

**Hospital/Birthing Facility
Policy Manual
For
Universal Newborn
Hearing Screening
(UNHS)
and
Early Hearing
Detection and Intervention
(EHDI)**



**Early Hearing Detection
and Intervention Program
(EHDI)**

Indiana Early Hearing
Detection and Intervention
(EHDI) Program

www.hearing.in.gov

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List of audiology providers in Indiana for testing infants
 EHDI brochure order form
 General EHDI brochure* (English/Spanish)**
 Referral brochure (English/Spanish)**
 Parent Frequently Asked Questions: Newborn Hearing Screening (English/Spanish) **
 Developmental Milestones (English and Spanish)**
 Talk to Me (English/Spanish)**

*can be ordered using the EHDI brochure order form at no charge.

Acronyms used for Newborn Hearing Screenings

- ABR-Auditory Brainstem Response-type of newborn hearing screen
- DHH-Deaf and/or hard of hearing
- EARS-"Early Alert Response System" software for reporting UNHS
- EHDI-Early Hearing Detection and Intervention Program
- GBYS-Guide By Your Side-parent support services
- IDOH-Indiana Department of Health
- LTFU-Loss to follow up to EHDI procedures
- OAE-Otoacoustic emission-type of newborn hearing screen
- PCP-Primary care physician
- UNHS-Universal Newborn Hearing Screening

Refer: means "Did not Pass" hearing screening

Early Hearing Detection and Intervention (EHDI)

Why Universal Newborn Hearing Screening (UNHS)?

Each year in the United States, approximately three of every 1,000 infants are born with permanent hearing loss. Congenital hearing loss is considered a neurodevelopmental emergency that requires timely identification and intervention.

In early 2000, UNHS became mandated by federal and state law. www.jcih.gov.

The Importance of Universal Newborn Hearing Screening

Hearing Loss in Newborns

- Hearing loss is one of the most common health conditions present at birth.
- If left undetected, hearing loss can have negative, long-lasting impacts on a child's ability to learn, read and develop speech and language.

UNHS and Early Diagnosis

- Prior to universal newborn hearing screening (UNHS), the average age of identification of a child with hearing loss was 30 months of age.
- Now.... the age of identification of permanent congenital hearing loss is 3-6 months.

UNHS improves outcomes for children.

- Due to UNHS, deaf and hard of hearing children are identified early to maximize their outcomes.
- Research has shown that early identification of hearing loss can allow children to develop speech and language and learning skills similar to typically hearing children.

EHDI Staff: see appendix for specific contact information.

Director - The EHDI director is a state licensed audiologist who is responsible for ensuring compliance to state and federal mandated newborn hearing screening requirements and management of the staff and EHDI procedures.

EHDI Parent Consultants-The parent consultants are parents of deaf or hard of hearing children. They contact by phone/text/letter every family whose infant did not pass their newborn hearing screening. They provide guidance and encouragement to confirm parents know where to go for their follow up hearing test and answer any questions. They process alerts from birthing facilities and provide data quality assurance reports and data clean up.

EHDI Program Coordinator- This staff member is also a parent of a deaf or hard of hearing child. She is responsible for ensuring that audiologists report diagnostic testing after a child does not pass their newborn hearing screening. If a child is diagnosed, she facilitates referrals to early intervention (Indiana First Steps) and sends resources and information to parents and physicians. She is also responsible for outreach and educational opportunities for the EHDI program to improve education to the public and healthcare providers regarding the importance of early identification of hearing loss.

