



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Policy and Procedure for Notification of Infants Born under the  
HSE Home Birth Service to the National Newborn Hearing  
Screening Programme**

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## **1 Policy Statement**

This policy mandates the Self-Employed Community Midwife (SECM) to follow the screening pathway of the National Hearing Screening Programme and refer the newborn baby who is born at home for newborn hearing screening provided by Northgate Services on behalf of the Health Service Executive (HSE).

## **2 Purpose**

- 2.1. To provide a policy and procedure to support the SECM in undertaking the referral of the newborn baby for hearing screening.
- 2.2. To support compliance with the National Hearing Screening Programme in Ireland as provided by the Health Service Executive Universal Newborn Hearing Screening Programme (HSE 2014).

## **3 Scope**

This policy and procedure applies to all SECMs and Designated Midwifery Officers (DMOs) who have responsibility for the HSE Home Birth Service.

## **4 Legislation, Codes of Practice, Standards and Guidance**

- 4.1. Health Acts, 1970 to 2015 and regulations made thereunder
- 4.2. Guardianship of Infants Act, 1964
- 4.3. HSE Universal Newborn Hearing Screening Programme, National Governance Document (HSE 2014)
- 4.4. HSE Universal Newborn Hearing Screening Consent (HSE 2013)
- 4.5. Recording Clinical Practice (NMBI 2015)
- 4.6. Practice Standards for Midwives (NMBI, 2015)
- 4.7. HSE Electronic Communications Policy (HSE 2013)
- 4.8. Risk and Incident Escalation Procedure (HSE 2010)
- 4.9. Safety Incident Management Policy (HSE 2014)
- 4.10. Data Protection Act, 1998 and Data Protection (Amendment) Act, 2003
- 4.11. Freedom of Information Acts, 1997 and Freedom of Information (Amendment) Act, 2003
- 4.12. National Intercultural Health Strategy (HSE 2007-2012)
- 4.13. HSE Code of Practice for Health Care Records Management (2007)
- 4.14. HSE Complaints Policy and Procedures Manual – Your Service Your Say (HSE 2015)
- 4.15. National Maternity Strategy 2016-2026 (DOH 2016)

This list is not exhaustive and reference should be made at all times to the guideline for reference sources or the database of legislation, codes of practice, standards and guidance (Clinical Governance Group for the HSE Home Birth Service 2016).

## 5 Definitions

- 5.1. **Should** indicates a strong recommendation to perform a particular action from which deviation in particular circumstances must be justified (NMBI, 2014).
- 5.2. **Must** commands the action a nurse or midwife is obliged to take, from which no deviation whatsoever is allowed (NMBI, 2014).
- 5.3. **Screening pathway:** The pathway in an organised screening programme that starts with giving information about the programme and moves to an invitation to participate in the programme, the screening, and in some cases recall for another screen. If the result of the screen indicates that further assessment is required, the pathway includes referral for further assessment.

## 6 Roles and Responsibilities

### 6.1. HSE National Director of Primary Care, Director of Midwifery

shall ensure:

- 6.1.1 The provision of appropriate systems and structures to support the SECM to refer babies born at home to the Universal Newborn Hearing Screening for the HSE Home Birth Service.

### 6.2. The Chief Officer

shall ensure:

- 6.2.1 The implementation of systems and structures to refer all infants born at home to the National Newborn Hearing Screening Programme.

### 6.3. The Designated Midwifery Officer (DMO)

shall ensure that:

- 6.3.1 A copy of this policy and procedure is made available to all SECMs, and record same.
- 6.3.2 Appropriate professional support is provided as required to the SECM to refer newborn infants for hearing screening.
- 6.3.3 Hearing referrals and opt-out forms are forwarded as soon as possible, depending on DMO leave arrangements, to Northgate Services as per HSE Electronic Communications Policy.
- 6.3.4 The hearing screening referral/Opt-out Form has been received by Northgate Services and this is documented appropriately.
- 6.3.5 Monitoring and audit of this policy and procedure is undertaken on a regular basis.

