

CALL THE MIDWIFE

Improving the Newborn Screening Process for
Out-of-Hospital Births

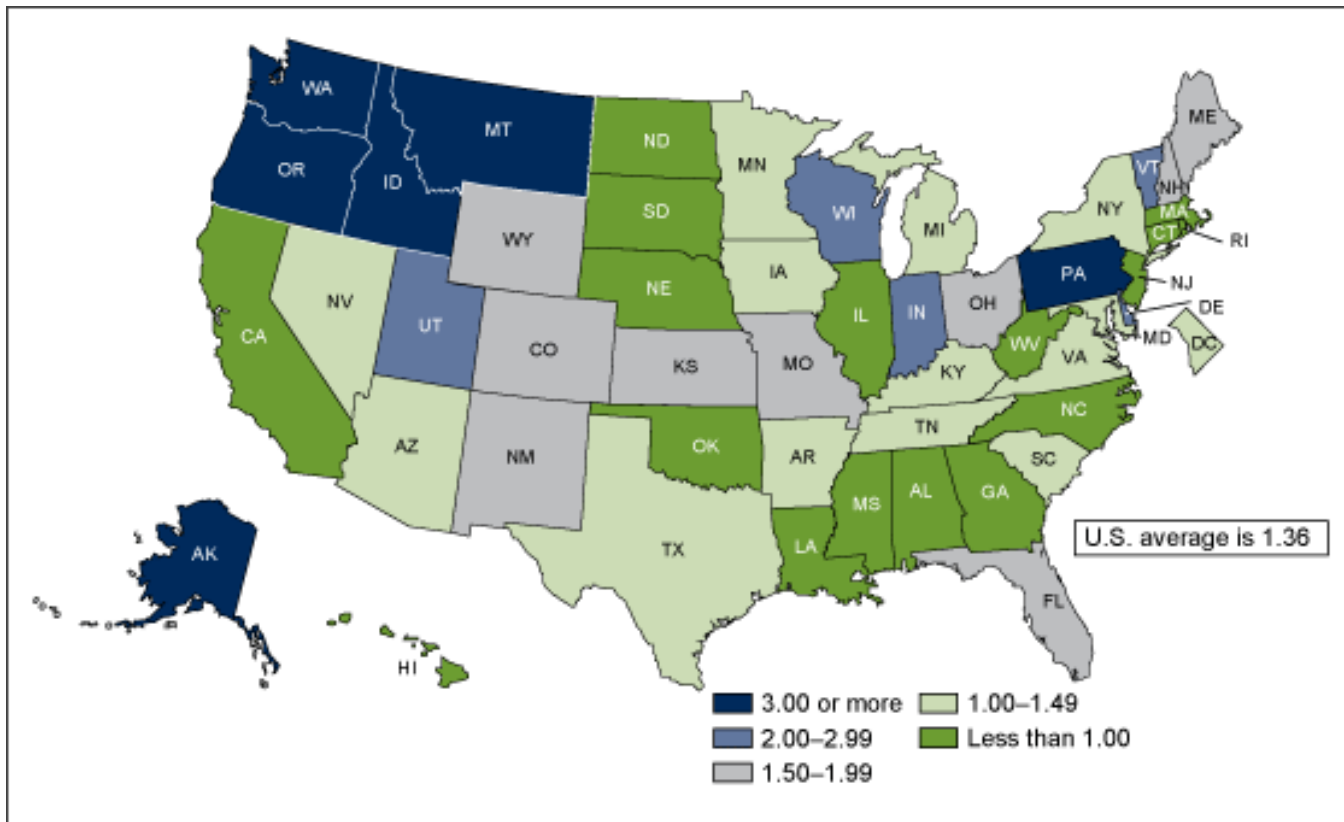
Minnesota Newborn Screening Program

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Out-of-Hospital Births

1.36% of U.S. births were born outside of a hospital in 2012



Challenges to Screening

- Mobile and ever changing midwife population
- Wide range of midwifery practices
- Legal standing of midwives with state
- Performing screens in the home environment
- Financial and privacy concerns



