

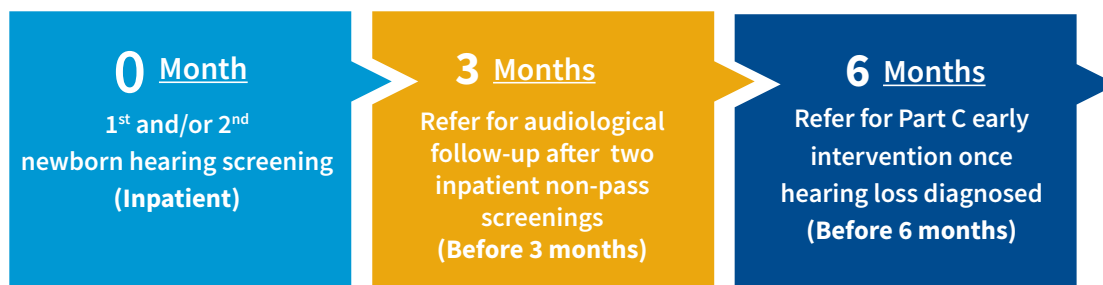
# 0 • 3 • 6 NEWBORN HEARING SCREENING CHECKLIST

## Ohio Early Hearing Detection and Intervention (EHDI) Program



Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Date of Visit \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

### Ohio EHDI Snapshot: 0-Screening at birth, 3-Evaluation, 6-Early intervention



For home birth/missed at hospital, see 1 month section on page 2.

0 Month	INITIAL SCREENING* (To be completed before hospital discharge, up to two screenings.)	
<p><b>Has the child had a newborn hearing screening?</b></p> <p><b>Newborn hearing screening is the standard of care. All babies born in a hospital are screened at birth.</b></p>	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> Not Sure → <input type="checkbox"/> Contact birth hospital medical records or contact ODH Hearing Screening at <b>614-387-0135</b> . <input type="checkbox"/> No → <input type="checkbox"/> Schedule initial screening if baby's screening or born at home. <input type="checkbox"/> Use <b>Pediatric Audiology Services Directory</b> to schedule outpatient screening.
<p><b>Did you obtain the test results from the screening hospital or state EHDI program?</b></p>	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No → <input type="checkbox"/> Contact birth hospital medical records or contact ODH Hearing Screening at <b>614-387-0135</b> .
<p><b>Are the results recorded in the child's chart?</b></p>	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No → <input type="checkbox"/> Record test results in child's chart.
<p><b>Did the child pass the newborn hearing screening?</b></p>	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No → <input type="checkbox"/> Schedule follow-up appointment for diagnostic hearing evaluation. <input type="checkbox"/> Use <b>Pediatric Audiology Services Directory</b> to find diagnostic evaluation providers. <input type="checkbox"/> Provide referral if needed.
<p><b>If the screening was completed in your office, were the results reported to the state EHDI program?</b></p>	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No → <input type="checkbox"/> Confirm results have been reported to ODH Hearing Screening by calling <b>614-387-0135</b> .

Have results been discussed with the family?

☐ Yes ☐ No →

(Proceed to  
“3 months”  
section.)

☐ Child who **passed both ears in the same screening:**

- Stress the importance of ongoing surveillance and risk factors.\*\*
- Share Centers for Disease Control and Prevention (CDC) milestones resources, tracker app, booklet, parent handout.

☐ Child who **did not pass one or both ears in the same screening:**

- Discuss the need for follow-up and assist in arranging the diagnostic appointment.
- Provide referral if needed.
- Request diagnostic follow up results from the audiologist.
- Use ***Pediatric Audiology Services Directory*** to find diagnostic evaluation providers.
- **Contact ODH Hearing Diagnostic with your questions: 614-728-4676.**

(Proceed to “3 months” section.)

Recommended by 1 month

FOR HOME BIRTH OR MISSED SCREENING (Others proceed to “3 months” section.)

Has the newborn who was born at home or missed the hospital screening received an initial screening by 1 month of age?

☐ Yes ☐ No →

- Screening is not required for babies born at home.
- Hearing screening is encouraged.
- Cost is variable.

☐ Schedule initial screening if baby was missed or born at home.

- Use ***Pediatric Audiology Services Directory*** to schedule outpatient screening.
- **Contact ODH Hearing Screening with your questions: 614-387-0135 or [InfantHearingProgram@ODH.ohio.gov](mailto:InfantHearingProgram@ODH.ohio.gov).**

Are the results recorded in the child’s chart?

☐ Yes ☐ No →

☐ Record test results in child’s chart.

Have the results been discussed with the family?

☐ Yes ☐ No →

☐ Child who **passed both ears in the same screening:**

- Stress the importance of ongoing surveillance and risk factors.\*\*

☐ Child who **did not pass one or both ears in the same screening:**

- Discuss the need for follow-up and assist in arranging the audiologic appointment.
- Provide referral if needed.

Have the results been reported to the state EHDI in Ohio?

