**Universal Newborn Hearing Screening, Diagnosis and Intervention**

**Guidelines for Pediatric Medical Home Providers in Georgia**

**Suspected and Confirmed Hearing Loss in Children under the Age of Five is a Notifiable Disease**

<table>
<thead>
<tr>
<th>Newborn Screening</th>
<th>Screening Completed Before 1 Month</th>
<th>Diagnostic Evaluation Before 3 Months</th>
<th>Intervention Services Before 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify a Medical Home for every infant</strong></td>
<td><strong>Hospital-based Inpatient Screening</strong> (OAE/AABR)</td>
<td><strong>Pediatric Audiologic Evaluation</strong></td>
<td><strong>Medical Evaluations</strong> To determine etiology and identify related conditions</td>
</tr>
<tr>
<td><strong>No more than 2 screening attempts recommended prior to discharge</strong></td>
<td><strong>Non-Birthing Facility Based births</strong></td>
<td><strong>Medical &amp; Otolologic Evaluation</strong> - Recommend treatment and provide clearance for hearing aid fitting</td>
<td></td>
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<tr>
<td><strong>Pass</strong></td>
<td><strong>Missed, Refused, Incomplete Refer</strong></td>
<td><strong>Pediatric Audiologic</strong> Hearing aid fitting and monitoring</td>
<td></td>
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<tr>
<td><strong>Reporting - Complete a Children 1st Screening and Referral form and submit to Children1st</strong></td>
<td><strong>1 Outpatient Screening (OAE/AABR) ABR refer result must be followed-up with an ABR outpatient screen</strong></td>
<td><strong>Advise family</strong> - Assistive listening devices (hearing aids, cochlear implants, etc) and importance of communication strategies</td>
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<tr>
<td><strong>Pass</strong></td>
<td><strong>Normal Hearing</strong></td>
<td><strong>Children 1st will continue to work with the medical home to assure referral to intervention resources</strong></td>
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**Medical Home Provider**
- Provide parents with information about hearing, speech and language milestones
- Provide developmental screening at 9, 18, and 30 months (24 months if applicable), autism screening at 18 and 24 months, vision screening and referral as recommended in the AAP “Bright Futures Guidelines, 3rd Ed.” Identify and aggressively treat middle ear disease
- Refer promptly for audiology evaluation when there is any parental concern† regarding hearing, speech, or language development

**Refer for audiology evaluation (at least once before age 30 months) if any Risk Indicators for Late-Onset Hearing Loss:**
- Family history of permanent childhood hearing loss
- Neonatal intensive care unit stay of more than 5 days duration, or any of the following (regardless of length of stay):
  - ECMO, mechanically-assisted ventilation, ototoxic medications or loop diuretics, exchange transfusion for hyperbilirubinemia
  - In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
- Postnatal infections associated with hearing loss, including bacterial and viral meningitis
- Craniofacial anomalies, particularly those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
- Findings suggestive of a syndrome associated with hearing loss (Waardenburg, Alport, Jervell and Lange-Nielsen, Pendred)
- Syndromes associated with progressive or delayed-onset hearing loss (neurofibromatosis, osteopetrosis, Usher Syndrome)
- Neurodegenerative disorders (such as Hunter Syndrome) or sensory motor neuropathies (such as Friedreich’s ataxia and Charcot Marie Tooth disease)
- Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
- Chemotherapy
- Recurrent or persistent otitis media with effusion for at least 3 months

†Denotes risk indicators of greater concern. Earlier and/or more frequent referral should be considered

**Key/Notes:**
- OAE = Otoacoustic Emissions
- AABR = Automated Auditory Brainstem Response
- ABR = Auditory Brainstem Response
- a = All infants who refer the screening in one or both ears must be reported to Children 1st within 7 days of the screening. The Children 1st Screening and Referral form is used to make this referral
- b = District UNHSI coordinator works with the medical home to schedule outpatient follow-up screening and if necessary diagnostic audiology. Children may also be linked to Babies Can’t Wait, Georgia PINES, Children Medical Services and public and community based programs and services.