LISTEN FROM EAR TO EAR
TIPS OF THE MONTH

August 2013

The Newborn Hearing Screening Program (NHSP)

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Risk Factors and Delayed-Onset Hearing Loss

Referrals for audiologic assessments for children with risk factors for delayed-onset hearing loss should be individualized depending on the likelihood of a subsequent delayed-onset hearing loss. The Oklahoma Newborn Hearing Screening Program recommends a follow-up at **6 months and 1 year of life**. The Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement recommends that infants who pass the initial hearing screening but have a risk factor for hearing loss should have at least one **diagnostic audiology assessment by 24-30 months of age**. Certain risk factors like cytomegalovirus (CMV) infection, certain syndromes associated with progressive hearing loss, children who have received extracorporeal membrane oxygenation (ECMO), chemotherapy, etc. may require more frequent assessments. Children with any risk factor should be monitored for hearing loss in the medical home and not only have routine audiologic assessments; but also ongoing "surveillance of auditory skills and language milestones."

Risk Indicators Associated with Permanent Congenital, Delayed-Onset, or Progressive Loss in Childhood (JCIH Year 2007 Position Statement)

- Caregiver concern
- Family history of permanent childhood hearing loss
- NICU stay or more than 5 days or any of the following regardless of length of stay: ECMO, ototoxic medications, loop diuretics, and hyperbilirubinemia that requires exchange transfusion
- In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis
- Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
- Physical findings, such as a white forelock, that is associated with a syndrome known to include sensorineural or permanent conductive hearing loss
- Syndromes associated with hearing loss such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson
- Neurodegenerative disorders such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich Ataxia and Charcot-Marie-Tooth syndrome
- Culture-positive postnatal infections associated with hearing loss including confirmed bacterial (especially herpes viruses and varicella) meningitis
- Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
- Chemotherapy

Facts from the American Academy of Audiology

- Evidence suggests that for 9 year olds with educationally significant hearing loss, up to 50% will have passed newborn hearing screening
- Estimated that 9-10 per 1000 children will have identifiable permanent hearing loss in one or both ears by school-age

Upcoming Event

October 4-5, 2013

Hard Rock Hotel and Casino

777 West Cherokee Street

Tulsa, Ok

"Rockin' the DNA: moving ahead with Genetics, Technology, and Clinical Practices in Audiology and Speech-Language Pathology

Register : **www.oslha.org**