UNIVERSAL NEWBORN HEARING SCREENING
Clinical problems and frequently asked questions

Commission for the Early Detection of Hearing Loss - CODEPEH

Before screening

- **Newborn recruitment** → Public health: Programme for Early Detection of Hearing Loss and Information Systems. Information during pregnancy. Primary care paediatrician monitors programme compliance.
- **Informed consent** → Accurate, specific and complete information, in understandable, non-alarmist language. If consent is verbal, it should be noted in the medical record. Written consent is preferred. Dissent must be recorded in writing.

During screening

- **Healthcare professionals** → Screening programme coordinator. Specific training plan. Trained nurses. ENT assigned to the programme.
- **Technologies** → BAEP: eliminate electromagnetic pollution. OAEs: check probe adjustment. Backup equipment is recommended.
- **Procedure** → Quiet environment. Before hospital discharge. Both ears screened and re-screened. If "fail" in two attempts, refer to next level. Re-screening: at 15 days, only one attempt, any technique. If there are risk factors, BAEP is recommended. If "fail", refer to diagnostic phase.

After screening

- **Losses in the process** → Set date for re-screening prior to hospital discharge. Contact family to confirm appointments. A protocol for home births should be developed. Inclusion of displaced persons in the programme.
- **Information systems** → Quality control of screening programme at regional and national level. Obtain data and indicators to measure objectives. Share information to avoid losses in the process. Have a national database.

Information to families

Throughout the process.
Programme objective. Voluntary nature of participation.
Importance of early detection of hearing loss. Expected benefits. Risks and adverse effects.
What the screening test entails, when and how it is done.
What the test result means. Steps to take in the event of a "fail" result.
How to learn more. Family support structures.

ORL: Otolaryngologist - BAEP: Automated brainstem auditory evoked potential - OAEs: Otoacoustic emissions

www.bibliotecafiapas.es

Legal Deposit: M-25919-2022 © FIAPAS 2022

CODEPEH
COMISIÓN PARA LA DETECCIÓN PRECOZ DE LA HIPOACUSIA

With representatives from:
The Spanish Association of Paediatrics,
The Spanish Society of Otolaryngology
and FIAPAS
(codepeh@gmail.com)

FIAPAS
CONFEDERACIÓN ESPAÑOLA DE FAMILIAS DE PERSONAS SORDAS
Fomentando Inclusión. Apoyando Personas. Avanzando Solidariamente.
SPANISH CONFEDERATION OF FAMILIES OF DEAF PEOPLE
Fomentando Inclusión. Apoyando Personas. Avanzando Solidariamente.
EXCELLENCE INNOVATION SUSTAINABILITY

EXCELENCIA INNOVACIÓN SOSTENIBILIDAD 400 EFQM

MINISTERIO DE DERECHOS SOCIALES Y AGENDA 2030
REAL PATRONATO SOBRE DISCAPACIDAD
MINISTRY OF SOCIAL RIGHTS AND THE 2030 AGENDA
ROYAL BOARD ON DISABILITY

Pantoja, 5 (Local) - 28002 Madrid - Ph.: 91 576 51 49 - Fax: 91 576 57 46 - Telesor Service
fiapas@fiapas.es - www.fiapas.es
Available at http://bibliotecafiapas.es

Family Care and Support Network

FIAPAS
Familias de Personas Sordas

ANDALUSIA (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN FAPAS
Ph.: 95 409 52 73 (Seville)

ASPASA-ALMERIA
Ph.: 950 24 47 90

ASPAS-CORDOBA
Ph.: 957 76 48 68

ASPRODES-GRANADA
Ph.: 958 22 20 82

ASPRODESORDOS-HUELVA
Ph.: 959 26 22 90

AFAIS-JAEN
Ph.: 953 08 84 82

ASPANSOR-MALAGA
Ph.: 95 265 17 31

ASPAS-SEVILLE
Ph.: 95 493 28 24

ARAGON (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN FAAPAS
Ph.: 974 22 77 83 (Huesca)

ASOCIACIÓN "SAN FRANCISCO DE SALES"-HUESCA
Ph.: 974 22 77 83

ATPANSOR-TERUEL
Ph.: 978 61 03 23

ASPANSOR-ZARAGOZA
Ph.: 976 25 50 00

ASTURIAS (PRINCIPALITY OF)

APADA-ASTURIAS
Ph.: 98 522 88 61

BALEARIC ISLANDS (AUTONOMOUS COMMUNITY OF)

FUNDACIÓN ASPAS-MALLORCA
Ph.: 871 57 00 73

CANARY ISLANDS (AUTONOMOUS COMMUNITY OF)

