

# Outpatient Hearing Screening Guidelines

## Louisiana Early Hearing Detection and Intervention Program



Louisiana Early Hearing  
Detection and Intervention  
Program

Louisiana Department of Health | Office of Public Health | Bureau of Family Health



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## INTRODUCTION

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health is responsible for the Louisiana Early Hearing Detection and Intervention program which supports coordinated systems of care that ensure families of babies and children who are deaf or hard of hearing (D/HH) receive appropriate and timely services. These services include hearing screening, diagnosis, early intervention and family-to-family support. The goal of the program is to ensure that children who are deaf or hard of hearing have the opportunity for appropriate early intervention to optimize language, literacy, cognitive, social and emotional development.

The following guidelines have been developed specifically for use in outpatient settings, such as pediatric and other medical clinics, hospitals and some childcare settings, where rescreening of hearing is conducted. The guidelines and timeframes adhere to the [recommendations set forth by the Joint Committee on Infant Hearing](#). “Children who follow these timelines have been shown to have significantly better language skills than those later identified children,” *Yoshinaga-Itano et al. (1998). Language of early- and later-identified children with hearing loss. Pediatrics, 102: 1161-1171.*

## JOINT COMMITTEE ON INFANT HEARING BENCHMARKS<sup>1</sup>

The mission of the Joint Committee on Infant Hearing is to address issues that are important to the early identification, intervention and follow-up care of infants and young children with hearing loss.

### Early Hearing Detection and Intervention 1-3-6\* GOALS

Before **one month** of age:

- Complete initial newborn hearing screening

Before **three months** of age:

- Complete diagnostic assessment

Before **six months** of age:

- Enroll in early intervention

\*The Joint Committee on Infant Hearing encourages reducing timelines to one, two and three months as soon as feasible

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<sup>1</sup> <https://www.infanthearing.org/nhstc/docs/Year%202019%20JCIH%20Position%20Statement.pdf>

## RESCREENING GUIDELINES AT A GLANCE

- Test both ears, **even if only one ear did not pass the hospital screening.**
- Infants who did not pass the initial screening in the neonatal intensive care unit (NICU) **must** be rescreened using auditory brainstem response (ABR).
- An infant who does not pass the rescreen in either or both ears at a single visit must be referred to a pediatric audiologist.
- Regardless of the newborn hearing screening results, an infant with risk factors for delayed-onset hearing loss must have additional diagnostic assessment completed by nine months of age.

Report all screening results to the Bureau of Family Health, Early Hearing Detection and Intervention program on a follow-up services report (FSR) form by email at [LAEHDI@la.gov](mailto:LAEHDI@la.gov), or by fax to (504) 568-5854. The form can be found on the [Louisiana Early Hearing Detection and Intervention website](#).<sup>2</sup>

## TECHNOLOGY AND PROCEDURES WHEN AN INFANT DOES NOT PASS RESCREENING

For babies with a “further testing needed” result on the newborn hearing screening form, the outpatient rescreening **should be completed by one month** after hospital discharge, even if transient middle ear pathology is suspected or is being treated.

### Choice of rescreening technology

Only Auditory Brainstem Response (ABR) or Otoacoustic Emissions Screening (OAE) are acceptable.

- If the initial screening took place in the NICU, then ABR must be used for rescreening.
- If the initial screening took place in the well-baby nursery, then either OAE and/or ABR rescreening is appropriate.

### Procedures When an Infant Does Not Pass the Rescreening

- When rescreening results are “do not pass,” the infant should be referred to a **pedsiatric audiologist** for a diagnostic evaluation **as soon as possible**.
- Do not complete a second rescreening. Repeated rescreens delay the confirmation of hearing status. A delay will also increase the likelihood that sedation will be required.
- Diagnostic audiological evaluations can be completed during medical management of a middle ear problem.

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<sup>2</sup> [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/FollowUpServicesReport\\_2021.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/FollowUpServicesReport_2021.pdf)

- Give the family the flyer “[Your Child Needs Diagnostic Hearing Testing: What Families Need to Know](#)”<sup>3</sup> with information regarding the risk factors associated with delayed-onset or progressive hearing loss and the need for follow-up by nine months of age (if the infant passes newborn hearing screening).

## PROCEDURES FOR INFANTS WITH RISK FACTORS FOR DELAYED-ONSET OR PROGRESSIVE HEARING LOSS

Regardless of newborn hearing screening results, children with risk factors for delayed-onset hearing loss should have a **diagnostic assessment by an audiologist at least once by nine months of age, or sooner, dependent upon specific risk factor(s).**

**Early and more frequent assessment may be needed for children with a high-risk indicator, denoted below with an asterisk (\*).**

<b>Immediate Referral</b>
Caregiver concern regarding hearing, speech, language, developmental delay and/or developmental regression*
<b>Auditory Brainstem Response (ABR) Screening by One Month of Age</b>
Mother positive for Zika and infant with laboratory evidence of Zika
<b>No Later than Three Months after Occurrence</b>
Extracorporeal membrane oxygenation (ECMO)*
In utero infection with cytomegalovirus (CMV)*
Culture positive postnatal infections (such as viral or bacterial meningitis)*
Head trauma*
Infants that received chemotherapy*
<b>By Nine Months of Age</b>
Family history of permanent childhood hearing loss*
Neonatal intensive care more than five days
Hyperbilirubinemia with exchange transfusion
Exposure to aminoglycoside antibiotics for more than five days
Asphyxia or hypoxic ischemic encephalopathy
In utero infections associated with hearing loss (such as herpes, rubella, syphilis, toxoplasmosis)
Syndromes or birth conditions associated with hearing loss*

Share with the family the flyer “[Your Baby Needs Another Hearing Test By Nine Months of Age: What Families Need to Know](#)”<sup>4</sup> that has information regarding the risk factors associated with delayed-onset or progressive hearing loss and the need for follow-up by nine months of age (if the infant passes newborn hearing screening).

<sup>3</sup> [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/EHDI\\_Diagnostics\\_FINAL.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/EHDI_Diagnostics_FINAL.pdf)

<sup>4</sup> [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/EHDI\\_RiskFactors\\_FINAL.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/EHDI_RiskFactors_FINAL.pdf)

## REPORTING PROCEDURES

To report screening and diagnostic testing to Louisiana Early Hearing Detection and Intervention (LA EHDI):

- Register to become a LA EHDI HiTrack Data Management System user. This allows you to access your patient's newborn hearing screening results and submit a follow-up services report electronically. To become a registered HiTrack user, please email [laehdi@la.gov](mailto:laehdi@la.gov) to obtain a HiTrack User Confidentiality and Security Agreement.
- Alternatively, follow-up services report paper forms can be downloaded from the Louisiana Early Hearing Detection and Intervention website,<sup>5</sup> and scanned to [LAEHDI@la.gov](mailto:LAEHDI@la.gov) or faxed to (504) 568-5854.

Submit a follow-up services report **within seven days** for:

- Rescreening results for infants who did not pass the hospital newborn hearing screening
- Initial screening results for any infant who was not screened prior to hospital discharge, and for home births

**For any questions, please email [LAEHDI@la.gov](mailto:LAEHDI@la.gov) or call (504)599-1086. To find additional resources for providers and families please visit [ldh.la.gov/page/LouisianaEHDI](https://ldh.la.gov/page/LouisianaEHDI).**

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<sup>5</sup> [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/FollowUpServicesReport\\_2021.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/cshs/EHDI/FollowUpServicesReport_2021.pdf)