# P048

SCREENING AND DIAGNOSTIC NEWBORN HEARING SCREENING

#### Introduction

Screening for congenital CMV (cCMV) in newborns with inconclusive hearing screening has been recommended in France since 2018 (French high council of public health), but little used.

In the Auvergne Rhône-Alpes french region (AuRA), this screening has been offered to all maternity units since January 2022, with regional procedures and traceability: Urine or salivary PCR prior to discharge for each newborn with inconclusive unilateral or bilateral hearing retest (T2) following births.

# **Objectives**

To evaluate the implementation of screening, to understand the facilitating factors and brakes on deployment.

## **Materials and Methods**

- Evaluation 18 months after the start of screening;
- Questionnaire developed by a plural regional group: perinatal networks, URPHE (regional hearing screening operator), ENT doctors, etc.;
- Online contribution offered by the perinatal networks to all maternity wards, and use of URPHE data.

# Offering targeted screening for congenital CMV at the regional level: what do Maternity Units say?

C.DURAND<sup>1,2</sup>; M. MARQUAND<sup>1</sup>; G. De Biase <sup>2,3</sup>; H. PATURAL<sup>2,5,9</sup>; J.THOMAZET<sup>4</sup>; A. DELMAS<sup>5</sup>; C. DUPONT<sup>6,10</sup>; I. JORDAN<sup>6,8</sup>; M. JEANNIN<sup>7</sup>; M. PRIGENT<sup>8</sup>; G. LINA GRANADE<sup>8</sup>; S.PILLET<sup>9</sup>; M. VERCHERAT<sup>2</sup>; C. CORNE<sup>2,3</sup>; D.CHEILLAN<sup>2,3</sup>. ¹Réseau Périnatal des 2 Savoie, Chambéry; ²URPHE AuRA, Lyon-Grenoble; ³CRDN Aura, Lyon-Grenoble; ³CRDN



<u>Results 1</u>: Population AuRA Region (≈ 86 000 births/year)

- 58 maternity units at the start
- 56 maternity units at 18 months (2 closures)
   Questionnaire: 55 responses/56 or 98.3%
   Gradual implementation of screening, with at 18 months:
- 42/56, i.e. 75% of maternity units participate
- 68% of AuRA births (2022 base)
- Not statistically related to type, status, volume of activity

Results 2: Opinion of maternity units participating in cCMV screening, n=41



- What takes the most time?
- 1. Explanation to parents
- 2. Traceability with the operator (URPHE)
- 3. Interfaces with laboratories

## Résultats

Screening caused difficulties for 16/41 maternity units (39%)

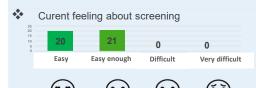
# Nature of the difficulties (by number of citations)

organizational nature (completeness, link with the laboratory, etc.)

Staff training

- Interfaces with parents
- Mainly for urine
  samples

  The number of samples to be taken is only mentioned once
- Which would make the work easier ?
- 1. Explanatory support for parents
- 2. Training of professionals
- 3. Sharing experiences with other maternity hospitals and knowing own results locally.



# Results 3: opinion of maternity units not participating, n=14

#### Main reasons:

- ► Human resources problems (medics and paramedics), cited by 12/14 maternity hospitals.
- ▶ Difficulties in adapting the regional procedure to the constraints of the establishment, cited by 9/14 maternity hospitals.

### Essential fears expressed

- 1. Workload
- 2. Difficulties in taking samples for PCR

## Which would make the work easier

Training action

Knowledge of the number of eligible newborns Sharing feedback

8/14 maternity units plan to participate in the short or medium term

#### Interpretation and Conclusion

 $Implementing \ targeted \ cCMV \ screening \ is \ rather \ easy \ for \ those \ involved, \% \ of \ maternity \ hospitals \ have \ adopted \ it.$ 

This makes it possible to answer the etiological question in time, in the event of a confirmed hearing problem, and to establish appropriate care.

- If human resource difficulties in maternity wards are the main obstacle, the survey provides ways for improvement: working on explanatory support for parents, facilitating traceability, access to saliva PCR, improving training for teams and feedback
- · Our evaluation of practices continues, with the analysis of practice and results indicators.
- Prerequisites for targeted cCMV screening are needed: hearing screening extended to unilateral disorders, rate of inconclusive tests in maternity settings contained, organized downstream pathway, etc.

