



The Victorian Infant Hearing Screening Program Program Performance and Update

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The Royal Children's Hospital (RCH) acknowledges the traditional owners of the land on which the RCH is situated, the Wurundjeri people of the Kulin Nation, and we pay our respects to their Elders past, present and emerging.





Overview

- VIHSP – in the beginning
- VIHSP in 2023
- Current VIHSP performance and reporting
- Hearing surveillance (risk factors for hearing loss)
- Case example





In the beginning- c. 1989

Permanent congenital hearing impairment

- affects 1-2 children per 1000 births
- major adverse effects on outcomes;
 - language, academic, social and economic
- PCHI not detected until 2 years of age
 - “too late”
 - after critical period for communication skills development





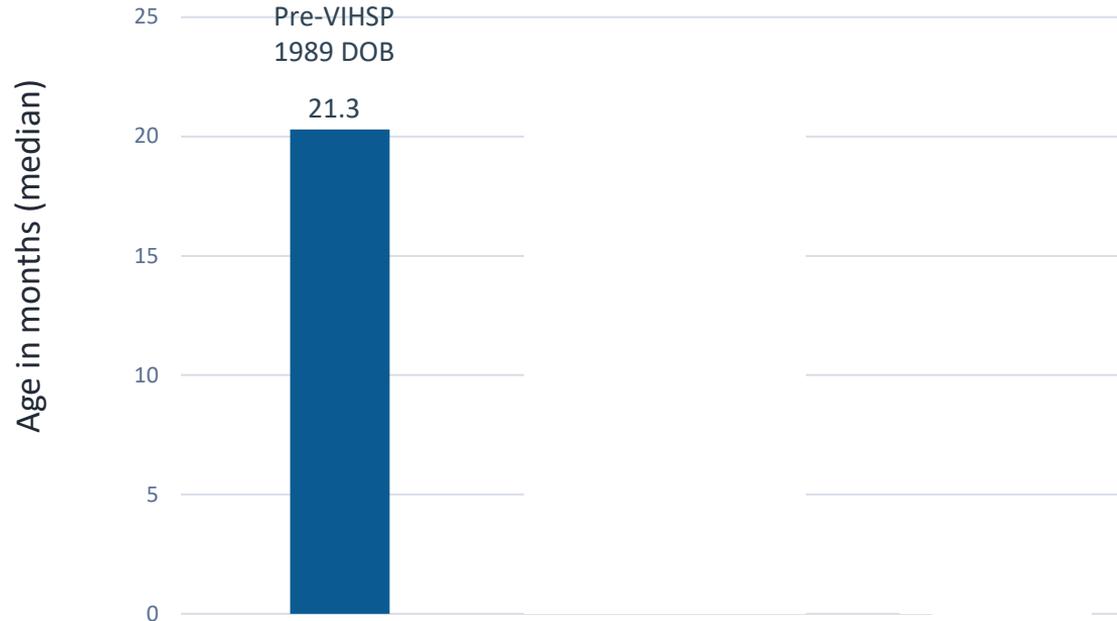
In the beginning - 1992

- Commenced two-tiered screening program (neonatal risk factors + behavioural screening at 7-9 months)
 - Unique: systematic, protocol-driven and statewide
 - In-built evaluation component
- CCCH Publication: highlighted very late diagnosis of congenital deafness that was the norm in the early 90s (Robertson et al. Arch Dis Child 1995; 72: 11 – 15)





Age at detection of congenital hearing loss – Victoria





1994

- Joint Committee on Infant Hearing (JCIH) recommends universal detection of hearing loss in infants/newborns

1997

- Universal school entry hearing screening ceases (post review of evidence for effectiveness)
- Internationally - technologies for newborn hearing screening in regular use by the mid 1990s. Evidence for effectiveness in early diagnosis of PCHI.