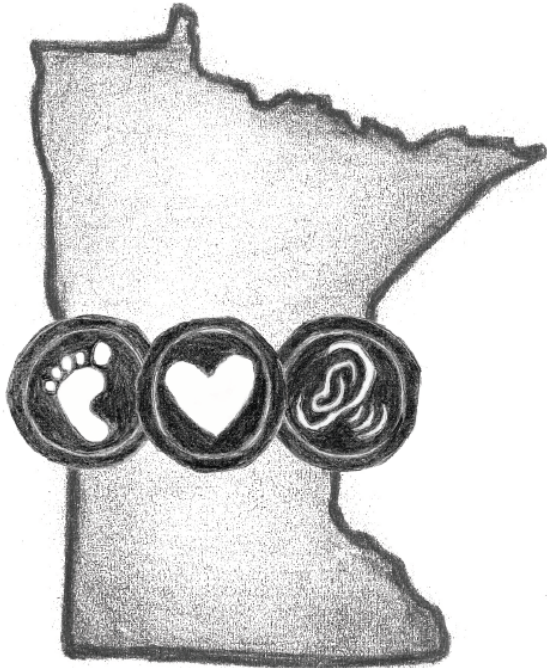
Initiative #1: Blood spot

- Goal: Increase understanding of newborn screening process
 - Presentations and trainings at midwifery meetings
 - Invitations to Advisory Committee meetings
 - Creation of newborn screening material especially for Out-of-Hospital births



Newborn Screening

Helping babies start life healthy



Minnesota Newborn Screening Program



MNScreen Training Manual

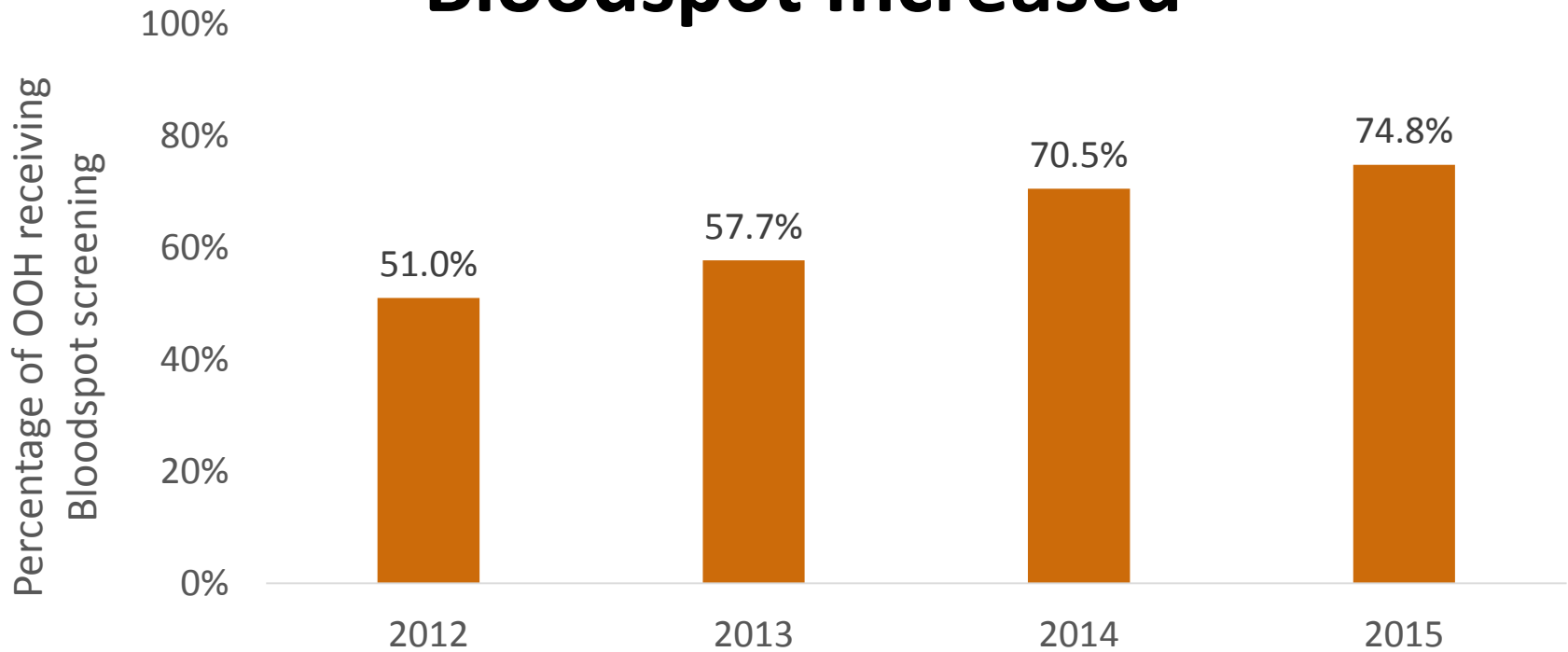
Out-of-Hospital Births
Newborn Screening Program
Minnesota Department of Health
June 2015

