



Guidelines for Risk Monitoring for Delayed Onset Hearing Loss

The National Early Hearing Detection and Intervention (EHDI) recommends all infants are:

- Screened before **1** month of age;
- Diagnosed with hearing loss before **3** months of age; and,
- Into an intervention program before **6** months of age.

Recent research has indicated that even if infants pass newborn hearing screening at birth, on-going monitoring of hearing throughout childhood particularly with the following risk factors is required due to increased risk of developing a postnatal hearing loss.

Recommendations for Class A and Class B:

- **Parental/caregiver hearing concerns warrants a referral to a pediatric audiologist.**
- If a baby does not pass the newborn hearing screening after two attempts, a diagnostic ABR evaluation should be completed by 3 months of age (JCIH 2007).
- Infants readmitted to the hospital within the first 30 days of life should be re-screened if any risk indicators are present.

Class A: Risk Indicators	Class B: Risk Indicators
<i>If baby passes the newborn hearing screening and has one or more Class A risk indicators: Recommendation for diagnostic ABR evaluation with pediatric audiologist by 3 months of age.</i> Caregiver concern regarding hearing, speech, language or developmental delay. In Utero Infections, such as cytomegalovirus (CMV), herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies. Syndromes associated with hearing loss or progressive or delayed-onset hearing loss, such as neurofibromatosis, osteopetrosis, Townes-Brock, and Usher syndrome; other frequently identified syndromes, including Waardenburg, Alport, Pendred, Downs syndrome, Sticklers and Jervell and Lange-Nielson. Culture-positive postnatal infections associated with sensorineural hearing loss (especially herpes viruses and varicella), including confirmed bacterial and viral meningitis. Cleft Lip/Palate ECMO assisted ventilation Head trauma, especially basal skull/temporal bone fracture that requires hospitalization. Chemotherapy treatments Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.	<i>If baby passes the newborn hearing screening and has one or more Class B risk indicators: Recommendation for diagnostic pediatric hearing evaluation by 1 year of age.</i> Family history of childhood hearing loss. In-Utero Infections (Herpes, Rubella, Syphilis, Toxoplasmosis) Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation (ECMO), assisted ventilation, exposure to ototoxic medications (gentimycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. Add Low birthweight <1500 grams Any amount of ototoxic exposure (aminoglycosides) Any amount of mechanical ventilation