



## VIHSP in 2006

The beginning of 2006 saw VIHSP celebrate its 1<sup>st</sup> birthday conducting universal newborn hearing screening in VIHSP screening hospitals. It has been a year of consolidation for many VIHSP initiatives. These include a comprehensive training process and manual for hearing screeners; professional development seminars for VIHSP staff; and surveys of parents and staff in relation to their satisfaction with the program. New manuals covering Infection Control, Reporting of Risks and Serious Incidents, and Quality and Performance Reporting are also well advanced.

We currently have a full compliment of staff including 25 screeners across 5 sites (including 3 screeners at the newest site, Wodonga Regional Health Service, where VIHSP newborn hearing screening commenced on 1<sup>st</sup> April 2006).



*The VIHSP Hearing Screeners*

## Some VIHSP Screening Statistics

Since newborn hearing screening commenced in VIHSP screening hospitals, the percentage of babies screened has steadily increased. By the end of 2005 we were consistently reaching the program's benchmark of 95% of babies screened. Coverage has remained consistently high throughout 2006. Our refer rate of approximately 1% compares favourably to the recommended rate of less than 4% (Joint Committee on Infant Hearing, American Academy of Paediatrics, 2000).

VIHSP has identified 50 babies to date with the 'target condition' of permanent bilateral hearing loss of moderate or greater severity. VIHSP screening is also identifying infants with other types of losses including unilateral losses and conductive hearing loss. The average age at first diagnostic appointment with an audiologist is 40.2 days (based on corrected age).

Of these 50 infants;

- 45 have been seen by Australian Hearing to date.
- 10 infants identified following VIHSP screening have been referred to the Cochlear Implant Clinic, and 6 have been implanted to date, with one more infant awaiting implantation.

Of the 50 babies identified with the target condition, 25 (50%) did not have any risk factor at the time of the screen. The following table presents the number of babies diagnosed with the VIHSP target condition with each risk factor.

Family History of hearing loss	3
Ventilated	8
Infections during pregnancy	0
Received antibiotics	16
Received an exchange transfusion for Jaundice	2
Congenital abnormality of the head or neck	6
Syndrome relative to hearing loss	7

Note: some babies have more than one risk factor

## VIHSP to go Statewide!

The re-elected Bracks Government has committed \$10 million toward expanding VIHSP newborn hearing screening statewide. Currently the program 32% of Victoria's births. With the expansion of the program, all infants born in Victoria will be eligible for a newborn hearing screen. Screening will be made available to infants born at both private and public hospitals throughout the state. The timetable for the expansion hasn't yet been announced – watch this space!

## Audiology Seminar

In September, the Victorian Infant Hearing Screening Program Diagnostic Working Group presented a seminar for audiologists titled “*Newborn Hearing Screening, Diagnosis & Habilitation: the State of Play in Victoria in 2006*” at the Royal Children’s Hospital, Melbourne. Ninety-six audiologists from around Australia attended the seminar, with topics including

- VIHSP Screening Protocols and Program Update
- Conducting audiological assessments
- Referral for hearing aid evaluation
- Referral for cochlear implantation evaluation

Delegate feedback from this seminar was extremely positive.



## Australian Newborn Hearing Screening Conference

VIHSP hosted the 3<sup>rd</sup> Australian Newborn Hearing Screening Conference held at the Royal Children’s Hospital, Melbourne in September 2006. The event featured international guest speaker Professor Alys Young, a key researcher in the evaluation of the UK newborn hearing screening programme who is based at the University of Manchester. The conference attracted over 160 delegates from around Australia and New Zealand and received very positive feedback from attendees.

Here are some excerpts from presentations given at the conference -

### **The National Newborn Hearing Screening Picture**

Across Australia, only four states and territories offer population-wide universal newborn hearing screening – Queensland, South Australia, ACT and New South Wales. The remaining states screen only some births. Overall, 70% of infants born in Australia are offered a newborn hearing screen. This equates to 176,000 infants screened annually, and 78,000 infants who do not have access to a newborn hearing screen. With a 1 in 1000 incidence of permanent bilateral hearing loss of moderate or worse degree, this equates to 176 children nationally who will be

potentially identified via NHS, and a further 78 children born annually whose permanent hearing loss will not be identified until well into their second year of life – too late to provide the opportunity for optimal developmental and learning outcomes.

*Based on presentation given on 9<sup>th</sup> September 2006 by Prof Greg Leigh, Royal Institute for Deaf and Blind Children*

### **Parental perspectives on very early diagnosis and the significance of knowing early.**

Results from the true case study within the national evaluation of NHSP (the Newborn Hearing Screening Programme) in England were presented. Qualitative interviews were conducted with 45 parents/caregivers whose infants were correctly identified as deaf through the NHSP. Parents’ experiences of diagnostic evaluation post-screening were described, particularly how parents conceptualised the relationship between screening and diagnostic testing, and the professional manner and communication identified as helpful or problematic. Parents’ views on the significance of knowing early that they have a deaf child were also presented. Implications for professional practice and parent support were discussed.

*Based on presentation given on 9<sup>th</sup> September 2006 by Prof Alys Young, University of Manchester*



*Left, front to back*

*Bernie McCudden, VIHSP Area Coordinator, Royal Women’s Hospital  
Alys Young, Professor of Social Work Education and Research,  
University of Manchester*

*Melinda Barker, VIHSP Co-Director, Royal Children’s Hospital*

*Right, front to back:*

*Elizabeth Stewart, VIHSP Area Coordinator, Monash Medical Centre  
Carol Matthews, VIHSP Area Coordinator, Mercy Hospital for Women  
Zeffie Poulakis, VIHSP Director, Royal Children’s Hospital.*

**Seasons Greetings to all,  
and best wishes for 2007  
from the VIHSP Team.**

This newsletter is produced by the Victorian Infant Hearing Screening Program for professional groups involved in infant hearing screening in Victoria. These include Maternal & Child Health nurses, audiologists, paediatricians, midwifery and neonatal care staff, early intervention staff and key government staff.