Initiative #1: Blood spot

- Goal: Increase understanding of parental options before and after screening
 - Provide option for fee-exempt specimen cards
 - Provide fee-exempt specimen cards after unsatisfactory specimens
 - Education on parental options before and after screening
 - Submission of specimens through hospital labs



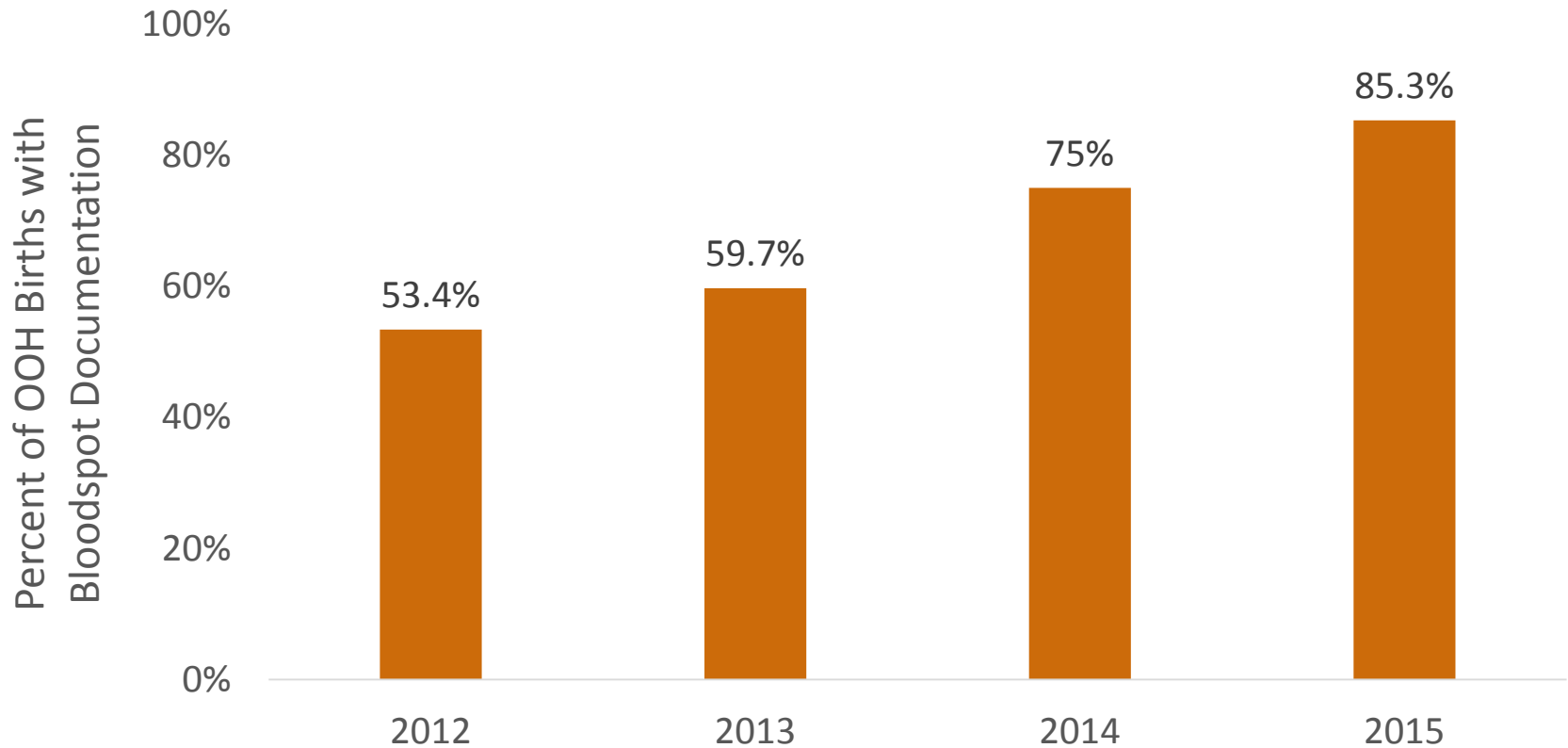
OOH Births Screened via Bloodspot Increased



