



# **UNIVERSAL NEWBORN HEARING SCREENING**

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## **NEW PARENT INFORMATION**

Congratulations! As you welcome your baby's birth and look forward to the future, remember it's important to get your baby off to a good start.

### ***Begin with Good Hearing***

Good hearing helps your baby learn to talk. Babies begin to listen from birth. They learn to speak by listening to their families talk.

All babies born in Hawaii have their hearing screened soon after birth. If hearing screening is against your religious beliefs, you may sign a written refusal. If your baby hasn't been screened, please call the Department of Health's Newborn Hearing Screening Program at 808-973-1116.

Hearing screening is simple and safe for your baby. If not found early, hearing loss may cause delays in your baby's development.

### ***What to Expect***

Your baby's hearing will be screened in one or more ways.

If an ***Otoacoustic Emission Screening*** is used, tiny earphones will be placed in your baby's ears to pick up responses as sounds are played.

If an ***Auditory Brainstem Response Screening*** is used, tiny electrodes will be taped to your baby's head to pick up responses as sounds are played.

Sometimes babies do not pass initial screenings. Try not to worry if this happens. Your baby may not pass because:

- \* There is birthing fluid in the ear; or
- \* The ear canal is still narrow.

If your baby does not pass initially, another screening or further testing may be needed in 2 to 6 weeks.

### ***Further Testing***

For babies who do not pass their hearing screenings, an ***Auditory Brainstem Response Diagnostic Test*** is used to determine if there is a hearing loss.

### ***If Hearing Loss is Found***

If a hearing loss is found, the audiologist or your baby's doctor will talk to you about what do next and may refer you to the Department of Health for early intervention services.

You may also call the Hawaii Keiki Information Services System (H-KISS) to receive information about services and support. The H-KISS number is 808-973-9633 on Oahu or toll-free at 800-235-5477 on Neighbor Islands.

### ***Other Information***

As required by state law, information about your baby's hearing screening and diagnostic tests will be sent to the Department of Health. This information represents the minimum necessary to carry out the public health purposes of the Newborn Hearing Screening Program, pursuant to 45 CFR § 164.514(d) of the Privacy Rule.

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The Hawai'i Department of Health provides services and opportunities to take part in its programs and activities without regard to race, color, national origin, age or handicap. Write or call the Early Intervention Section at 1600 Kapiolani Blvd. #1401, Honolulu, Hawaii 96814 at 808-973-9650 or the departmental Affirmative Action Officer at Box 3378, Honolulu, HI 96801-3378 at 808-586-4616 (voice/tty) within 180 days of a problem.

# Universal Newborn Hearing Screening, Diagnosis, and Intervention

## Patient Checklist for Pediatric Medical Home Providers

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

<b>Birth</b>	<b>Hospital-based Inpatient Screening Results (OAE/AABR)</b> (also Home Births) <span style="float: right;">DATE: ___/___/___</span>  Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>a, c</sup> <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>a, c</sup> <input type="checkbox"/> Pass
<b>Before 1 month</b>	<b>Outpatient Screening Results (OAE/AABR)</b> <span style="float: right;">___/___/___</span>  Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>a, c</sup> <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>a, c</sup> <input type="checkbox"/> Pass
<b>Before 3 months</b>	<input type="checkbox"/> <b>Pediatric Audiologic Evaluation<sup>b</sup></b> <span style="float: right;">___/___/___</span> <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Normal Hearing  <b>Documented child and family auditory history</b> <span style="float: right;">___/___/___</span>  <input type="checkbox"/> Report to State EHDI Program results of diagnostic evaluation <span style="float: right;">___/___/___</span> <input type="checkbox"/> Refer to Early Intervention (IDEA, Part C) <span style="float: right;">___/___/___</span> <input type="checkbox"/> Medical & Otologic Evaluations to recommend treatment and provide clearance for hearing aid fitting <span style="float: right;">___/___/___</span> <input type="checkbox"/> Pediatric Audiologic hearing aid fitting and monitoring <span style="float: right;">___/___/___</span> <input type="checkbox"/> Advise family about assistive listening devices (hearing aids, cochlear implants, etc.) and communication options <span style="float: right;">___/___/___</span>
<b>Before 6 months</b>	<input type="checkbox"/> <b>Enrollment in Early Intervention (IDEA, Part C)</b> <span style="float: right;">___/___/___</span> (transition to Part B at 3 years of age)  <b>Medical Evaluations to determine etiology and identify related conditions</b> <input type="checkbox"/> Ophthalmologic (annually) <span style="float: right;">___/___/___</span> <input type="checkbox"/> Genetic <span style="float: right;">___/___/___</span> <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) <span style="float: right;">___/___/___</span>  <input type="checkbox"/> <b>Ongoing Pediatric Audiologic Services</b>

**Ongoing Care of All Infants<sup>d</sup>**

Provide parents with information about hearing, speech, and language milestones

Identify and aggressively treat middle ear disease

Vision screening and referral as needed

Ongoing developmental surveillance/referral

Referrals to otolaryngology and genetics, as needed

Risk indicators for late onset hearing loss:

\_\_\_\_\_

(refer for audiologic monitoring)

**Service Provider Contact Information**

**Pediatric Audiologist:**

\_\_\_\_\_

**Early Intervention Provider:**

\_\_\_\_\_

**Other:**

\_\_\_\_\_

**Other:**

\_\_\_\_\_

**Other:**

\_\_\_\_\_

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiologic Evaluation.

(b) Early Intervention (IDEA, Part C) may provide diagnostic audiologic evaluation services as part of Child Find activities.

(c) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.

(d) Includes infants whose parents refused initial or follow-up hearing screening.

OAE = Otoacoustic Emissions  
 AABR = Automated Auditory Brainstem Response  
 ABR = Auditory Brainstem Response  
 IDEA = Individuals with Disabilities Education Act  
 EHDI = Early Hearing Detection & Intervention

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