1998

- DHS funds essential basic activities of VIHSP
- VIHSP wins the 1998 VicHealth Research to Practice Award
- Lobbying for UNHS





The noughties

2003

- DHS funding secured for VicNIC screening program (4 NICUs)

2004

- Funding secured for UNHS in the four hospitals with NICUs

2005

- UNHS in Victoria commences – VIHSP Newborn Hearing Screening - 30% of Victoria's births
- Distraction test ceases (CCCH publication pivotal in this policy decision; Russ et al. J Paed Ch Health 2005; 41: 187-200)

2006

- Election promise – statewide expansion of screening services





The noughties cont'd

2009

- VIHSP NHS rolled out to all regional hospitals (78% of pop)
- PM Rudd announces that NHS will be available to all Australian newborns by 2011

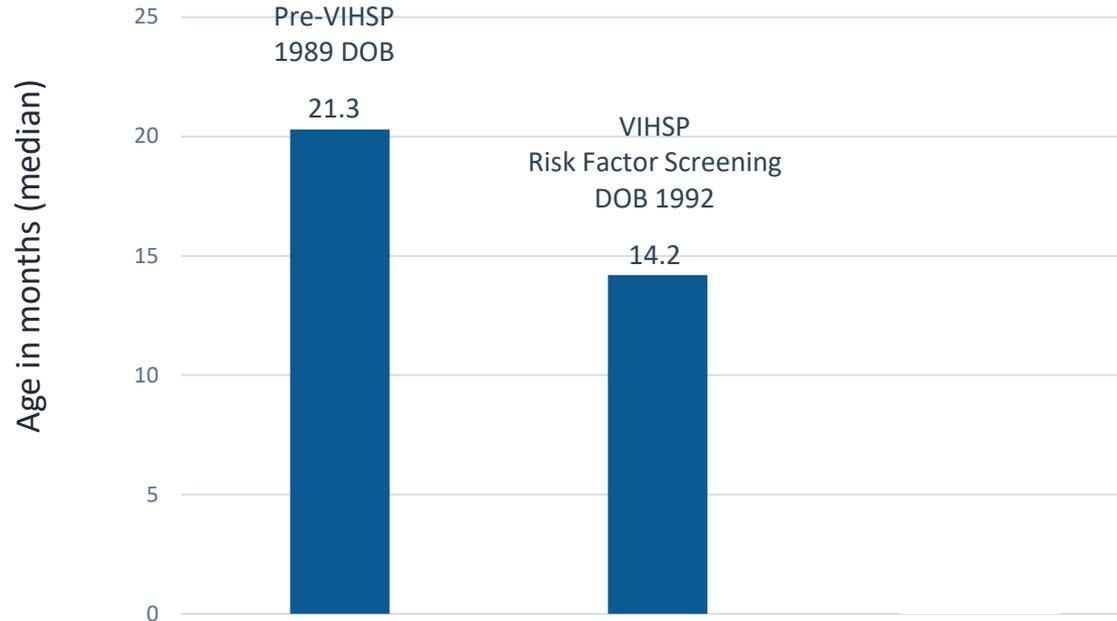
2010-11

- VIHSP NHS rolling out to all remaining private metro hospitals (100% of pop)





Age at detection of congenital hearing loss – Victoria





VIHSP today – service delivery

- **Screening**

- 364 days per year, 70+ maternity hospitals, inpatient/outpatient
- 210 infants born per day, 75,000 per year, 1.37 million screened
- 2 - 3 infants referred to audiology per day
- 3 - 4 infants diagnosed with permanent hearing loss (unilat or bilat) per week

- **Early support service**

- Integrated within screening program
- Provides support and information to families from point of refer