### 6.4. The SECM

shall:

- 6.4.1 Demonstrate compliance with this policy and procedure.
- 6.4.2 Communicate to the parent(s)/guardian the importance of the newborn hearing screening.
- 6.4.3 Obtain consent to refer the baby for hearing screening.
- 6.4.4 Obtain required information from the woman to complete the hearing screening referral.

- 6.4.5 Ensure that the referral for hearing screening is sent to the appropriate DMO within five working days of the birth and a copy of the referral is kept and recorded in the midwifery notes (Appendix IV).
- 6.4.6 Ensure that the hearing screening is organised prior to discharge on day 14 and if an appointment has not been received follow up with the DMO and/or hearing screening department.
- 6.4.7 Ensure, if parents wish to opt out of the Newborn Hearing Screening Programme, that the appropriate Opt-out Form is signed and sent to the DMO, DPHN, GP, parents, hospital record and SECM midwifery notes as listed on the Opt-out Form (HSE Universal Newborn Hearing Screening Consent, No 29, Appendix 2).

## **6.5. The DPHN**

shall:

- 6.5.1 Liaise with the DMO and SECM if review of this policy and procedure is required.
- 6.5.2 Ensure that the area PHN is made aware when an infant opts out of hearing screening.
- 6.5.3 Ensure that the area PHN advises and encourages the parents that they can be referred for hearing screening any time.

## **6.6. HSE Audiology Governance Group**

shall:

- 6.6.1 Liaise with the DMO, SECM, DPHN and Northgate Services as appropriate to ensure that the quality of the Newborn Hearing Screening Programme is monitored and audited.

## **6.7. Northgate Services**

shall:

- 6.7.1 On receipt of a newborn hearing screening referral from the DMO, contact the parents of the newborn with an appointment for hearing screening at the appropriate hearing screening department.
- 6.7.2 Confirm to the DMO electronically or in writing that the newborn hearing screening referral has been received and that an appointment has been sent to the parent(s)/guardian.
- 6.7.3 Offer a further appointment if the parent does not attend with the newborn for hearing screening.
- 6.7.4 If a newborn fails to attend for hearing screening, send a developmental hearing checklist to the parent(s)/guardians and inform them to contact their GP or PHN if they have any concerns about the child's hearing in the future.
- 6.7.5 On receipt of an opt-out/withdrawal form (HSE Universal Newborn Hearing Screening Consent, No 29, Appendix II) send a developmental hearing checklist to the parent(s)/guardians and inform them to contact their GP or PHN if they have any concerns about the child's hearing in the future.

- 6.7.6 Inform the infant's GP and DPHN if the newborn does not attend for screening or has opted out of screening.
- 6.7.7 Provide a written result of the newborn hearing screening to the appropriate DPHN.