FUNCASOR
Ph.: 922 54 40 52 (Tenerife)
928 23 32 89 (Gran Canaria)
922 41 68 30 (Las Palmas)

CASTILE-LA MANCHA (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN FASPAS
Ph.: 925 71 33 56 (Toledo)
691 40 12 43

ASPAS-ALBACETE
Ph.: 967 55 89 12

ASPAS-CIUDAD REAL
Ph.: 926 22 00 95

ASPAS-CUENCA
Ph.: 608 393 099

APANDAGU-GUADALAJARA
Ph.: 655 670 327

APANDAPT-TOLEDO
Ph.: 925 22 46 93

CASTILE-LEON (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN FAPAS
Ph.: 947 46 05 40 (Burgos)

ARANS-BUR-BURGOS
Ph.: 947 46 05 40

ASFAS-LEON
Ph.: 665 66 55 25

ASPAS-SALAMANCA
Ph.: 923 21 55 09

ASPAS-VALLADOLID
Ph.: 983 39 53 08

CATALONIA (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN ACAPPS
Ph.: 93 210 55 30 (Barcelona)

ACAPPS-BARCELONA
Ph.: 93 210 55 30

ACAPPS-LLEIDA
Ph.: 685 801 973

VALENCIAN COMMUNITY

FEDERACIÓN HELIX-C.V.
Ph.: 96 391 94 63 (Valencia)

APANAH-ELDA
Ph.: 96 698 07 14

APANAS-ASPE
Ph.: 96 549 00 77

ASPAS-CASTELLÓN
Ph.: 964 05 66 44
CDIAT Ph: 964 05 66 45

ASPAS-VALENCIA
Ph.: 96 392 59 48

EXTREMADURA (AUTONOMOUS COMMUNITY OF)

FEDERACIÓN FEDAPAS
Ph.: 924 30 14 30 (Badajoz)

ADABA-BADAJOZ
Ph.: 924 24 26 26

ASCAPAS-PLASENCIA
Ph.: 927 41 35 04

GALICIA (AUTONOMOUS COMMUNITY OF)

ACOPROS-LA CORUÑA
Ph.: 881 91 40 78

LA RIOJA (AUTONOMOUS COMMUNITY OF)

ADARI-LA RIOJA
Ph.: 618 953 218 (Logroño)

MADRID (COMMUNITY OF)

ASOCIACIÓN ENTENDER Y HABLAR-MADRID
Ph.: 91 735 51 60

ASPAS-MADRID
Ph.: 91 725 07 45
628 466 873

MURCIA (REGION OF)

FEDERACIÓN FASEN
Ph.: 968 52 37 52 (Cartagena)
669 43 30 07

ASPANPAL-MURCIA
Ph.: 968 24 83 92

APANDA-CARTAGENA
Ph.: 968 52 37 52

NAVARRE (AUTONOMOUS COMMUNITY OF)

EUNATE-NAVARRE
Ph.: 948 26 18 77 (Pamplona)
637 77 21 85

BASQUE COUNTRY (AUTONOMOUS COMMUNITY OF THE)

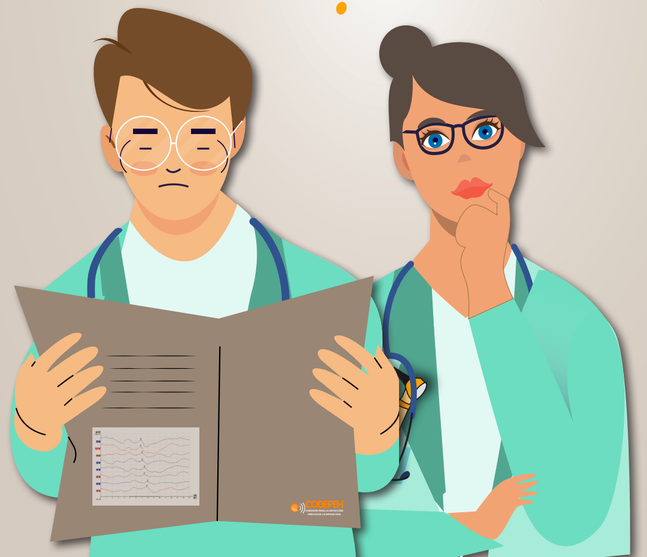
ASPASOR-ALAVA
Ph.: 945 28 73 92

CEUTA (AUTONOMOUS CITY OF)

ACEPAS-CEUTA
Ph.: 956 50 50 55

The list provided includes the FIAPAS Federations and Confederate Associations as of November 2022. (For the most up-to-date contact details: **www.fiapas.es**)

Universal Newborn Hearing Screening
Clinical problems and frequently asked questions



SCREENING PROCESS

Who should perform the screening tests?

