EARLY HEARING DETECTION AND INTERVENTION

All infants should receive a screening for hearing loss by **1 MONTH**

All infants who do not pass the screen should recieve a diagnostic evaluation by **3 MONTHS**

All infants identified as deaf or hard of hearing should be enrolled in early intervention by **6 MONTHS**

NEWBORN HEARING SCREENING FOLLOW-UP GUIDELINES FOR THE MEDICAL HOME

Newborn Hearing Screening Results

PASS	• Monitor risk factors for late-onset hearing loss (2019 Joint Committee on Infant Hearing Position Statement). • Monitor speech and language developmental milestones.
INCOMPLETE	• Ensure hearing screen is completed no later than one month of age. • If screen was not completed due to parental refusal, educate the family on the importance of newborn hearing screening.
FAIL	• If an infant failed the initial screen, ensure a re-screen is completed no later than one month of age. • If the re-screen is failed, refer the infant for diagnostic testing with a pediatric audiologist.

Diagnostic Results

WITHIN NORMAL LIMITS	• Monitor risk factors for late-onset hearing loss. • Monitor speech-language development milestones.
UNDETERMINED AND CONDUCTIVE (TRANSIENT)	• Please DO NOT ASSUME it is only middle ear effusion. • Further diagnostic testing needs to be completed by a pediatric audiologist.
SENSORINEURAL AUDITORY NEUROPATHY/ MIXED/ CONDUCTIVE (PERMANENT)	• Refer infant to WV Birth to Three Early Intervention Services. • Refer infant to otolaryngology. • Refer infant to ophthalmology, genetics, neurology, cardiology, and nephrology as appropriate. • Offer parent support for families through referral to West Virginia Hands & Voices (www.wvhandsandvoices.org).

1. Audiological Services (DO NOT WAIT TO REFER!)

- **Critical Screen Protocol: Do not continue to re-screen. If an infant has failed two screens, refer the infant directly to a pediatric audiologist to perform diagnostic testing. It is difficult to rule out hearing loss without objective, frequency-specific testing. A baby with a sloping hearing loss will respond to a door slam or hands clapping, but may not hear a single consonant sound.**
- **Do not wait 3-6 months to do a repeat hearing screen. Otitis media and middle ear effusion have a greater impact on screening measures than diagnostic evaluations.**
- **The easiest and most accurate hearing testing is done when infants are in natural sleep. Early evaluations reduce the need for sedated procedures later.**
- **Only 50% of infants with congenital hearing loss have an identifiable risk indicator at the time of birth.**
- **Early identification and intervention of hearing loss have been proven to prevent delays in speech and language development.**

2. Ongoing Hearing Health Care of All Infants

- **Provide parents with information about hearing, speech, and language milestones.**
- **Identify and aggressively treat middle ear disease. Chronic middle ear effusion can lead to chronic mild hearing loss. Even mild hearing loss impacts speech and language development.**
- **Monitor infants with risk factors for late onset hearing loss. Don't forget, parental concern about hearing is a risk factor and reason for a referral.**

3. Rescreening in the Medical Home

- **Except in rare circumstances, medical homes should NOT conduct the initial newborn hearing screen.**
- **If rescreening is completed in the medical home, it must be performed by a physiologic measurement using Otoacustic Emmission (OAE) or Automated Auditory Brainstem Response (AABR) equipment, not by assessing behavioral responses to environmental sounds or noises, and results must be reported to the Newborn Hearing Screening Program (fax: 304-558-3510).**

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH
Office of Maternal, Child and Family Health

NEWBORN HEARING SCREENING PROGRAM
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