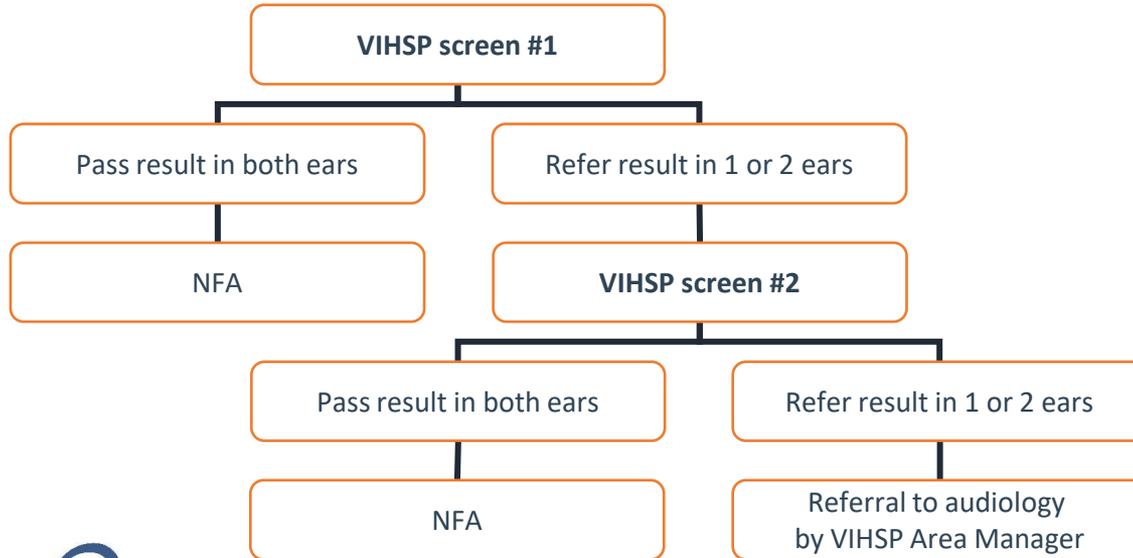


Hearing screening pathway





VIHSP today – Protocols and Procedures





VIHSP today – Protocols and Procedures

My birth details

Name of baby			
Date of birth	/ /	Home Birth/BBA	Yes No
Name of examiner (print and sign name)			
Name of hospital			

Pregnancy details				
Pregnancy complications (Please state)				
Maternal Rubella Titre	Mother has had in pregnancy (circle):	CMV	Toxoplasmosis	Rubella
Labour	Spontaneous	Induced	State reason:	

Delivery details					
Type of birth	Normal	Breech	Caesarean	Vac ext.	Forcops

Baby's details				
Time of birth	Severe jaundice (SBR > 400)	Yes	No	
Weight (g)	Exchange transfusion for jaundice	Yes	No	
Length (cm)	Newborn Bloodspot Screening Test completed	Yes	No	
Head circumference (cm)	Date sample collected			
Estimated gestation (weeks)	Abnormalities noted at birth:			
Apgar: 1 min 5 mins				
Problems requiring treatment:				
Admission to intensive care nursery > 48 hours	Yes	No	Reason:	
Admission to special care nursery > 48 hours	Yes	No	Reason:	

Newborn hearing screen

Victorian Infant Hearing Screening Program (VIHSP)

A hearing screen is one of the routine health checks babies have soon after birth. It is quick, free and the results are available straight away. Early identification of babies with hearing loss is very important for their language development. The VIHSP newborn hearing screening program aims to find out as early as possible whether a baby has hearing loss.

All babies in Victoria are offered a hearing screen. Check below to see if your baby has had a screen, and what the result was. Please turn to the next page for information on what happens next.

If your baby has not had a hearing screen

- talk to your Maternal and Child Health nurse, or
- go to www.rch.org.au/vihsp/contact_us/ to find a hospital where your baby can have a hearing screen,
- call VIHSP on 9345 4941

A VIHSP hearing screen can be done up to 6 months after your baby is born (although younger is better).

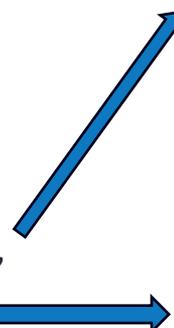
My hearing screen		Screeener ID
Further hearing screen required	<input type="checkbox"/> VIHSP will arrange	
Final hearing screen result	<input type="checkbox"/> Pass <input type="checkbox"/> Refer Date: ___/___/___	
Hearing screen declined	<input type="checkbox"/> Date: ___/___/___	



VIHSP today – Protocols and Procedures

Hearing surveillance via risk factors

- Facilitated by VIHSP
- Provided in *My Health, Learning and Development Book* as a guide for MCH
- Depending on risk factor, audiology assessment recommended either immediately, or at 8-12 months
- VIHSP staff will tick these **if known at birth**



VIHSP Newborn hearing screen result

- PASS** – Your baby showed a clear response to sound in both ears on their hearing screen. Some babies who pass the hearing screen may still be at risk of hearing loss. See *Risk Factors* (below).
- SCREEN REFER** – Your baby did not show a clear response to sound on their hearing screen.
- DIRECT REFER** – Your baby has been directly referred to audiology without completing a hearing screen.