☐ Yes ☐ No →

☐ Confirm results have been reported to state EHDI program **within 48 hours** of receipt.

- **Contact ODH Hearing Screening to report results: 614-387-0135 or [InfantHearingProgram@ODH.ohio.gov](mailto:InfantHearingProgram@ODH.ohio.gov).**
- Use ***Pediatric Audiology Services Directory*** to find diagnostic evaluation providers.

If the child did not pass the screening, was he/she referred to an audiologist with expertise in pediatrics?

☐ Yes

☐ No


- The medical home plays an important role in:
  - Timely follow-up.
  - Referral for audiological evaluation.
  - Ongoing monitoring of communication milestones.
- Have a system or process in place for referrals.

Provider

Date of Visit  
mm/dd/yyyy

- ☐ Refer to audiologist with expertise in pediatrics by **3 months of age**.
- Use ***Pediatric Audiology Services Directory*** to find diagnostic evaluation providers.
  - Share CDC
  - Milestones resources:
    - Tracker app.
    - Booklet.
    - Parent handout.
- **Contact ODH Hearing Diagnostic Program with your questions: 614-728-4676.**

What was the result of the diagnostic evaluation testing?

☐ **Normal Hearing**

- If the results indicated normal hearing, educate the child's family about the importance of communication, language, and speech development. Share CDC milestones. Remind family to share any concerns about communication development.
- If there are concerns about communication or meeting milestones, refer for diagnostic audiology evaluation.

☐ **Hearing Loss Identified**

- Discuss/refer for Part C early intervention (EI) if not already enrolled.
- To make Part C early intervention referral, call **1-800-755-4769** or visit <https://ohioearlyintervention.org>.
- Share the importance of creating a communication plan to help the baby develop communication skills.
- Discuss other referrals: ENT, ophthalmology, speech/language evaluation, etc.

☐ **Hearing Loss Suspected (Test Incomplete)**

For a child who has suspected hearing loss and/or has chronic ear infections when normal hearing has not been documented:

- Share the importance of creating a communication plan to help the baby develop communication skills.
- Stress the importance of ongoing surveillance and risk factors.\*\*
- Remind family to continue with audiological follow-up to obtain final diagnosis of normal hearing or hearing loss or deafness.
- Continue to monitor the child's development, and treat ear infections. If chronic, refer to ENT for medical/surgical management. Recommend re-evaluation if hearing was not assessed to be in the normal range.
- Consider referral to EI for developmental risk.
- Remind the child's family about milestones and monitoring development.
- Continue surveillance of communication development.
- To make Part C early intervention referral, call **1-800-755-4769** or visit <https://ohioearlyintervention.org>.

Have the results been reported to ODH/EHDI Diagnostic Program?

☐ Yes ☐ No



☐ Confirm results have been reported to state EHDI program within **seven days of receipt**.

- Contact ODH Hearing Diagnostic Program with your questions: **614-728-4676**.
- Complete PCP letter and submit to ODH at **614-728-9163** (fax) or [InfantHearingProgram@ODH.ohio.gov](mailto:InfantHearingProgram@ODH.ohio.gov).

**6 Months**

**EARLY INTERVENTION (Enroll/refer as soon as hearing loss identified and by 6 months of age or sooner.)**

If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multidisciplinary evaluation?

☐ Yes



\_\_\_\_\_

El referral site

\_\_\_\_\_

Date of Referral  
mm/dd/yyyy

☐ No



☐ Provide referral for:

- EI.
- Ophthalmology.
- ENT/otolaryngology.
- Genetics.
- Children with Medical Handicaps (CMH/BCMH).
- Speech evaluation.
- Other.
- Contact for EI referral: **1-800-755-4769**.
- Contact the state EHDI program for more information: **614-728-4676**.

**1-21 Years**

**ONGOING SURVEILLANCE AND SCREENING**

### Follow Recommendations for Preventive Pediatric Healthcare From the Bright Futures/American Academy of Pediatrics

- Continue to perform ongoing surveillance and testing for late-onset hearing loss, particularly in children with risk factors.
- Perform or refer for regular developmental assessments.
- Regularly assess speech and language milestones, language and communication development through ongoing screenings or referral for audiological and speech evaluations as needed at age intervals.
- If there are language/speech delays, consider a speech and language referral.
- If there are hearing concerns, refer for audiological evaluation at any age, hearing loss is invisible.
- Encourage parents to read (aloud) to children for at least 15 minutes every day.
- Encourage parents to have ongoing conversations/communication with children, and use daily routines to immerse children in language and experience.
- Refer to AAP Bright Futures developmental screenings: <https://brightfutures.aap.org/Pages/default.aspx>.