## **7 Procedure**

- 7.1 Reference should be made to HSE Universal Newborn Hearing Screening Programme, National Governance Document (HSE 2014) (Appendix I) and HSE Universal Newborn Hearing Screening Consent (HSE 2013) (Appendix II).
- 7.2 The SECM shall obtain an adequate stock of information leaflets (Appendix III) and referral forms (Appendix IV)
- 7.3 The SECM shall provide the woman and her partner with required information, as provided by the HSE, on the importance of the newborn hearing screening that will be undertaken in the early post-natal period (Appendix III).
- 7.4 The SECM shall obtain verbal consent from the mother to refer the newborn baby for hearing screening without undue delay, forwarding the referral to the DMO for that area.
- 7.5 The DMO will, without undue delay and depending on leave, forward the referral for hearing screening to Northgate Services.
- 7.6 Northgate Services places the information provided on their electronic system, contacts the parents and provides an appointment for hearing screening for the newborn as per Northgate Services Form (Appendix VI).
- 7.7 Northgate Services personnel confirm to the DMO that the newborn is on the eSP system and an appointment has been sent to the parent(s)/guardian.
- 7.8 If the parents do not attend with the newborn for screening then a further follow-up appointment is sent by Northgate Services to the parent(s)/guardian.
- 7.9 In the event that the parents wish to opt out of the Newborn Hearing Screening Programme:
  - 7.9.1 The SECM should make reference to section 18.0: Opt-out in HSE Universal Newborn Hearing Screening Consent (HSE 2013) and in particular section 29.0 of Appendix II, National Opt Out/Withdrawal Form, National Newborn Hearing Screening Programme.
  - 7.9.2 The SECM shall record in the maternity records a list of all relevant information provided to the woman and ensure that appropriate time is given to the discussion and reflection of the consequences of opting out from the screening programme.
  - 7.9.3 The SECM can seek the support of the public health nurse or the general practitioner to advise the woman of the consequences of opting out of the screening programme.
  - 7.9.4 The Opt-out Form (Appendix V) shall be signed by the parent(s)/guardian and the SECM and forwarded by the SECM to the DMO, DPHN and GP. A copy is kept in the midwifery record and hospital maternity notes if available.
  - 7.9.5 The DMO shall forward the Opt-out Form to Northgate Hearing Screening Services.

- 7.9.6 Northgate Services shall send a hearing developmental checklist to the parents and advise the parents to contact the PHN and GP if they have any concerns.
- 7.9.7 Prior to the discharge of the woman from the care of the SECM to the PHN on Day 14, the consequences of opting out from the hearing screening test should be revisited in case that the parent(s)/guardian would like to change their minds and the PHN should be informed on discharge.
- 7.9.8 The benefits of screening are explained in the Parent Information Leaflet (Appendix III) and the consequences of not detecting a case are summarized on the Opt-out Form (Appendix V).
- 7.10 If the parents do not attend with their newborn for hearing screening following an offer of two appointments then Northgate Services will send the parents a hearing checklist and ask them to contact their GP or PHN if they have any concerns. Northgate Services shall inform the newborn's GP and PHN that the newborn did not attend for screening.
- 7.11 If a newborn is referred to audiology the DPHN and GP are copied on the referral.

## **8 Monitoring and Audit**

- 8.1 Monitoring of compliance with this policy and procedure shall be undertaken by the DMO.
- 8.2 Audit of compliance with this policy and procedure shall be undertaken by nominated HSE professionals.

## **9 Training**

The SECM shall ensure that she/he has sourced appropriate education and training to support the implementation of this policy and procedure

## **10 Implementation Plan**

The Clinical Governance Group for the HSE Home Birth Service developed this document, which has been approved for implementation by the National Implementation Steering Group for the HSE Home Birth Service. This document will be piloted for a year from the approval date. It will be disseminated by the Designated Midwifery Officers to relevant healthcare personnel and to all Self-Employed Community Midwives who provide home birth services on behalf of the HSE.

## 11 Appendices:

**Appendix I: National Governance Document, Universal Newborn Hearing Screening Programme (HSE 2014) – Available from the HSE Website.**



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### Health Services Executive Universal Newborn Hearing Screening Programme

#### National Governance Document

Document reference number		Document developed by	Dr Gary Norman, National Clinical Lead for Audiology
		Modified by	Ms Aisling Heffernan, Programme Manager for Audiology
Revision number	Draft 2	Document approved by	
Approval date		Responsibility for implementation	Assistant National Clinical Leads for Audiology Regional Audiology Administration Leads Northgate
Revision date		Responsibility for review and audit	National Technical Group for Childhood Hearing Screening