VIHSP arranges audiology appointments for all babies with any REFER result. You can record your baby's appointment details below.

Risk factors for hearing loss

Immediate follow up by an audiologist is recommended if any of the following risk factors are ticked, or if any apply, even if your baby passed the hearing screen:

- Significant head injury
- Congenital abnormality of the head/neck (including Down Syndrome)
- Meningitis/encephalitis/HIE (Hypoxic Ischemic Encephalopathy)
- Congenital CMV (cytomegalovirus)

Follow-up by an audiologist is recommended at *8-12 months of age* if any of the following risk factors are ticked, or if any apply, and your baby has not already had an assessment by an audiologist:

- A close relative (baby's biological parent or sibling) born with a permanent childhood hearing loss
- Maternal STORCH infection during pregnancy (Syphilis, Toxoplasmosis, Other infections that may cause birth malformations, Rubella, Cytomegalovirus, Herpes)
- Parental concern regarding the child's hearing
- Neurodegenerative disorder
- Syndrome known to be related to hearing loss
- Ventilation > 5 days (excluding CPAP)
- Ototoxic medication (e.g. vancomycin, gentamicin or other aminoglycoside antibiotics) for three or more consecutive doses
Medication commenced at time of screen and total duration not known: Yes (speak to your nurse)
- Severe jaundice at exchange transfusion levels

If any of the risk factors apply, please speak to your Maternal and Child Health nurse to arrange an audiology appointment with an audiology centre. You can record your baby's appointment details below.

For more information, contact the VIHSP office at the hospital closest to you—go to www.rch.org.au/vihsp/contact_us/

My baby's audiology appointment details:

Centre name: _____

Date: ___ / ___ / ___ Time: _____ Phone number: _____



VIHSP today – Protocols and Procedures

Hearing surveillance (Risk factors for hearing loss)

- MCH play crucial role
 - relationship with families allows for monitoring of new risk factor development
 - Referral at 8-12 months



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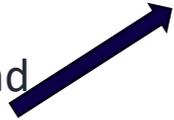
VIHSP today – Protocols and Procedures

- Reminders to check if hearing screen done at 2-, 4- and 8-week visits
- Risk factors (excluding immediate) listed again in the 8-month section
- Important for MCH to review these at visits and refer if not already done
- Referral form provided on website

My 4 week visit

This visit will focus on

- My hearing screen (VIHSP) – refer to the *My Birth Details* section to see if it has been done



Hearing Follow-up

Did my baby have a newborn hearing screen?

Check the 'My Birth Details' section in this record to find out.

Does my baby have a risk factor for hearing loss?

Some babies who receive a pass result on their newborn hearing screen may still be at risk of hearing loss. Follow-up by an audiologist is recommended at 8–12 months of age if any of the following risk factors are ticked or apply, and your baby has not already had an assessment by an audiologist.

- Significant head injury
- Congenital abnormality of the head/neck (including Down Syndrome)
- Meningitis/encephalitis/HIE (Hypoxic Ischemic Encephalopathy)
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- Ventilation > 5 days (excluding CPAP)
- Ototoxic medication (e.g. vancomycin, gentamicin or other aminoglycoside antibiotics) for three or more consecutive doses
- Severe jaundice at exchange transfusion levels

Your Maternal and Child Health nurse will arrange an audiology appointment if needed. You can record your baby's appointment details below. Check the 'My Birth Details' section to find out if a risk factor was identified when your baby was a newborn.

