

DRAFT RECOMMENDATIONS OF THE TWO-DAY NATIONAL WORKSHOP ON NEWBORN SCREENING HELD ON 3RD AND 4TH JUNE 2010 AT AYJNIHH, MUMBAI



I. Early Identification

Home deliveries:

- The CHC will be the nodal center for screening all babies that are born at home.
- It is expected that an appropriate level of personnel (nurse, MPRW, etc) will operate an OAE instrument.
- These personnel will visit each PHC in their area at least once a month.
- Each CHC serves 4 to 5 PHCs. All parents should be encouraged to bring children to the PHC for testing.
- OAE should be used at this level because following an HRR or checklist will result in missing nearly 90% babies.
- The 1st screening through OAEs should be targeted at the earliest, and the parents are encouraged to bring their older children who are within 3 years of age.
- If the result is 'refer', re-screening is to be done within a time frame of 15 days. If they fail the second time, they will be referred for diagnostics. It is expected that only about 10% of the recalled babies should get a refer result.
- Each CHC should have screening OAE equipment and screening will be done by trained personnel in the quietest available room.
- Each district level hospital will have full diagnostic equipment.

Hospital deliveries:

- Hospital deliveries in smaller towns and villages can use the CHC and PHC network above.
- For hospital deliveries at district level, the district hospital would be the nodal center and all babies would get screened before going home.
- Babies who get a 'refer' result are to be re-screened in a week and then sent for diagnostic follow up if needed, which is to be done within 30 days.
- The diagnostic centers will do the hearing aid fitting wherever required.
- All hospitals that have more than 400 births per year will have OAE screening equipment.
- This newborn screening program could be a component of the larger program of the National Program for Prevention and Control of Deafness.

Training aspects:

- The personnel who will conduct OAE screening would be given a 3 day training program with half day of theory and 2.5 days of practice for OAE.
- Another training component is to create awareness among parents about developmental issues. This would encourage parents to visit PHCs.

II Early Intervention

- Early Intervention program infrastructure should be assessed and put in place and ready for addressing children coming from the initial pilot screening programs, well before the screening programs are implemented.

Decision 1

- Same modules can work for urban as well as rural settings, no exclusive modules for the two.
- Different modules can be simultaneously active in any location, whether urban or rural.

Module 1: Tamilnadu model

- Utilizing the already existing general education system.

- In each district at some place (not necessarily headquarters), at least one EIC for children below 3 years, depending on the number of children that need to be catered to.
- Children above 3 years of age shall go to special schools available.

Module 2: Tele-rehabilitation

- Identify centers at state level to be developed as nodal centers for tele-rehabilitation.
- Dedicated ISRO satellite connections to be explored.

Module 3: Doorstep Based or Aanganwadi centre-based or Home-based

- SAHELIS (Intervention supporters) to be trained through tele-conferencing mode

Decision 2

- The above to be taken up as a pilot project based in 6 zones – North (Delhi), South (Kerala - Trivandrum), East (Orissa - Bhubaneshwar), West (Goa), Central (Madhya Pradesh - Bhopal), North-East (Sikkim).
- The pilot project will be taken up for a period of 3 years, monitored by a central co-ordination committee appointed by the funding agency.
- Ongoing evaluation will be incorporated in the program.

Other recommendations

- Development of a program for children between 3 and 6 years of age, as well as children with multiple impairments need to be addressed as such children will also be identified in the screening programs.
- Already available material for EIC to be used
- Inter-ministerial co-ordination will be crucial.
- A dedicated group for liasoning between the early identification group and the early intervention group to be developed.

Strategies for training manpower for teaching these young children, especially in local languages

- DTY (HI) course in quasi-distance mode, similar to DHLS course of AIISH
- Encourage more people to join the already existing DTY courses
- Centers having DSE (HI) can also be encouraged to start the DTY (HI) course

- Add-on module for early intervention training for the already ongoing DHLS distance learning program of AIISH
- Exploring alternative groups such as homemakers, retired persons to work as SAHELIS, assisting in intervention for children identified at any age
- E-learning for mother training

Target to have the following in each district

- One EIC as per the Tamil Nadu model
- One DTY (HI) centre linked to an EIC in another town
- One EIC in a hospital setting – teaching and district hospitals

Suggestions are welcome in rephrasing, content alteration or any other. Please e-mail to geetha.mukundan@gmail.com

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