**Table 1**  
**Risk Factors for Early Childhood Hearing Loss: Guidelines for Infants Who Pass the Newborn Hearing Screen.**

Risk Factor Classification		Recommended Diagnostic Follow-up	Monitoring Frequency
<b>Perinatal</b>			
<b>1</b>	Family history* of early progressive or delayed onset permanent childhood hearing loss.	By 9 months.	Based on etiology of family hearing loss and caregiver concern.
<b>2</b>	Neonatal intensive care of more than five days.	By 9 months.	
<b>3</b>	Hyperbilirubinemia with exchange transfusion, regardless of length of stay.	By 9 months.	Based on ongoing surveillance of hearing skills and speech milestones.
<b>4</b>	Aminoglycoside administration for more than 5 days.**	By 9 months.	
<b>5</b>	Asphyxia or hypoxic ischemic encephalopathy.	By 9 months.	
<b>6</b>	Extracorporeal membrane oxygenation (ECMO).*	No later than 3 months after occurrence.	Every 12 months until school age, or at shorter intervals based on concerns of parent or provider.
<b>7</b>	In utero infections, such as herpes, rubella, syphilis, and toxoplasmosis.	By 9 months.	Based on ongoing surveillance.
	In utero infection with cytomegalovirus (CMV).*	No later than 3 months after occurrence.	Every 12 months until age 3, or at shorter intervals based on parent/provider concerns.
	Mother positive for Zika virus and infant with <b>no</b> laboratory evidence and <b>no</b> clinical findings.	Standard	Per AAP Periodicity Schedule (2019).
	<ul style="list-style-type: none"> <li>• Mother positive for Zika virus and infant with laboratory evidence of Zika plus clinical findings.</li> <li>• Mother positive for Zika virus and infant with laboratory evidence of Zika minus clinical findings.</li> </ul>	AABR by 1 month.  AABR by 1 month.	ABR by 4-6 months or VRA by 9 months.  ABR by 4-6 months. Monitor as per AAP Periodicity schedule (2019).
<b>8</b>	Certain birth conditions or findings: <ul style="list-style-type: none"> <li>• Craniofacial malformations including microtia/atresia, ear dysplasia, oral facial clefting, white forelock, and microphthalmia.</li> <li>• Congenital microcephaly, congenital or acquired hydrocephalus.</li> <li>• Temporal bone abnormalities.</li> </ul>	By 9 months.	Based on ongoing surveillance of hearing skills and speech milestones.
<b>9</b>	More than 400 syndromes have been identified with atypical hearing thresholds.***	By 9 months.	According to natural history of syndrome or concerns.
<b>Perinatal or Postnatal</b>			
<b>10</b>	Culture-positive infections associated with sensorineural hearing loss,*** including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis or encephalitis.	No later than 3 months after occurrence.	Every 12 months until school age, or at shorter intervals based on concerns of parent or provider.
<b>11</b>	Events associated with hearing loss: <ul style="list-style-type: none"> <li>• Significant head trauma, especially basal skull/temporal bone fractures.</li> <li>• Chemotherapy.</li> </ul>	No later than 3 months after occurrence.	According to findings and/or continued concerns.
<b>12</b>	Caregiver concern**** regarding hearing, speech, language, developmental delay, or developmental regression.	Immediate referral.	According to findings and/or continued concerns.

Notes: AAP = American Academy of Pediatrics; ABR = auditory brainstem response; AABR = automated auditory brainstem response.

\*Infants at increased risk of delayed onset or progressive hearing loss.

\*\*Infants with toxic levels or with a known genetic susceptibility remain at risk.

\*\*\*Syndromes (Van Camp & Smith, 2016). For more information visit the Hereditary Hearing Loss website (Van Camp & Smith, 2016).

\*\*\*\*Parental/caregiver concern should always prompt further evaluation.

From *The Journal of Early Hearing Detection and Intervention* 2019, 3(2) page 19. Table has been slightly modified by the Ohio Department of Health.

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## RESOURCES:

AAP Bright Futures: <https://brightfutures.aap.org/Pages/default.aspx>

CDC milestones: Learn the signs. Act early. (Tracker app, booklet, parent handout). Available to order at <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Pediatric Audiology Services Directory: Outpatient home birth or missed screening and diagnostic provider list <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-hearing-program/hearing-evals>

Ohio Department of Health Infant Hearing Program <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-hearing-program1/welcome/>

Joint Committee on Infant Hearing (JCIH) Risk Factors, retrieved online: <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1/>

Ohio Department of Health (ODH), EHDI, Newborn Hearing Screening and follow-up, Birth to 3 <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-hearing-program/infant-hearing/>.

Ohio Department of Developmental Disabilities (DODD), Early Intervention Services, Birth to 3 <https://ohioearlyintervention.org/>

Ohio Department of Education (ODE), School age services, 3 to 21 <https://education.ohio.gov/>

\* Ohio EHDI - Infant Hearing Program requires newborn hearing screening to occur prior to hospital discharge, includes an initial hearing screening and a secondary screening for both ears if there is a non-passing result on the initial test.

\*\* JCIH risk factors.

ADAPTED

ADAPTED FROM THE EHDI AAP CHECKLIST

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