long benefits in terms of social and psychological wellbeing, educational achievement and employment prospects.

3. At present the Infant Distraction Test is performed by health visitors when babies are 7-8 months old. The sensitivity of this test is low and hearing difficulties are often not detected until babies are at least 1½ years old and sometimes not until they are over 3 years old.

4. This research evidence has been accepted by the National Screening Committee. It has recommended that hearing screening should be offered to all newborn babies.

### **Hearing Screening Pilot**

5. The introduction of newborn hearing screening was initially taken forward through a UK pilot which involved a number of sites including the Royal Group of Hospitals. The experience gained from this pilot is informing the roll out of the programme across Northern Ireland.

### **Implementation of Newborn Hearing Screening**

6. Hearing screening should be offered to all newborn babies from 1 October 2005. The aim is to carry out screening of babies in hospital prior to their discharge. However local arrangements should be in place to ensure that those babies discharged from hospital before being screened are identified and offered screening by four weeks of age. A Regional Newborn Hearing Screening Steering Group has been established to oversee the implementation of the programme across Northern Ireland. Three subgroups are supporting the work of the Steering Group, they are:

- (i) The Regional Implementation Project Team.
- (ii) Equipment and Training Sub Group.
- (iii) Support Services for Hearing Impaired Children Sub Group.

7. Implementation is also being supported by a job-share project manager appointed in July 2004 for a period of 18 months. Their role is to project manage the roll out of newborn hearing screening across Northern Ireland, working closely with Health and Social Service Board and Trust staff, and under the direction of the Regional Steering Group.

### **Resources**

8. Revenue funding of £500,000, from 2004/05, has been made available for implementation of this programme. Capital funding has been provided to Health and Social Services Trusts for purchase of hearing screening equipment and for the IT requirements, including software changes to the Child Health System, to facilitate monitoring and quality assurance of the programme.

### **Action**

9. Chief Executives of Health and Social Services Boards should ensure a lead professional is identified at Board level to co-ordinate Board implementation of policy on newborn hearing screening and monitoring of the quality and standards of the programme. They should also ensure that arrangements are in place by 1 October 2005:

- for all mothers to be offered hearing screening for their babies;
- for local monitoring of uptake and audit of the programme;
- for monitoring of standards as agreed by the National Screening Committee.

10. Chief Executives of Health and Social Services Trusts should ensure that a health professional is identified to lead implementation and later co-ordination of the programme at Trust level. They should also ensure that at Trust level arrangements are in place by 1 October 2005:

- for all mothers to be offered hearing screening for their babies;
- for co-ordinating the management and delivery of the screening programme;
- for local monitoring of uptake and audit of the programme;
- for monitoring of standards as agreed by the National Screening Committee.

11. Chief Executives of Health and Social Services Boards and Trusts should also ensure that, through the Health Visiting Services, a Distraction Hearing Test is offered to all infants born up to and including 30 September 2005.

### **Follow up of Children at Risk of Severe Hearing Impairment**

12. Health and Social Services Boards and Trusts should ensure that arrangements are in place for the prompt assessment of 'screen positive' referrals and assessment at 8 months for those who meet the risk criteria for late onset permanent childhood hearing impairment. Support services should be in place for children confirmed as having a permanent hearing impairment.

### **Monitoring and Quality Assurance**

13. The newborn hearing screening programme should be subject to ongoing local performance management and audit. A minimum core of information to support the monitoring of performance of the programme, meeting of National standards and quality assurance should be collected on all infants. Appropriate fail safe mechanisms should be in place to ensure that screening is offered to all infants and that those who are 'screen positive' are followed up as appropriate.

### **Further information**

14. For further information please contact the job-share project managers:

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This document can be accessed on the Departmental website: [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

Yours sincerely

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