My baby's audiology appointment details:

Centre name: _____

Date: ___/___/___ Time: _____ Phone number: _____



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Victorian Infant Hearing Screening Program

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About the Victorian Infant Hearing Screening Program VIHSP

The Victorian Infant Hearing Screening Program (VIHSP) screens the hearing of newborn babies in their first weeks of life. Early detection and intervention improves outcomes for babies with hearing loss.

Parents/guardians of babies, identified as requiring audiology, are fully supported through the process of diagnosis and intervention by VIHSP Early Support Services.

The screen:

- is performed by trained hearing screeners
- uses standard technology (Automated Auditory Brainstem Response AABR)
- is usually completed at the mothers bedside while the baby is asleep (in hospital) or at an outpatient appointment

VIHSP screens in [public and private, metropolitan and regional maternity services](#).

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<https://www.rch.org.au/vihsp/>



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Audiology referral

Form

[VIHSP audiology referral form](#)

When to use this form

Download this form to refer infants and children (0-5 years) for a hearing test, including infants or children with a risk factor for late onset hearing loss.

Once completed, this form can be either sent directly to the audiology centre or taken to the audiology centre by the parent. VIHSP does not require a copy of your completed form.

View a list of [Paediatric Audiology Centres](#) in Victoria.



VIHSP Audiology Referral

Please use this form to refer infants and children (0-5 years) for a hearing test.

Details of the infant or child being referred

First name	Address
Surname	Postcode
Date of birth	Telephone
<input type="radio"/> Male <input type="radio"/> Female Gestation	Mobile
Surname in hospital	Email
Hospital of birth	VIHSP screen result (if known) <input type="radio"/> Pass <input type="radio"/> Refer

Details of the person making this referral

Full name	Postal address
Date referral made	
Telephone	Postcode

Reason for this referral (please tick of those apply)

***Immediate follow up by an audiologist is recommended for any risk factor with an asterisk.**

- Significant head injury*
- Congenital abnormality of the head/neck*
- Meningitis/encephalitis*
- A close relative (child's parent or sibling) with a congenital hearing impairment
- Parental concern regarding the child's hearing
- Neurodegenerative disorder
- Syndrome known to be related to hearing loss such as Down Syndrome - please specify
- Maternal infections during pregnancy eg toxoplasmosis, rubella, CMV
- Ventilation > 5 days
- Aminoglycoside antibiotics (eg gentamicin) administered for 3 or more consecutive days
- Severe jaundice at exchange transfusion levels
- Other (e.g. developmental or speech delay) - please specify

The next steps in this referral process (please tick one only)

- Parent to call audiology centre and make appointment - complete centre details below
- Referral sent directly to audiology centre, audiology centre to contact parent with appointment
- Appointment made - details below

Details of audiology centre where the test will be done

Centre name	Address
Telephone	Postcode
Details of appointment (if made) date/time	

Audiology referral

Referral is
made by
MCHN



Further information about referral for audiology assessment

Who can be referred using this form?

Any infant or child aged 0-5 years of age who needs a hearing test at an audiology centre due to parental concerns about the infant or child's hearing, or the presence of a risk factor as listed over the page.

Where can I find a list of audiology centres that can do assessments on infants?

A full list of audiology centres, including those that can see infants, is available from www.vihsp.org.au

What if the reason for referral is not listed on this form?

If the reason for referral is not listed, please specify the reason next to 'other'.

This child already passed a VIHSP screen, do they need to be referred?

VIHSP recommends that children who pass their screen and have one of the risk factors listed over the page have a hearing test at audiology by 8-12 months of age to check for any hearing losses that can develop over time. Immediate follow up by an audiologist is recommended for any risk factor with an asterisk (see overleaf). If the child has already been seen by an audiologist they do not need to be referred again.

What if a child missed their VIHSP screen?

If a child misses their VIHSP screen while in hospital, the VIHSP Area Manager will contact them to arrange an appointment.

