

## **MEDICAL HOME RESPONSIBILITIES FOR HEARING SCREENING FOLLOW-UP**

Since 1999, the Joint Committee on Infant Hearing has advocated for appropriate and necessary care for the infant with hearing loss to be directed and coordinated by the child's physician within the medical home with support from appropriate ancillary services. New Mexico's universal newborn hearing screening program is the first step, and parents of infants who refer on their newborn hearing screen must be linked in a timely manner to audiological and medical assessment. Infants with confirmed hearing loss must be referred to early intervention services.

Families look to their baby's physician for answers and direction at each of the following stages of the newborn hearing screening process:

- Newborns receive an initial hearing screening with no more than two rescreens;
- Newborns who don't pass the initial hearing screen in one or both ears, or infants who were not screened, receive a follow-up hearing screen or an initial hearing screen by 1 month of age;
- Infants who do not pass the follow-up hearing screen, or who have risk factors for delayed onset or a progressive hearing loss, receive a frequency specific Auditory Brainstem Response (ABR) test by a qualified audiologist experienced in testing infants by 3 months of age, with ongoing audiological follow-up as recommended by the audiologist;
- Infants who have ABR confirmation of hearing loss receive a medical evaluation to determine etiology of hearing loss and medical clearance for hearing aids as soon as possible or no later than 6 months of age;
- Infants are fit with hearing aids as soon as possible, or by 6 months of age;
- Child referred to and enrolled in early intervention as soon as possible or no later than 6 months of age. Early intervention services are available at no cost to families of children, birth to age three, in all counties of New Mexico. The NMSD Early Intervention and Involvement Division provides statewide, free early intervention services specific to children with hearing loss ages birth to six years and their families.

### **A. For infants who need an initial hearing screen or a rescreen, the physician should:**

Refer the infant to a facility that can provide a hearing screen (e.g. hospital or an audiology practice experienced in testing infants and young children).

### **B. For children with confirmed hearing loss, the physician should:**

1. Fax a copy of the audiological report confirming the child's hearing loss to the State Newborn Hearing Screening Program at 505-, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within one (1) week of receiving confirmation of hearing loss.
2. Offer a referral for a genetics consultation.

3. Refer infant to an otolaryngologist with knowledge of pediatric hearing loss for medical clearance for hearing aids.
4. Refer infant to an ophthalmologist experienced in evaluating infants to assess visual acuity.
5. Refer child/family to NMSD Early Intervention and Involvement Division for early intervention services.
6. Support families in following through with recommendations from other medical professionals and early intervention personnel.

**C. For infants who are at risk for a delayed onset or progressive hearing loss, the physician should refer the infant for a diagnostic audiological assessment as follows:**

1. Refer infants who pass the neonatal screening but who have a risk factor for a diagnostic audiology assessment by 24 to 30 months of age.
2. Refer infants for diagnostic audiological assessment earlier and more frequently if they have any of the following:
  - a. Caregiver concern about infant's hearing or communication or language development;
  - b. Cytomegalovirus (CMV) infection;
  - c. Syndromes associated with progressive hearing loss;
  - d. Neurodegenerative disorders;
  - e. Trauma especially traumatic brain injury and skull fractures;
  - f. Culture-positive postnatal infections associated with sensorineural hearing loss;
  - g. ECMO;
  - h. Chemotherapy;
  - i. Family History of Hearing Loss;
3. Refer to an audiologist with skills and expertise in evaluating newborns and young children with hearing loss.

**D. For all infants, as per the American Academy of Pediatrics (AAP) pediatric periodicity schedule, the physician should provide regular surveillance of developmental milestones, auditory skills, parental concerns, and middle ear status as follows:**

1. Assure that all infants receive an objective standardized screening of global development with a validated assessment tool (e.g. Ages and Stages) at 9, 18, and 24 to 30 months of age or at any time there is a parent or physician concern.
2. Refer infants who do not pass the speech-language portion of a medical home global screening, or for whom there is a concern regarding hearing or language development, for a speech-language evaluation and an audiological diagnostic assessment.