**Appendix II: Reference: HSE Universal Newborn Hearing Screening Consent, (HSE 2013) Available from the HSE Website.**



***HSE Universal Newborn Hearing Screening Consent***

Policy, Procedure, Protocol & Guideline

Document reference number		Document developed by  Modified by	Aisling Regan, Regional Administration Lead, Audiology Dublin North East Gary Norman, National Clinical Lead, Audiology Aisling Heffernan, National Programme Manager, Audiology Rosalie Smyth Lynch, Regional Manager Consumer Affairs, HSE Dublin North East, Lorraine Sibley, Information and Complaints Manager, Rotunda Hospital, Marianne Healy, Director Public Health Nursing, DNE Michelle Waldron, Designated Midwifery Officer HSE DNE, Project Officer Nicola Ryan, UNHS National Service Manager, Northgate Public Services Mark Cooke, Senior Business Consultant, Northgate Public Services
Revision number	Version 1	Document approved by	National Technical Group for Childhood Hearing Screening
Approval date	11.12.13	Responsibility for implementation	Assistant National Clinical Leads, Audiology Regional Audiology Administration Leads Northgate Public Services
Revision date	11.12.14	Responsibility for review and audit	National Technical Group for Childhood hearing Screening

**Appendix III**  
**Hearing Screening Information Leaflet**



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# Your Baby's Hearing Screening Test



**Appendix IV****Newborn Hearing Screening Referral Form from DMO/PHN**

Template for completion to request newborn hearing screening outpatients appointment for an under three-month old baby in the event of home birth, BBA, transfer of baby into area or parental change of mind requests.

<b>Mother's Surname</b>	<b>Mother's Forename</b>	<b>Contact Phone No.</b>			
<b>Address</b>					
<b>Baby's Surname</b>	<b>Baby's Forename</b>	<b>Sex M/F</b>	<b>D.O.B</b>	<b>Gestational Age</b>	<b>Reason for request (please tick)</b>
					Home birth <input type="checkbox"/> Transfer in <input type="checkbox"/> Parental change of mind <input type="checkbox"/> BBA <input type="checkbox"/>
<b>Mother's Surname</b>	<b>Mother's Forename</b>	<b>Contact Phone No.</b>			
<b>Address</b>					
<b>Baby's Surname</b>	<b>Baby's Forename</b>	<b>Sex M/F</b>	<b>D.O.B</b>	<b>Gestational Age</b>	<b>Reason for request (please tick)</b>
					Home birth <input type="checkbox"/> Transfer in <input type="checkbox"/> Parental change of mind <input type="checkbox"/> BBA <input type="checkbox"/>
<b>Mother's Surname</b>	<b>Mother's Forename</b>	<b>Contact Phone No.</b>			
<b>Address</b>					
<b>Baby's Surname</b>	<b>Baby's Forename</b>	<b>Sex M/F</b>	<b>D.O.B</b>	<b>Gestational Age</b>	<b>Reason for request (please tick)</b>
					Home birth <input type="checkbox"/> Transfer in <input type="checkbox"/> Parental change of mind <input type="checkbox"/> BBA <input type="checkbox"/>

## Appendix V

### National Hearing Screening Programme Opt-Out/Withdrawal Form

29.0 Appendix 2

National Opt Out / Withdrawal Form



#### NEWBORN HEARING SCREENING PROGRAMME

#### OPT-OUT / WITHDRAWAL FORM

Parents have the right to opt out from the Newborn Hearing Screening Programme on behalf of their baby and must sign this HSE Opt-Out Form. This must be witnessed and signed by all parties.

Attach sticker or complete below:

Parent's Name:		Hospital Number:	
Baby's Name:		Baby's Date of Birth:	
Address:		Baby's Unique Identifier	
Hospital/Place of Birth:		Local Health Office:	

#### OPT-OUT SECTION

- I \_\_\_\_\_ being the parent/guardian of Baby \_\_\_\_\_, do not consent to allow the Newborn Hearing Screening Test to be carried out on my baby.
- I have read the Information leaflet on Newborn Hearing Screening and the test has also been explained to me.
- I fully understand the importance of the decision that I am taking by not allowing my baby to be tested.
- Information regarding your informed choice will be retained on the National eSP Database (hosted by Northgate) and retained in the health care record.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian) (BLOCK CAPITALS)