Midwives report parental options increased acceptance

Midwives report free cards increased acceptance

Documentation of Blood Spot Screening/Refusal Increased



Initiative #2: Hearing

- Goal: Increase access to hearing screening equipment
 - Grant awards to the Minnesota Council of Certified Professional Midwives to purchase equipment
 - Provide free and ongoing training



Newborn Hearing Screening

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MCCPM's Newborn Hearing Screening Program

In the spring of 2012, MCCPM was awarded a grant through the Minnesota Department of Health which allowed our organization to purchase newborn hearing screening equipment. All MCCPM midwives were provided training on the equipment, and then it was distributed to MCCPM member midwife practices throughout the state to increase hearing screening access to babies born in out-of-hospital settings.

Every year, about 1 in 300 babies in Minnesota is born with a hearing loss that can be found by newborn hearing screening. Hearing is essential for normal development of speech and language. Finding babies with hearing loss early and offering education, family support, and intervention before they fall behind in language development can make a big difference. Since babies with hearing loss may startle to loud sounds and even seem to listen, it is usually not noticeable to parents or providers without testing. Screening and timely follow-up testing are the only ways to find hearing loss early. Learning that your baby has hearing loss at an early age will help you and your child

- 15 pieces of equipment available
- 32 midwives with access to above hearing equipment/routinely screening

Initiative #2: Hearing

- Goal: Increase understanding of newborn hearing screening process
 - In-person trainings
 - Creation of newborn hearing screening material especially for Out-of-Hospital births

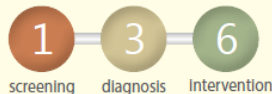


Early Hearing Detection and Intervention Program

The Early Hearing Detection and Intervention (EHDI) program assists in identifying newborns and infants who have or are at risk for having hearing loss and guides families to appropriate intervention services.

The goals of the EHDI program are for all babies to have:

- hearing screened by **1 month** of age
- diagnostic evaluation by **3 months** of age
- early intervention services initiated by **6 months** of age



Identifying babies with hearing loss early and offering education, family support, and intervention can make a big difference.

Minnesota's EHDI program website provides resources for parents, providers, and other professionals. Parents can learn about the EHDI process, find materials that will help guide them through hearing loss identification and intervention, and locate hearing specialists and education resources in their area. The site also offers information to help parents connect with locally-available family and community support systems.

Minnesota Department of Health Newborn Screening Program

P.O. Box 64899
St. Paul, MN 55164-0899
1-800-664-7772

Email: health.newbornscreening@state.mn.us
www.health.state.mn.us/newbornscreening



PHOTO CREDIT:
COVER: Genesis Birth Services & Photography
BACK: Meghan Pate Photography

Minnesota's EHDI Website
www.improveehdi.org/mn



Item #: 53416

RE



— EARLY HEARING DETECTION AND INTERVENTION —

Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs for Out-of-Hospital Births

