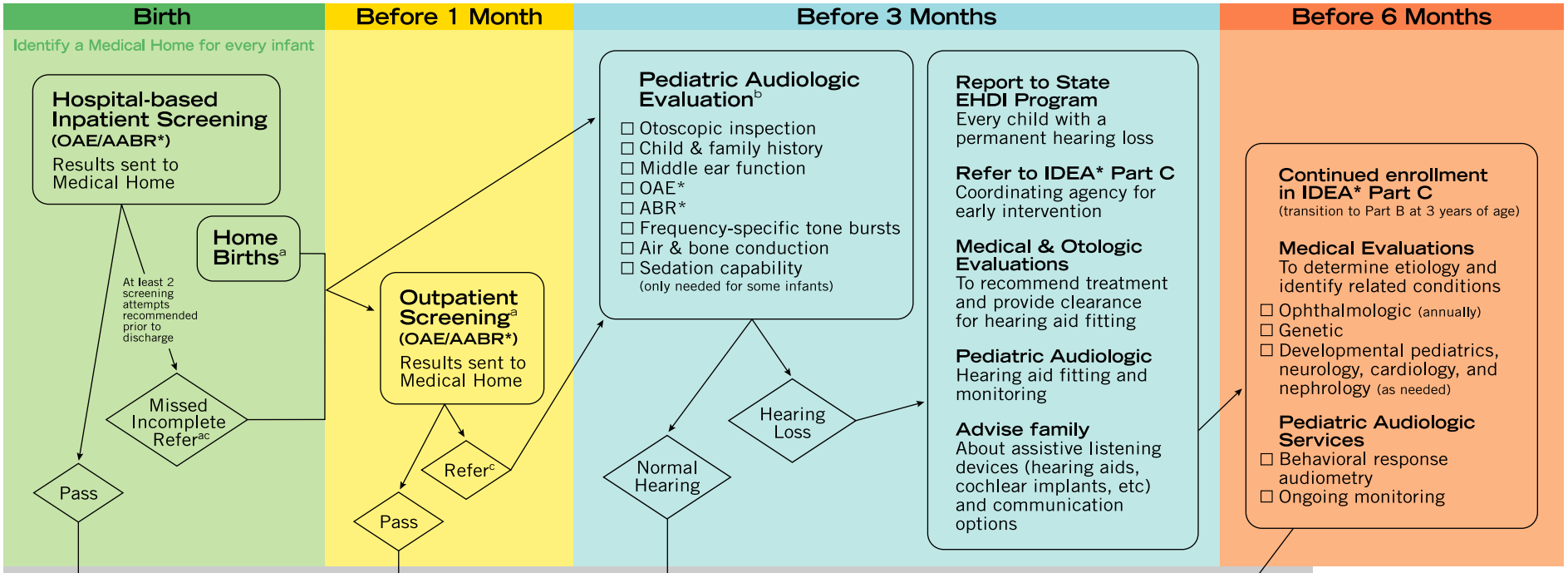
Universal Newborn Hearing Screening, Diagnosis, and Intervention

Guidelines for Pediatric Medical Home Providers



Ongoing Care of All Infants[d] From the Medical Home Provider

- **Provide parents with information about hearing, speech, and language milestones**
- **Identify and aggressively treat middle ear disease**
- **Provide vision screening and referral as needed**
- **Provide ongoing developmental surveillance and referral to appropriate resources**
- **Identify and refer for audiologic monitoring infants who have the following risk indicators for late-onset hearing loss:**
  - Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay
  - Family history of permanent childhood hearing loss
  - Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or eustachian tube dysfunction
  - Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
  - In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
  - Neonatal indicators—specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation
  - Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher syndrome
  - Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease
  - Head trauma
  - Recurrent or persistent otitis media with effusion for at least 3 months

***OAE** = Otoacoustic Emissions, **AABR** = Automated Auditory Brainstem Response, **ABR** = Auditory Brainstem Response, **IDEA** = Individuals with Disabilities Education Act

Notes:

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiologic Evaluation.

(b) Part C of IDEA* may provide diagnostic audiologic evaluation services as part of Child Find activities.

(c) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.

(d) Includes infants whose parents refused initial or follow-up hearing screening.

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Appropriate Referrals

1. Audiologist knowledgeable in pediatric screening and amplification

Name:
Telephone number:
Fax:
Date of referral:

2. Otolaryngologist knowledgeable in pediatric hearing loss

Name:
Telephone number:
Fax:
Date of referral:

3. Local early intervention system

Name:
Telephone number:
Fax:
Date of referral:

4. Family support resources, financial resources

Name:
Telephone number:
Fax:
Date of referral:

5. Speech/language therapy and/or aural rehabilitation therapy

Name:
Telephone number:
Fax:
Date of referral:

6. Sign language classes if parents choose manual approach

Name:
Telephone number:
Fax:
Date of referral:

7. Ophthalmologist knowledgeable in co-morbid conditions in children with hearing loss

Name:
Telephone number:
Fax:
Date of referral:

8. Clinical geneticist knowledgeable in hearing impairment

Name:
Telephone number:
Fax:
Date of referral:

9. Equipment vendor(s)

Name:
Telephone number:
Fax:
Date of referral:

10. State EHDI coordinator
http://www.infanthearing.org/status/cnhs.html

Name:
Telephone number:
Fax:
Date of referral:

11. AAP Chapter champion
http://www.medicalhomeinfo.org/screening/Champions%20Roster.pdf

Name:
Telephone number:
Fax:
Date of referral:

12. Family physician(s)

Name:
Telephone number:
Fax:
Date of referral:

National Resources

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell)
202/337-5220
www.agbell.org

American Academy of Audiology (AAA)
800/AAA-2336
www.audiology.org

American Academy of Pediatrics
www.aap.org

American Society for Deaf Children
717/334-7922
www.deafchildren.org

American Speech-Language-Hearing Association (ASHA)
800/498-2071
www.asha.org

Boys Town Center for Childhood Deafness
www.babyhearing.org

Centers for Disease Control and Prevention
www.cdc.gov/ncbddd/ehdi

Cochlear Implant Association, Inc.
202/895-2781
www.cici.org

Families for Hands and Voices
303/300-9763
www.handsandvoices.org

Laurent Clerc National Deaf Education Center and Clearinghouse at Gallaudet University
www.clerccenter.gallaudet.edu/InfoToGo

National Association of the Deaf (NAD)
301/587-1788
www.nad.org

National Center on Hearing Assessment and Management (NCHAM)
www.infanthearing.org

National Institute on Deafness and Other Communication Disorders
www.nidcd.nih.gov

Oberkotter Foundation
www.oraldeafed.org

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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