Universal Newborn Hearing Screening, Diagnosis, and Intervention Guidelines for Pediatric Medical Home Providers

**Birth**
- **Hospital-based Inpatient Screening** (OAE/AABR*)
  - Results sent to Medical Home

**Home Births**
- At least 2 screening attempts recommended prior to discharge

**Outpatient Screening** (OAE/AABR*)
- Results sent to Medical Home
- If missed, incomplete, or referred:
  - Pass
  - Refer

**Before 1 Month**
- **Pediatric Audiologic Evaluation**
  - Otoscopic inspection
  - Child & family history
  - Middle ear function
  - OAE*
  - ABR*
  - Frequency-specific tone bursts
  - Air & bone conduction
  - Sedation capability (only needed for some infants)

**Before 3 Months**
- **Report to State EHDI Program**
  - Every child with a permanent hearing loss
- **Refer to IDEA* Part C**
  - Coordinating agency for early intervention

**Medical & Otologic Evaluations**
- To recommend treatment and provide clearance for hearing aid fitting
- **Pediatric Audiologic**
  - Hearing aid fitting and monitoring
- **Advise family**
  - About assistive listening devices (hearing aids, cochlear implants, etc) and communication options

**Before 6 Months**
- **Continued enrollment in IDEA* Part C** (transition to Part B at 3 years of age)

**Medical Evaluations**
- To determine etiology and identify related conditions
  - Ophthalmologic (annually)
  - Genetic
  - Developmental pediatrics, neurology, cardiology, and nephrology (as needed)

- **Pediatric Audiologic Services**
  - Behavioral response audiometry
  - Ongoing monitoring

---

*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, 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.

---

January 2003
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**

**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.clcenter.gallaudet.edu/infoGo

**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.

Copyright © 2002 American Academy of Pediatrics. No part of this document may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for 1 copy for personal use.

This project is funded by an educational grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™