Original Publication: June 2008
Last Revision Approved: February 2014

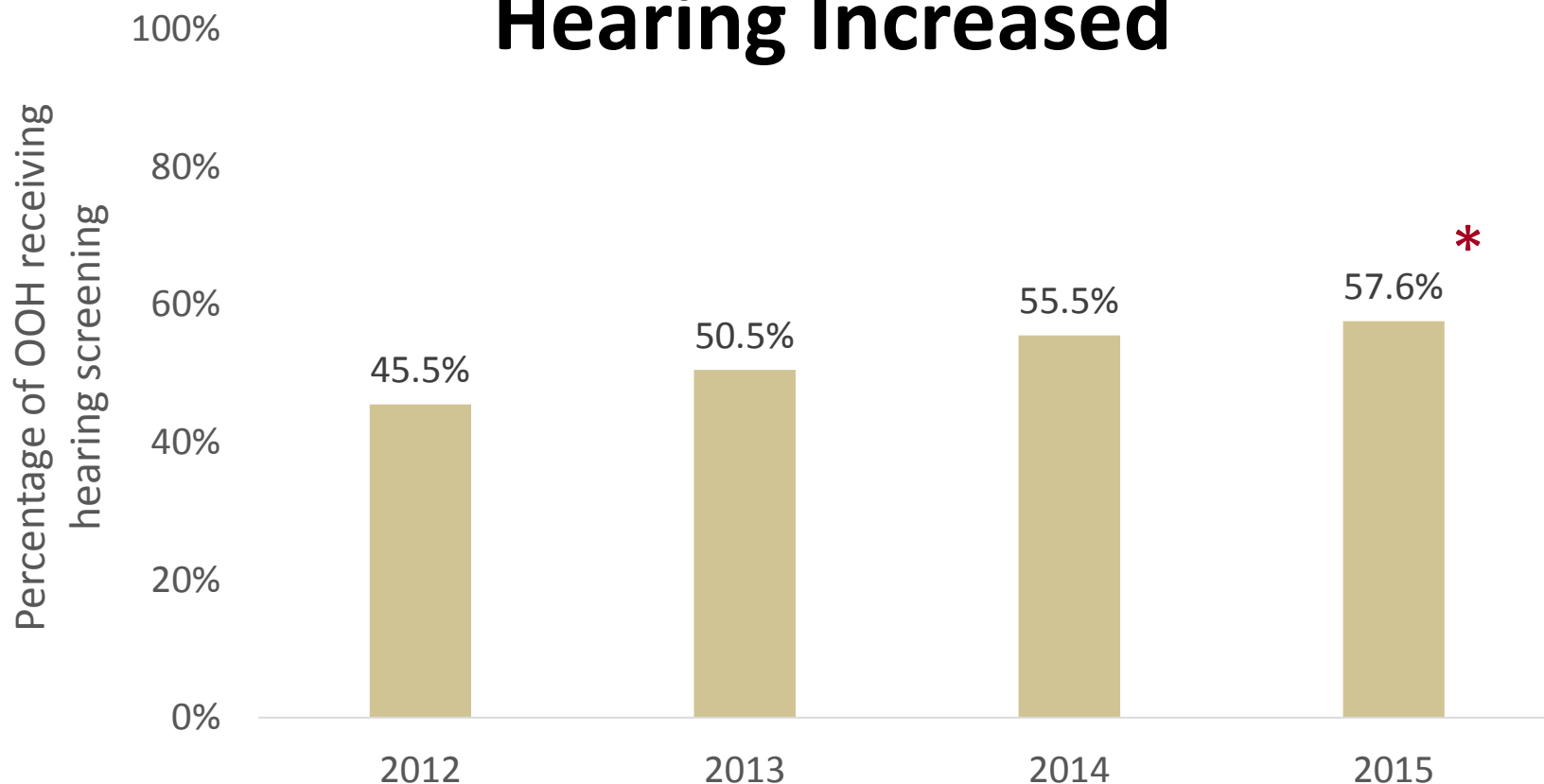
INTRODUCTION

This document is intended to provide recommended guidelines for newborn hearing screening programs for midwives delivering newborns in out-of-hospital birth settings, including home births and non-hospital birth centers. Until recently, most Minnesota midwives did not have access to screening equipment and therefore referred their clients elsewhere for screening. Thanks to a successful collaboration between the Minnesota Department of Health (MDH) and the Minnesota Council of Certified Professional Midwives (MCCPM), many Minnesota midwives are now trained as screeners and have access to equipment to screen infants for hearing loss outside of the hospital.

Because of the importance of early identification of hearing loss, all screening, follow-up, and tracking procedures must, at a minimum, be consistent with national Early Hearing Detection and Intervention (EHDI) guidelines and current MDH Newborn Screening Program recommendations. Additional resources are available from the Newborn Screening Program to assist midwife practices with specific program development and management issues, such as training, supervision, equipment options, and quality assurance.

