

# EHDI STATE COORDINATOR MEETING 2015: OKLAHOMA

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# MIDWIFE HEARING SCREENINGS

## ○ Why was this strategy tested?

- The Oklahoma NHSP wanted to reduce the number of children who are not born at an Oklahoma birthing hospital (home birth) by providing loaner hearing equipment and training at Oklahoma's largest midwifery center.

## ○ What was the process for identifying the strategy?

- A review of Oklahoma's missed screenings indicates that approximately  $\frac{1}{2}$  of the children not screened for hearing were born at home or delivered by a midwife.
- The OK NHSP provides AABR screeners to Oklahoma birthing hospitals and county health departments across the state.



# MIDWIFE HEARING SCREENINGS (CONT.)

- What is the potential for the strategy to improve LTFU/D?
  - Data suggests that the number of home births is rising.
  - The NHSP has historically provided in-services to nurse and lay midwife groups to emphasize the importance of hearing screening for all newborns.
  - During discussions, most midwives indicated that parents who birth children at home or through a midwifery service are hesitant to go to a hospital or county health department for hearing screenings.
  - Therefore, partnering with midwives to provide equipment and training will result in more babies born being screened.



# PSDA CYCLES - MIDWIVES

## ○ PDSA #1

- Midwife equipment trial/training with two midwives at Oklahoma's largest midwifery clinic

## ○ PDSA #2

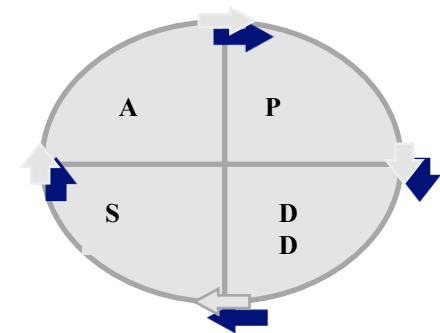
- Midwife equipment trial/training at same location with three additional midwives/midwife assistants

## ○ PDSA #3

- Designation of “key” screener

## ○ PDSA #4

- Providing technical assistance



# PDSA #1

## ○ Plan:

- Review out of hospital birth data
- Meet with midwifery director to discuss possible hearing screening loaner equipment/training
- Discussed timing of hearing screening/parental education
  - Hearing Brochure provided when child is born
  - Hearing Screening completed at 2 week office visit
- Modified hospital trainings to fit midwife population

○ Do: Completed training with 2 of 4 midwives; providers were able to complete screenings on 2 babies while being coached by audiologist; One baby was more compliant while other required additional troubleshooting.

○ Study: Noted varied confidence levels among providers and need for troubleshooting techniques to be presented in initial training portion prior to screen attempts.

○ Act: Adapt – Train additional midwives with modified training materials



# PDSA #2

## ○ Plan:

- Reviewed site's reporting for midwives that were trained
- Modified training materials and teaching approach to include troubleshooting techniques and special cases

○ Do: Completed training with 3 of the remaining 6 midwives; 2 previously trained midwives also attended for troubleshooting aspects and to increase confidence in screening

○ Study: The variability of each midwife's commitment to screen and willingness to learn about the importance of screening impacted screening outcomes and parental education.

○ Act: Adapt – Consider the need to designate a primary hearing screener at the midwifery location. Train additional midwives that deliver at remote locations. Provide additional technical assistance.



# PDSA #3

## ○ Plan:

- The EHDI program suggested utilizing the best screener as the “key” or primary provider with other midwives as back-ups when not available.

○ Do: Midwifery leadership has limited and inconsistent communication.

○ Study: With poor communication, it can be difficult for EHDI to determine if screening process is going well.

○ Act: Adapt – Develop the best way of providing technical assistance to the key screener and to the back-up screeners when key screener is not available.



# PDSA #4

## ○ Plan:

- Look at other equipment options available
- Provide additional onsite screenings with audiologist present to review techniques and assist in troubleshooting
- Monitor screening data to determine screening refer rates and consistency of reporting
- Determine additional technical assistance needed for back-up screeners to enhance commitment levels and screening capabilities.

## ○ Do: TBD

## ○ Study: TBD

## ○ Act: TBD





# MOVING FORWARD

- Determine initial training needed for remaining 3 midwives who travel to remote locations
- Expand hearing screening services at largest midwifery location to include 3 other individual/independent midwives in the OKC metropolitan area
- Consider expanding project to second largest midwifery location