In Spain there is case law specifying that, according to Law 44/2003, of 21 November, on the *Regulation of Healthcare Professions*, personnel with a degree in Medicine and/or Nursing must be responsible for performing screening tests on newborns.

The screening personnel must be trained and have the necessary skills to apply the instructions specified in the protocol and properly handle the equipment.

When is the best time to perform the screening test?

Healthy newborns. They can be screened from 6 hours after birth. However, for optimal results, it is recommended waiting until at least the first 24 hours of life and performing the test before the hospital discharge.

Newborns admitted to the Intensive Care Unit. Perform screening when the child's condition is stable or before hospital discharge.

Newborns born at home. Screening is recommended before the first two weeks of life within the outpatient schedule.

Where should screening take place?

Choose any room with a quiet environment, either in or out of hospital, and with minimal electromagnetic pollution.

Which technique should be used to perform screening?

In the case of a healthy child without risk factors, both otoacoustic emissions (OAEs) and automated brainstem auditory evoked potential (BAEP) tests are valid.

In the case of children with risk factors and/or admitted to the neonatal ICU, use of the BAEP is recommended.

How do you ensure that screening equipment is in optimal condition?

Check that the equipment has been regularly calibrated according to the manufacturer's specifications. Cleaning and maintenance of the probe and equipment should be performed daily.

How many times are the tests repeated?

If the result of the first screening test in healthy children, performed correctly, is a "fail" in two attempts, refer to next level.

How to check that every newborn has been screened?

It is helpful to obtain the hospital's daily newborn admissions census.

The date and time of screening, the results in each ear and whether follow-up of the case is required should be documented in the newborn's medical record.

Cases where the families have refused the test need to be documented.

The possibility of including out-of-hospital births in screening should be enabled.

AFTER SCREENING

How to manage the follow-up of failed screening cases or those who did not come for testing?

In addition to documenting the screening result in the database, the need to repeat the test due to a failure in the first attempt according to the protocol should be recorded in the newborn's medical record. Families and the primary care paediatrician will be informed.

The newborn should be scheduled for subsequent protocol tests before leaving the hospital.

How to proceed when identifying risk factors for hearing loss requiring follow-up?

The screening personnel is responsible for the identification of children with risk factors who, having passed the screening, may have late-onset or progressive hearing loss, ensuring appropriate follow-up within the programme protocol.

What actions can decrease the rate of cases lost in the process (screening, re-screening or diagnostic confirmation)?

The primary care paediatrician should be properly informed and family contact details checked.

It is useful to appoint a person from the multidisciplinary team to contact families who need assistance and guidance to attend appointments.

Which technique should be used to re-screen healthy children?

A normal result in both ears in the same session using any technology is accepted as a successfully passed hearing test.

Only one attempt in both ears made under optimal conditions is recommended in re-screenings.

Why is an information system needed?

An information system is needed to ensure quality control of the whole process and compliance with the programme objectives, as well as for adjustment of its functioning according to the quality standards set and appropriate follow-up of patients.

* The content of this brochure is merely informational. *Lex artis* must at all times align with the most up-to-date knowledge through the study of the scientific literature and be adapted to the context of each child.

INFORMATION TO FAMILIES

What information should be provided to families prior to screening?

Information should preferably be provided in writing on:

- Objective of the programme. Voluntary nature of participation.
- Importance of early detection of hearing loss. Expected benefits. Risks and adverse effects.
- What the screening test entails, when and how it is done.
- What the test result means. Steps to take in the event of a "fail" result.
- Informed consent. Informed dissent.
- How to learn more. Family support structures.

When and where is information given about hearing screening?

It is recommended that families are routinely informed as part of the pregnancy monitoring programme, as well as in the place of birth (hospital or home).

What information should be given if the newborn "fails" screening?

Families will receive information about why their baby may not have passed the screening, the importance of follow-up and the next steps, as well as subsequent visits they are advised to attend.

The Newborn Hearing Loss Screening Programme must have a professional responsible for its coordination, with experience in the management of newborn hearing screening, with in-depth knowledge of the equipment required to perform it and the responsibilities involved, among others, with regard to the personnel involved in the implementation of the Programme, their knowledge and training for this task, planning and supervising their ongoing training.

The Programme Coordinator must also monitor and report on compliance with the quality indicators, as well as verify that all newborns have been registered in the database, coordinating referral and care by other services and follow-up of cases when required.