

NEWBORN HEARING SCREENING MONTHLY

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What is CIHAC?

The Colorado Infant Hearing Advisory Committee (CIHAC) (pronounced “kayak”) is a group of professionals and parents who develop recommendations for newborn hearing screening methods and reporting guidelines. Recommendations from CIHAC reflect best practice guidelines from the Joint Committee on Infant Hearing (JCIH) to ensure early screening, timely diagnostics, and family-centered intervention.

This issue of the *Newborn Hearing Screening Monthly* focuses on CIHAC-recommended newborn hearing screening guidelines. Unsure what to do when a child fails (refers) on their screening in one or both ears? Read on to find out about best practice recommendations in this scenario.

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Here To Help

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Best Practices for Newborn Screening: Well-Baby Nursery

Initial Screening

Screen the baby with Otoacoustic Emissions (OAE) (12-24 hours old) or automated auditory brainstem response (AABR) (>4 hours old).

Why?

Sometimes babies are born with fluid or debris in their ears. Screening babies closer to hospital discharge when fluid levels go down ensures greater test accuracy.

1st Screen: Pass in Both Ears

No additional screening is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE).

Communicate results to the family in both verbal & written format in the family's preferred language.

1st Screen: Fail (Refer) in One or Both Ears

A re-screening is needed. Re-screening the baby's hearing in both ears, even if the baby failed (referred) in only one ear.

Perform re-screening prior hospital discharge or during an outpatient screen after discharge by 1 month of age. No more than 2 screenings are recommended before discharge. **If OAEs were used for the 1st screening, AABR is recommended for the 2nd screening.**

Communicate results to the family in both verbal & written format in the family's preferred language.

Why?

Re-screening should be performed in both ears, even if a baby failed (referred) in only one ear. This reduces screener-related and equipment-related errors.

Re-screening with AABR helps to avoid passing a baby who has Auditory Neuropathy.

2nd Screen (Re-screen): Pass in Both Ears

No additional screening is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE).

Communicate results to the family in both verbal & written format in the family's preferred language.

2nd Screen (Re-screen): Fail (Refer) in One or Both Ears

Refer the baby to a pediatric audiologist for a diagnostic evaluation.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE). Enter the results from the outpatient re-screening directly into CDPHE's HIDS database. Provide re-screening results to the baby's primary care provider.

Communicate results to the family in both verbal & written format in the family's preferred language.

TIP

Reach out to Leanne Glenn, CDPHE's Newborn Hearing Screening Coordinator, for help accessing or entering data into the HIDS database.

Best Practices for Newborn Screening: Neonatal Intensive Care Unit (NICU)

Initial Screening

Screen the baby using Automated ABR (AABR) within 48 hours before hospital discharge.

Why?

Immature brain development is common in NICU babies. Screening babies closer to hospital discharge ensures more accurate AABR measurements.

1st Screen: Pass in Both Ears

No additional screening is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE).

Communicate results to the family in both verbal & written format in the family's preferred language.

1st Screen: Fail (Refer) in One or Both Ears

A re-screening is needed. Re-screen the baby's hearing in both ears, even if the baby failed (referred) in only one ear.

Perform re-screening using AABR prior to hospital discharge or during an outpatient screen after discharge by 1 month of age. No more than 2 screenings are recommended before hospital discharge.

Communicate results to the family in both verbal & written format in the family's preferred language.

Why?

Re-screening should be performed in both ears, even if a baby failed (referred) in only one ear. This reduces screener-related and equipment-related errors.

Re-screening with AABR helps to avoid passing a baby who has Auditory Neuropathy.

2nd Screen (Re-screen): Pass in Both Ears

No additional screening is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE).

Communicate results to the family in both verbal & written format in the family's preferred language.

2nd Screen (Re-screen): Fail (Refer) in One or Both Ears

Refer the baby to a pediatric audiologist for a diagnostic evaluation.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE). Enter the results from the outpatient re-screening directly into CDPHE's HIDS database. Provide re-screening results to the baby's primary care provider.

Communicate results to the family in both verbal & written format in the family's preferred language.

TIP

Reach out to Leanne Glenn, CDPHE's Newborn Hearing Screening Coordinator, for help accessing or entering data into the HIDS database.

Best Practices for Newborn Screening: Home Births & Birthing Centers

Initial Screening

Screen the baby by 1 month of age via otoacoustic emissions (OAE). If the midwife or birthing facility does not have screening equipment, the baby should be referred to another midwife, hospital, or audiologist for an outpatient newborn hearing screening by 1 month of age.

Why?

Not all midwives have newborn screening equipment, and that's okay. But it is important to refer to other professionals who have the equipment and training to perform newborn hearing screening to ensure that babies have their hearing screened by 1 month of age.

1st Screen: Pass in Both Ears

No additional screening is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE).

Communicate results to the family in both verbal & written format in the family's preferred language.

1st Screen: Fail (Refer) in One or Both Ears

A re-screening is needed. Refer the baby to a pediatric audiologist for a re-screening. If the baby does not pass their re-screening, a diagnostic evaluation is needed.

Provide results to the Electronic Birth Certificate (EBC) clerk to be filed with the Colorado Department of Public Health & Environment (CDPHE). Enter the results from the outpatient re-screening directly into CDPHE's HIDS database. Provide re-screening results to the baby's primary care provider.

Communicate results to the family in both verbal & written format in the family's preferred language.

TIP

If you are a midwife that screens newborn hearing, it is important to gain access to CDPHE's HIDS database to enter screening data. Reach out to Leanne Glenn, CDPHE's Newborn Hearing Screening Coordinator, for help accessing or entering data into the HIDS database.