A VIHSP hearing screen can be done up to six months of age, although younger is better. You can contact the relevant VIHSP Area Manager by contacting VIHSP on 9345 4941 or email vihip@rch.org.au, through the maternity ward of the hospital where the child was born, or by looking up their contact details on www.vihsp.org.au

Victorian Infant Hearing Screening Program (VIHSP)

Head Office: Centre for Community Child Health
The Royal Children's Hospital Melbourne
50 Flemington Road Parkville
Victoria 3052 Australia
Telephone +61 3 9345 4941
Facsimile +61 3 9345 5049
www.rch.org.au/vihsp

What if a child passes a screen and was then readmitted to hospital?

A small number of children may need to have their hearing tested because of a medical concern or diagnosis that happens after they have passed their hearing screen. The hospital staff will determine if a referral to audiology is needed and will make the arrangements. If you have any queries about this please contact VIHSP on 9345 4941.

What does the audiology assessment involve?

An audiologist (a specialist in hearing) will perform a number of different hearing tests, depending on the age of the child. None of these are harmful or painful to the child. The aim is to get a complete picture of the child's hearing.

Who can I contact for more information?

There are a number of places to get further information. For further information about hearing screening and risk factors, go to www.vihsp.org.au or contact VIHSP on 9345 4941. For further information about the audiology appointment contact the audiology centre directly, as listed over the page.

Where should this form go?

This form can be either sent directly to the audiology centre as noted over the page or taken to the audiology centre by the parent.

Do I need to send a copy of this form anywhere else?

No. You may wish to take a copy for your own records but VIHSP no longer requires a copy of this form.

Where can I get more forms?

Download forms from www.education.vic.gov.au/mchs/vic or from www.vihsp.org.au or by contacting VIHSP on email vihip@rch.org.au

VIHSP Audiology Referral

Please use this form to refer infants and children (0-5 years) for a hearing test.

Details of the infant or child being referred

First name _____ Address _____
 Surname _____ Postcode _____
 Date of birth _____ Telephone _____
 Male Female Gestation _____ Mobile _____
 Surname in hospital _____ Email _____
 Hospital of birth _____ VIHSP screen result (if known) Pass Refer

Details of the person making this referral

Full name _____ Postal address _____
 Date referral made _____
 Telephone _____ Postcode _____

Reason for this referral (please tick of those apply)

*Immediate follow up by an audiologist is recommended for any risk factor with an asterisk.

- Significant head injury*
- Congenital abnormality of the head/neck*
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- A close relative (child's parent or sibling) with a congenital hearing impairment
- Parental concern regarding the child's hearing
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- Syndrome known to be related to hearing loss such as Down Syndrome - please specify _____
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- Aminoglycoside antibiotics (eg. gentamicin) administered for 3 or more consecutive days
- Severe jaundice at exchange transfusion levels
- Other (e.g. developmental or speech delay) - please specify _____

The next steps in this referral process (please tick one only)

- Parent to call audiometry centre and make appointment - complete centre details below
- Referral sent directly to audiometry centre, audiometry centre to contact parent with appointment
- Appointment made - details below

Details of audiology centre where the test will be done

Centre name _____ Address _____
 Telephone _____ Postcode _____
 Details of appointment (if made) date/time _____

Audiology referral

Referral is made by MCHN



Please ensure referral is sent to audiometry center, not VIHSP



Further information about referral for audiology assessment

Who can be referred using this form?

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What if a child missed their VIHSP screen?

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Audiology referral

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No forms needed by VIHSP

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There are a number of places to get further information. For further information about hearing screening and risk factors, go to www.vihsp.org.au or contact VIHSP on 9345 4941. For further information about the audiology appointment contact the audiology centre directly, as listed over the page.

Where should this form go?

This form can be either sent directly to the audiology centre as noted over the page or taken to the audiology centre by the parent.

Do I need to send a copy of this form anywhere else?

No. You may wish to take a copy for your own records but VIHSP no longer requires a copy of this form.

Where can I get more forms?