Signed in the presence of: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

Position/Job Title: \_\_\_\_\_

#### WITHDRAWAL SECTION

- I \_\_\_\_\_ being the parent/guardian of Baby \_\_\_\_\_, wish to withdraw my consent for participation in the newborn hearing screening test in respect of my baby.
- I have read the Information leaflet on Newborn Hearing Screening and the test has also been explained to me.
- I fully understand the importance of the decision that I am taking by withdrawing from the hearing screening scheme.
- Information regarding your informed choice will be retained on the National eSP Database (hosted by Northgate) and retained in the health care record.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian) (BLOCK CAPITALS)

Signed in the presence of: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

Position/Job Title: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICIAL USE ONLY

Copies of the completed form, signed by parent/guardian and witness should be provided / filed as follows:-

• Parent/Guardian • Healthcare Record • Hospital Medical Record File • Public Health Nursing File • General Practitioner (GP) • Child Health Information System

Signed: (NURSE/SCREENER) \_\_\_\_\_ Date: \_\_\_\_\_

Name: (BLOCK CAPITALS) \_\_\_\_\_

## Appendix VI Northgate Services Form

<b>Facility:</b>						<b>HSE Newborn Hearing Screening Programme</b>					
<b>Patient Information</b>											
Last Name:					First Name:						
NHS No.:					Local No.:						
Date of Birth:.					Time of Birth:.						
Gender:.					GA:.		Weight:.		Order:.		Of:.
Place of Birth:.					Hospital:.						
Protocol:.					Consent:.						
Consent Type:.					Booklet: Y		N		Leaflets: 1		2
									3		N
<b>Risk Factors</b>											
Congenital Infection					Jaundice at exchange transfusion						
Cranio-facial Anomalies					Neuro-degen./neuro-develop. disorder						
Family History					Syndrome (enter name in notes)						
Core NICU > 48h											
National Bacterial meningitis											
Family history (parents/sibs only)											
IPPV > 5 days											
<b>Notes</b>											
<b>Contact Details</b>											
Last Name:					First Name:			Title:			
Address 1:					Phone:			Ext:			
Address 2:					Language:						
Address 3:					Translator:						
Address 4:					Primary Contact:						
Address 5:					Consent Signatory:			Location:			
Post Code:					Address Type:			Send Letters:			
<b>Professional Contacts</b>											
General Practice					Health Visitor						
Name:					Name:						
Base:					Base:						
Post Code:					Phone:		Post Code:		Phone:		
<b>AOAE1</b>											
Location:					Notes: .			Screener:			
Facility:								Date:			
Equipment:					ID:			Time:			
								R			
								L			
<b>AOAE2</b>											
Location:					Notes: .			Screener:			
Facility:								Date:			
Equipment:					ID:			Time:			
								R			
								L			
<b>AABR</b>											
Location:					Notes: .			Screener:			
Facility:								Date:			
Equipment:					ID:			Time:			
								R			
								L			
<b>Outcome: «ScreeningOutcome»</b>											
Clear Response		No Clear Response		Incomplete							
C1: No follow-up reqd		N1: Unilateral referral		I1: Declined screen		I4: Deceased		I7: Late entry		I11: Eqpt malfunction	
C2: Targeted f/u reqd		N2: Bilateral referral		I2: Appts missed		I5: Out of coverage		I9: Contraindicated		I12: Eqpt not available	
Note that there is no I8 code (old baby/eqpt reason)				I3: Lost Contact		I6: Withdrew consent		I10: Baby unsettled		I13: Lack of capacity	

NHSP Data Form v6.1 (23 July 2007)

Date printed: 14/8/2013 7:34 AM

Entered by:

Entered on eSP:

## 12 Signature Page

I have read, understand and agree to adhere to the attached:

[illegible]