

What YOU Need to Know About Providing Health Care for Infants & Young Children with Hearing Loss

☐ All CT newborns should be screened for hearing loss **before hospital discharge.**

- Ensure that all infants are screened at birth
- Confirm that all infants who do not pass the 1st screening or those at “*high risk*” are screened with Auditory Brainstem Response (ABR) equipment
- Be aware of risk indicators associated with hearing loss that require more frequent audiological monitoring, even if the infant passes screening at birth

☐ Children who do not pass newborn hearing screening should be referred for diagnostic audiological testing **BY 2 months** of age.

- Schedule for testing within 2-4 weeks of the initial screening
- Refer to an audiology center that specializes in infants and has the necessary equipment to conduct the recommended battery of tests (see other side for centers)

☐ More than half of all permanent hearing loss is **late onset** or progressive in nature and will not be detected through newborn hearing screening.

☐ “**At risk**” children should have their hearing tested by an audiologist at least every 6 months until age 3, regardless of whether or not they passed the hearing screen at birth.

Risk Indicators Associated with Hearing Loss in Childhood

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| 1) Caregiver concern | 7) In utero infections (i.e. CMV, herpes, rubella, syphilis) |
| 2) NICU > 5 days | 8) Neurodegenerative disorders or sensory motor neuropathies |
| 3) Craniofacial anomalies | 9) Culture-positive postnatal infections associated with sensorineural hearing loss |
| 4) Head trauma | 10) Syndromes associated with hearing loss or progressive or late-onset hearing loss or physical findings associated with a syndrome known to include a sensorineural or permanent conductive hearing loss |
| 5) Chemotherapy | |
| 6) Family history of permanent childhood hearing loss | |

(2007 JOINT COMMITTEE ON INFANT HEARING POSITION STATEMENT)

If there are ever any concerns about a child’s hearing, speech and/or language development, REFER the child for an audiological evaluation, as soon as possible.

☐ Children’s hearing should be evaluated subjectively at all well-child preventive care visits throughout the first 5 years of life as part of overall developmental surveillance.

☐ All children should have an objective hearing test at age 4 or sooner if there are any parent or physician concerns.

(AAP: Recommendations for Preventive Pediatric Health Care)

☐ Refer children with hearing loss or for whom there are any developmental concerns to Child Development Infoline, **1-800-505-7000**

- The earlier a child with a hearing loss is identified and interventions are started, the less impact the hearing loss will have on the child’s speech and language development.
- Children with permanent hearing loss of 25 dB or greater in *either* ear OR persistent middle ear effusion that is documented for six months or more with a hearing loss of 30 dB or greater are automatically eligible for Birth to Three services.
- Any child referred to Birth to Three/Child Development Infoline because of a speech/language delay should have an audiological evaluation, including those children suspected of being on the autism spectrum.



For more information about hearing screening for infants & children and other related services contact the:

Connecticut Department of Public Health
Early Hearing Detection & Intervention (EHDI) Program
Telephone: (860) 509-8057
www.ct.gov/dph