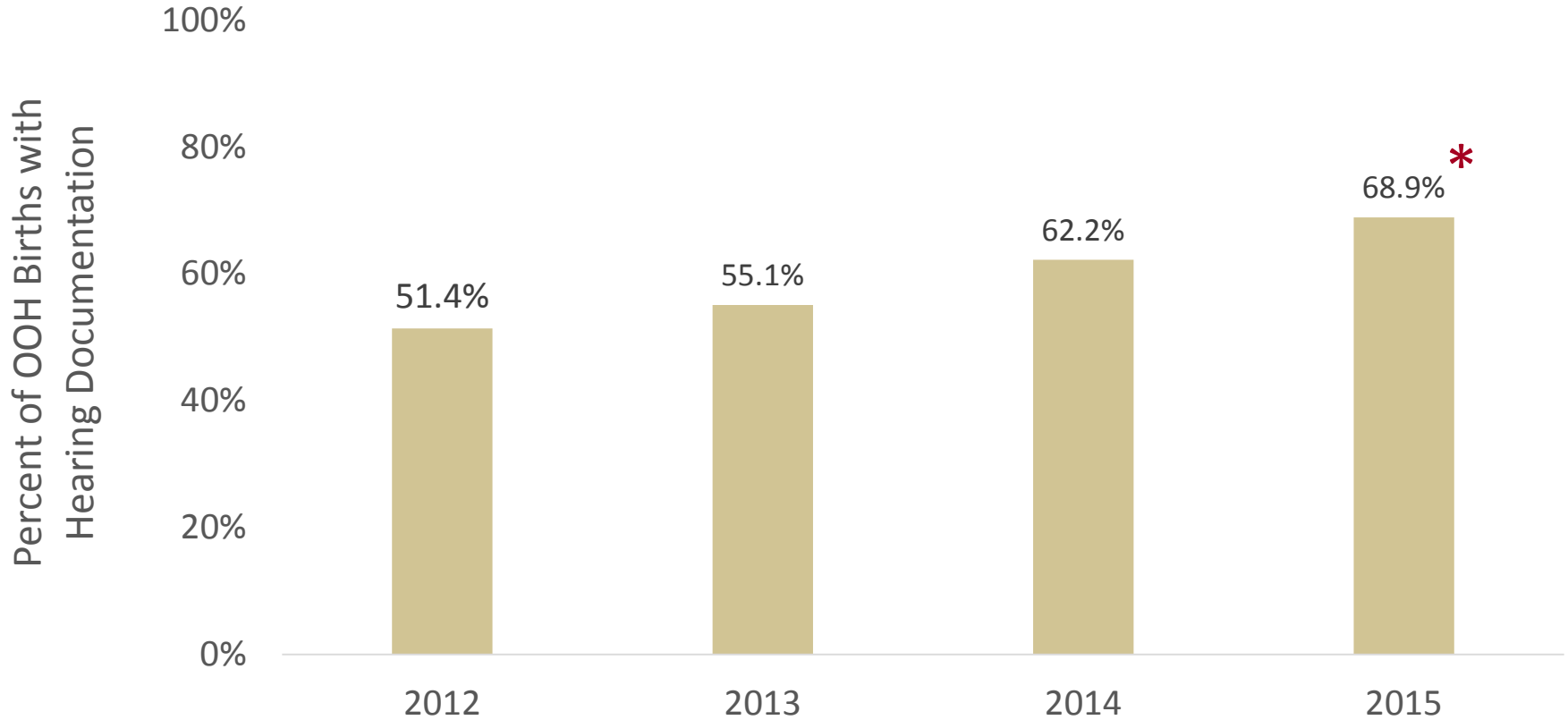


OOH Births Screened via Hearing Increased



* Results still coming in. Percentage expected to increase.

Documentation of Hearing screening/refusal increased



* Results still coming in. Percentage expected to increase.

Initiative #3: CCHD

- Goal: Increase understanding of pulse oximetry screening and reporting
 - Multiple in-person trainings
 - Equipment advice
 - Screening tips and training
 - How to incorporate into workflow (timing of visits)
 - What to do when child fails
 - Reporting of results



Reporting of CCHD Results



- 9 practices routinely submit CCHD results
- 9 additional practices have access to the reporting system and have been trained.



Outcomes

- Continue to see increases in all screenings and documentation of refusals
- Improved relationship with midwives
- Better understanding of OOH process and how newborn screening can be incorporated



Lessons Learned

- Outreach is vitally important
- Most midwives want to offer all screening services
- Numerous parental options can improve screening
- Ongoing communication and training needed



Thank You!



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