Download forms from www.education.vic.gov.au/mchs/vice or from www.vihsp.org.au or by contacting VIHSP on email vihsip@rch.org.au

VIHSP today – Protocols and Procedures

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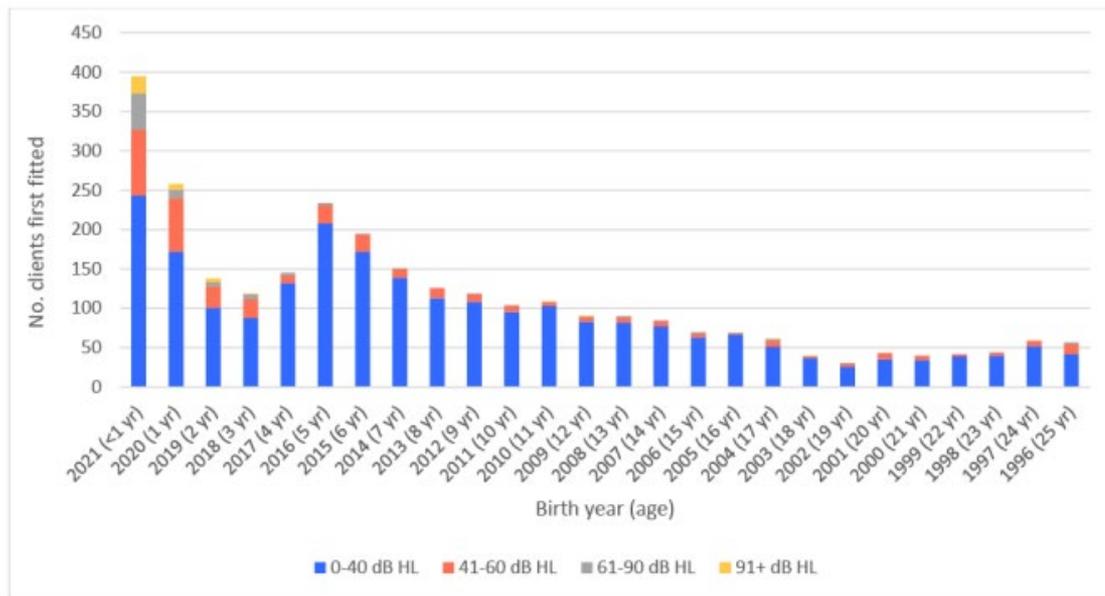


Figure 5: Hearing profile of clients first fitted in 2020 by age, better ear 3FAHL at 31 December 2021.

Hearing Follow-up

Did my baby have a newborn hearing screen?

Check the 'My Birth Details' section in this record to find out.

Does my baby have a risk factor for hearing loss?

Some babies who receive a pass result on their newborn hearing screen may still be at risk of hearing loss. Follow-up by an audiologist is recommended at 8–12 months of age if any of the following risk factors are ticked or apply, and your baby has not already had an assessment by an audiologist.

- Significant head injury
- Congenital abnormality of the head/neck (including Down Syndrome)
- Meningitis/encephalitis/HIE (Hypoxic Ischemic Encephalopathy)
- Congenital CMV (cytomegalovirus)
- A close relative (baby's biological parent or sibling) born with a permanent childhood hearing loss
- Maternal STORCH infection during pregnancy (Syphilis, Toxoplasmosis, Other infections that may cause birth malformations, Rubella, Cytomegalovirus, Herpes)
- Parental concern regarding the child's hearing
- Neurodegenerative disorder
- Syndrome known to be related to hearing loss
- Ventilation > 5 days (excluding CPAP)
- Ototoxic medication (e.g. vancomycin, gentamicin or other aminoglycoside antibiotics) for three or more consecutive doses
- Severe jaundice at exchange transfusion levels

Your Maternal and Child Health nurse will arrange an audiology appointment if needed. You can record your baby's appointment details below. Check the 'My Birth Details' section to find out if a risk factor was identified when your baby was a newborn.

