ANSWERS FOR SURVEY QUESTIONS

PLEASE COMPLETE THE SURVEY OF EARLY HEARING DETECTION AND INTERVENTION KNOWLEDGE BEFORE READING THE FOLLOWING.

1. If a newborn fails a newborn hearing screen, EHDI recommends the infant be rescreened by 1 month of age in order for an infant to meet the 1-3-6 schedule of actions. Rescreen by 1 month. Diagnose by 3 months. Appropriate intervention by 6 months. Delay in diagnosing or treating hearing loss can lead to significant and irreversible delays in speech and social development- early diagnosis and intervention is essential.

2. The infant whose initial hearing screen result is “passed but at risk” Passed the newborn screen but is at risk for progressive loss of hearing due to some environmental or genetic condition. For an at risk infant, physician should monitor for hearing loss at all office visits and refer for diagnostic hearing test at 12-15 month.

3. What is the “at risk” standard for the number of days an infant required care in the neonatal care nursery. Any infant who has a 5 day or more length of stay in a neonatal infant care unit. Most conditions causing “at risk” status- such as ototoxic medications, ECMO or hyperbilirubinemia requiring exchange transfusion- occur within a stay in the NICU of 5 days or more.

4. A child who failed a newborn hearing screen should be retested by automated auditory brainstem response (AABR). Infants with auditory neuropathy may pass an OAE, but will fail AABR. AABR is the test of choice for neonatal screening and most hospitals follow a protocol of scheduling repeat hearing screening prior to discharge if an infant has failed the initial screen. Unfortunately, up to 35% of infants with failed newborn hearing screens are lost to follow up. As a provider, you can find a list of reliable pediatric audiologists at http://www.ehdi-pals.org/.

5. With increasing trends of early hospital discharge and out of hospital births, more children are needing hearing screening follow-up. Most recent data has shown that almost 35% of infants who failed the newborn hearing screen or rescreen had never received the needed follow-up.

6. In Virginia, an infant who passed initial screen and diagnostic audiometry at 3 months but who have an “at risk” history should be checked again at 12 – 15 months. Repeating a screen too early may miss some children who develop later onset progressive hearing loss. Although the national standard is 18-24 months, the state of Virginia
advises repeat screening at 12-15 months, since many at risk children will demonstrate hearing loss by 12 months. This allows for earlier intervention if needed.

7. An infant whose parents express concern at 10 months that the child does not hear should be referred immediately for diagnostic audiology. Attention to parents’ observations are strongly recommended.

8. A full term infant who passed a newborn infant screen but was readmitted at two weeks of age for hyperbilirubinemia and required an exchange transfusion requires a rescreen prior to discharge from hospital. *Infants who are re-hospitalized in the first 30 days of life should be rescreened if any risk factors were present.*

Thank you for your participation in the survey of physician knowledge. Results will be published in the Chapter Newsletter.

*Mona Iskander, MD FAAP  
Virginia, AAP Champion for EHDI*