

NHSP Risk Factors: information for sites

Document history

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Date	Main changes
01/06/04	Created
09/09/09	Modified to incorporate changes in "Guidelines for surveillance and audiological monitoring of infants and children following the newborn hearing screen" v4 July 2009. Changes are:- <ul style="list-style-type: none"> • Herpes removed from congenital infection • ECMO added to national risk factor re IPPV

Overview

There are 3 kinds of risk factors within NHSP and all can be recorded in eSP:

- core risk factors
- national risk factors
- local risk factors.

Core risk factors: these risk factors have been widely used within the UK to identify babies for inclusion in targeted newborn hearing screening programmes prior to the introduction of universal screening. The purpose of recording these risk factors is to identify those babies that could have been identified by a targeted newborn screen. The presence or absence of these risk factors must be recorded for all babies.

National risk factors: These risk factors should be recorded for all babies.

Local risk factors: within eSP it is possible to define local risk factors specific to your site.

CORE	Congenital infection	Proven or possible congenital infection due to Toxoplasmosis, Rubella, CMV, as determined by TORCH screen, and notified at any age	Follow up Y
	Cranio-facial anomalies	A (noticeable) craniofacial anomaly (excluding minor pits and ear tags) at any age e.g. cleft palate	Y –except cleft lip only
	Family History	Hearing loss (unilateral or bilateral) in baby's parents, grandparents, uncles and aunts (if blood relatives), cousins and siblings; should be permanent (i.e. not glue ear) and present from childhood, irrespective of degree of loss.	N
	NICU > 48 hours	Child resident in a SCBU or NICU for a continuous period of 2 days (48 hours) or more	N
NATIONAL	Aminoglycoside administration > 48 hrs	This risk factor was removed from the list requiring targeted follow up in the June 2005 revision of the surveillance guidelines.	N
	Bacterial meningitis	Confirmed or suspected bacterial meningitis or meningococcal disease	Y
	Family history of hearing loss (parents/siblings only)	Hearing loss in baby's parents or siblings; should be permanent (i.e. not glue ear) and present from early childhood, irrespective of degree of loss.	Y
	IPPV > 5 days or ECMO	SCBU/NICU child who had IPPV > 5 days or who underwent Extra-Corporeal Membrane Oxygenation (ECMO)	Y

Jaundice at exchange transfusion level	Jaundice where bilirubin (normally unconjugated) reached a level indicating the need for exchange transfusion, taking into consideration other factors such as hypoxia, acidaemia and prematurity	Y
Neurodegenerative or neurodevelopmental disorders	Developmental delay associated with a neurological disorder	Y
Syndrome	Confirmed syndrome related to hearing loss	Y

Obtaining information about risk factors.

Family history (both wide definition (core risk factor) and narrow definition (national risk factor)): screener to ask parent. There is a proforma to help screeners to ask appropriate questions and a diagram to illustrate the difference between the 2 definitions.

Other core risk factors: screener to obtain from notes. If in doubt consult the midwife or paediatrician

National risk factors (other than family history): a member of SCBU/NICU staff that can supply this information will need to be identified. It is not normally appropriate for screeners to try and ascertain this information from medical notes.

Local risk factors: Consideration will need to be given to an appropriate mechanism for identifying any additional local risk factors. In particular if you decide to record consanguinity as a local risk factor the phraseology of questions used to ascertain this needs to be carefully considered and screeners trained appropriately.

Recording risk factors and setting outcomes in eSP

Core risk factors

These must be recorded for all babies. They appear on the demographics page of eSP. Initially all will default to “Not Known” and must be set by the screener. Congenital Infection should be left as “Not Known” unless a blood test has been carried out. In this case it should be set as **Yes** or **No** as appropriate.

National and Local Risk factors

These will default to Not Known in eSP. If the baby has any of these risk factors you will need to select the “other risks” button and enter as appropriate.

Setting outcomes in eSP for babies that require targeted follow up.

The logic in eSP currently suggests an outcome of “Clear response with targeted follow up” when the baby has an overall “Clear response” on the screen **and** has risk factors that indicate the need for surveillance.

Note1: if Syndrome is the only risk factor eSP will not suggest targeted follow up. The screener will need to remember to set targeted follow up if the syndrome relates to hearing loss.

Note 2: Targeted follow up for NICU babies with CR on AABR and NCR on OAE. This is only required if OAE is NCR in **both** ears. eSP will sometimes suggest this if the OAE result is NCR on only one ear.

Ototoxic drugs

Administration of ototoxic drugs is not an indication for targeted follow up. Where a baby is receiving ototoxic drugs and the levels have risen outside the therapeutic range the baby should be referred for audiological assessment, irrespective of screen outcome. It is the responsibility of the paediatrician to identify and refer these babies. (see Surveillance Guidelines).