My baby's audiology appointment details:

Centre name: _____

Date: ___/___/___ Time: _____ Phone number: _____



VIHSP today - workforce

- 162 staff employed by the Royal Children's Hospital Melbourne
 - newborn hearing screeners/administrative assistants
 - area managers
 - senior area managers
 - early support facilitators
 - director
 - program support officers
 - senior project officers





VIHSP today – Stakeholders

Stakeholder relationships

Fundamental to successful implementation and continuation of NHS programs

- clinical: neonatal/paediatric staff, audiologists, ENTs, maternal and child health
- education: early intervention providers
- government – advisors, policy makers, managers, funders





VIHSP Reporting - Screening

Screening

Benchmark: Complete newborn hearing screen in >97% of eligible infants by one month of age (corrected)

- Infants eligible for screening: 76,145
- **Eligible infants screened by one month: 73,921 (97.1%)**



VIHSP Reporting – Early Support

Family Support

Benchmark: Acknowledge >90% of referrals within 3 business days

- Infants referred to ESS: 1017
- **Referral acknowledged by Early Support Service within 3 days of notification: 1068 (99.2%)**



VIHSP Reporting - audiology

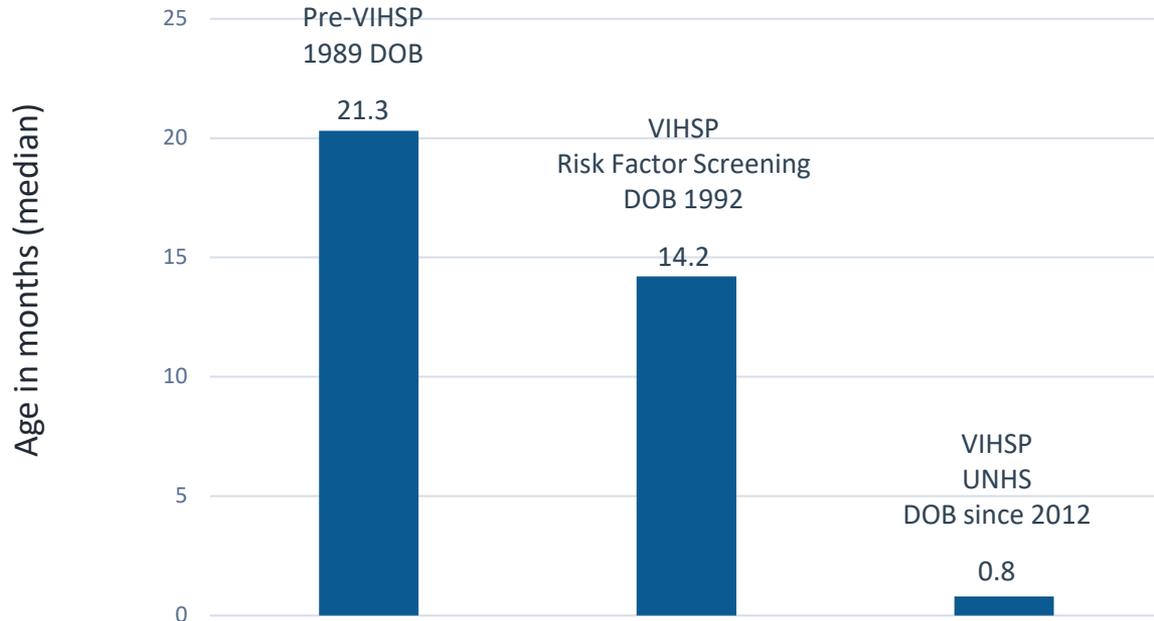
Diagnostic Audiology

Benchmark: Commence audiology assessment in >90% of screen refers by three months of age (corrected)

- Screen referrals: 1068
- **Commenced audiological assessment by 3 months of age (corrected): 1008 (94.4%)**



Age at detection of congenital hearing loss – Victoria





Common misconceptions

- “you don’t need to do anything until the baby is 1”
- “there is nothing they can do anyway”





Common misconceptions

- “you don’t need to do anything ~~until~~ until the baby is 1 year old”

Not true – screening and diagnosis start as early as 1 day old

- “there is nothing ~~they~~ they can do anyway”

Not true – diagnosis can start as early as day 1, and early intervention starts immediately after diagnosis, with a significant positive impact on language and communication outcomes





thank you



For further information, please contact VIHSP on

- Email: email.vihsp@rch.org.au
- Phone: 9345 4941
- Website: www.rch.org.au/vihsp