

NEWBORN HEARING SCREENING MONTHLY

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Best Practices Revisited

Best practices are sets of ideas, guidelines, and ethics developed by leaders in a field and in conjunction with current research evidence. The 2017 and 2019 position statements developed by the Joint Committee on Infant Hearing (JCIH) are two examples of best practice documents. By following best practices, we can help ensure that babies with hearing loss receive further care and referral to early intervention services to promote healthy development. Following best practices when it comes to re-screening a baby who does not pass their initial screening in one or both ears is very important. Screening a baby too many times can lead to inaccurate results. This issue focuses on best practices and key considerations when deciding whether to repeat a screening.

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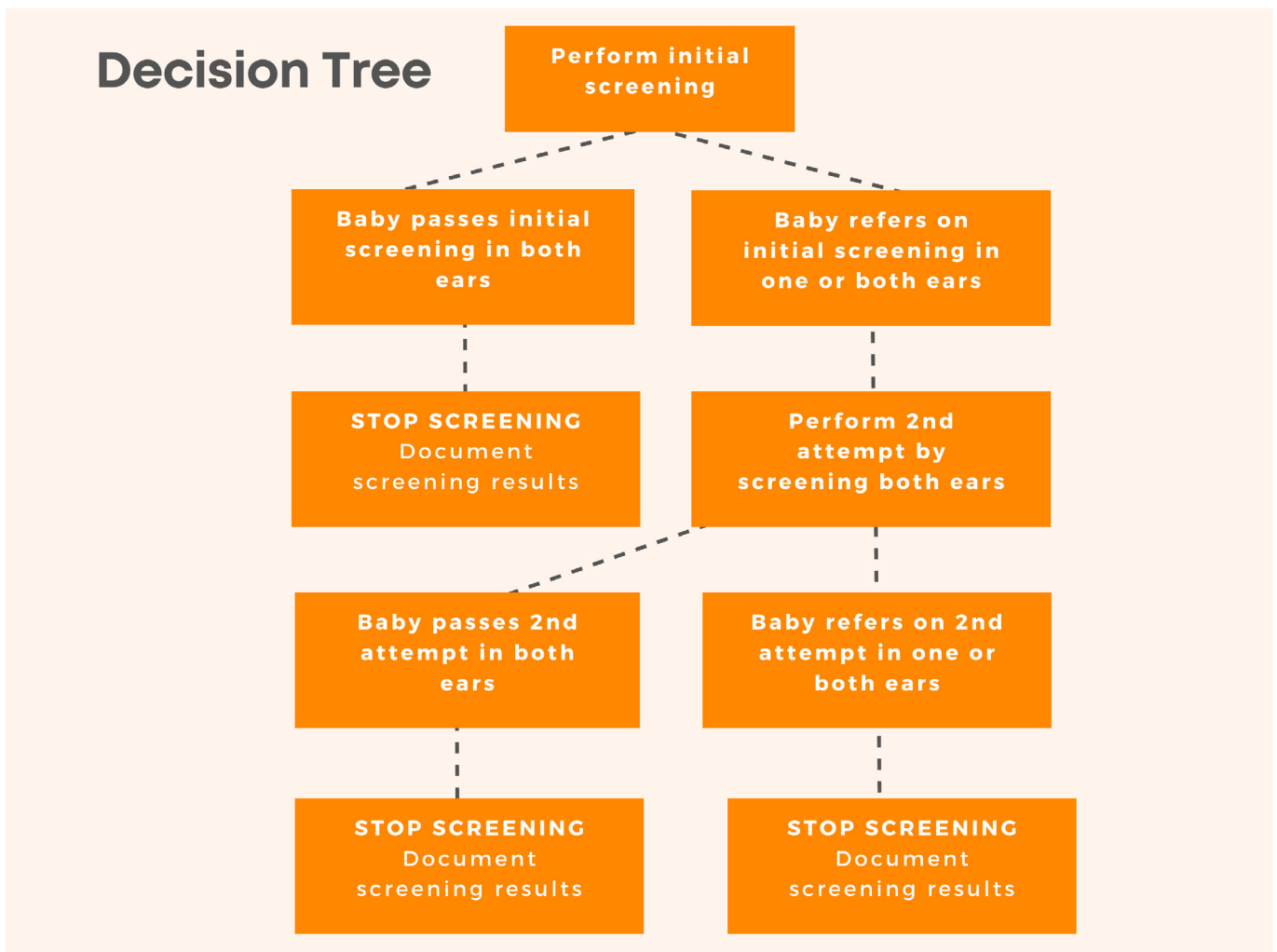
UPDATED NCHAM NEWBORN HEARING SCREENING TRAINING CURRICULUM - [CLICK HERE TO GET STARTED!](#)

Best Practices in Re-Screening

According to JCIH (2017) guidelines, a “pass” on a newborn hearing screening is considered when a baby passes their newborn hearing screening in both ears during the same session after no more than two high-quality screenings have been performed. Screening more than two times can lead to inaccurate results. For example, if screening is performed too many times, a baby may falsely pass their screen even though they have hearing loss. In addition, screening too many times is not an efficient use of time and is not cost-effective.

Re-Screening Decision Tree

Before an initial screening or re-screening takes place, it is important to ensure that the baby and test environment are quiet and that newborn hearing screening equipment is connected and working properly. Remember, JCIH guidelines consider a “pass” on a newborn hearing screening only when a baby passes in both ears during the same session after no more than two attempts. Use this decision tree to determine whether it is appropriate to conduct a re-screening.



Here To Help

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