



GUIDELINE

Newborn Hearing Screening

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:

[CAHS Child Safe Organisation Commitment Statement](#)

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide guidance on the [WA Newborn Hearing Screening Program](#)

Risk

Failure to perform a hearing screen as per the program may lead to a delay in identifying infants at-risk.

Screening Process

- A consent form (Newborn Hearing Screening Parent Consent and Screening Record MR419) is to be signed by the parents prior to the screen.
- The consent form and an information pamphlet will be explained to parents (or left at the bedside) by the Newborn Hearing Screener if necessary. The Newborn Hearing Screener who performs the test also completes the relevant section in the Personal Health Record book - date and result of the hearing screen.
- **All infants** in the NICU/SCN are to have Hearing Screening **prior** to discharge home. See below for management of [At-Risk Infants](#)
- All peripheral maternity hospitals also provide a hearing screening service; therefore check with the birth hospital prior to transferring the infant if the hearing screen has not been completed.
- A Newborn Hearing Screener visits KEMH NICU daily and/or may be paged on 7780 at KEMH to book a hearing screen. The PCH Newborn Hearing Screening Department may be emailed at hearingscreening@health.wa.gov.au or telephoned on 6456 0037. The office is staffed Mon-Fri 7am -4pm

- Infants must be at least 6 hours of age with a gestation greater than 34 weeks (corrected age) for a hearing screen to be accurate.
- If an infant refers at screening (i.e. does not pass), the screen must be repeated at least 24 hours later.
- If the infant refers on the second screen, the Screener informs the PCH **Newborn Hearing Screening Department (NBHS)** within 1 working day. The Department will refer the infant to PCH Audiology for further diagnostic assessments and will arrange the referral and advise parents.
- **Country Infants** - If an infant refers on the first hearing screen, discuss with NBHS Department at PCH regarding the timing and location of the next screen.

At-Risk Infants

- Infants with risk factors require the medical team to review and confirm risk factors to the screeners/NBHS Department prior to screening and/or discharge so appropriate follow-up and data recording can be arranged for the infant.
- The NBHS Department will process the referral of babies with identified at-risk factors within the neonatal period (1 month age), and/or during hospital stay.
- Some high-risk factors warrant immediate referral to audiology for diagnostic assessment and must be communicated to the NBHS Department within 1 working day. Contact the PCH NBHS by email: hearingscreening@health.wa.gov.au or telephone 6456 0037. The office is staffed Mon-Fri 7am -4pm.


High-risk Factors	Additional Information
Genetic conditions associated with hearing loss	E.g. Trisomy 21, Pierre Robin Sequence, Goldenhar, CHARGE
Proven/suspected congenital infection of baby	E.g. Cytomegalovirus CMV, Toxoplasmosis, Rubella, Herpes, Syphilis
Meningitis	Bacterial or viral

Other Risk Factors	Additional Information
Family history of permanent childhood hearing loss	<i>Parent, sibling or two other blood relatives. Excludes: grommets, ear infections, trauma and non-inherited hearing loss-related syndromes or disorders.</i>
Craniofacial anomalies	Cleft Palate - not including isolated cleft lip; Microtia/Atresia
Hyperbilirubinemia	Term baby ($\geq 38+0$ weeks) SBR > 450 $\mu\text{mol/L}$; Pre-term baby ($< 38+0$ weeks) SBR > 340 $\mu\text{mol/L}$ Or Exchange transfusion or immunoglobulin therapy.
Prolonged mechanical ventilation (excludes CPAP)	≥ 120 consecutive hours, and/or ≥ 12 consecutive hours of inhaled nitric oxide

Other Risk Factors	Additional Information
Hypoxic Ischemic Encephalopathy (HIE)	If requires cooling
Ototoxic medication e.g. antibiotics. including aminoglycosides, if monitored levels exceed therapeutic range	Trough Gentamycin level >1 µg/mL Trough Vancomycin level >20 µg/mL or mg/L Consider referral if there has been overdose or extra dose, prolonged and/or consecutive ototoxic medications

References and related external legislation, policies, and guidelines
Newborn Hearing Screening Policy MP 0167/21 Newborn Hearing Screening Procedure (WA Health) National Framework for Newborn Hearing Screening (Department of Health, Disability and Aging) July 2025 WA Australasian Newborn Hearing Screening Committee

This document can be made available in alternative formats on request.

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