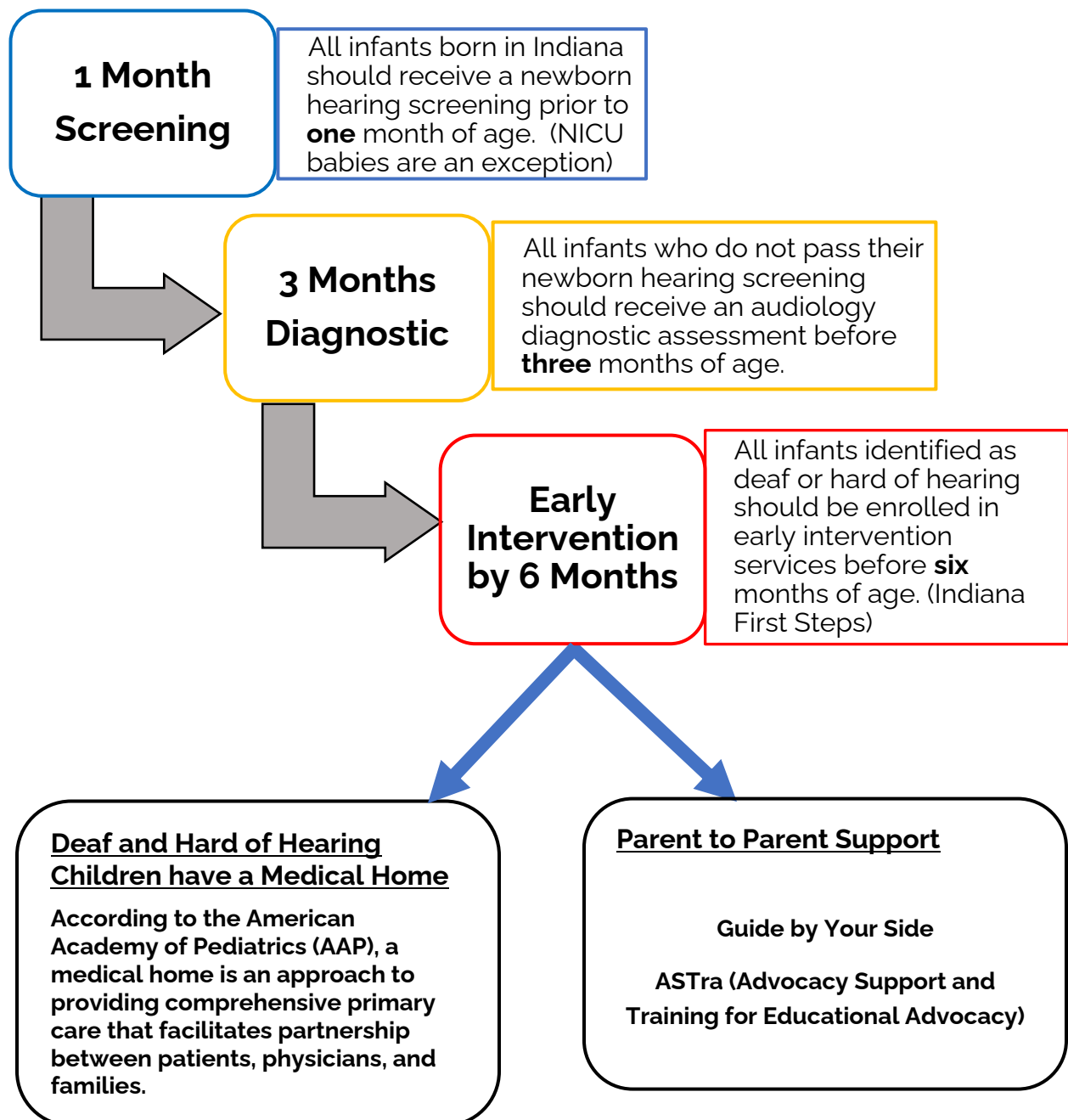
Regional Audiology Consultants - The regional audiology consultants are located throughout the state and are responsible for developing policies related to the EHDI program and best practice for clinical services for deaf and hard of hearing children. They provide compliance visits to each hospital at least once a year to confirm appropriate procedures are in place. The lead regional audiology consultant trains the birthing hospital staff on EHDI reporting requirements and data entry through the EHDI website using the EHDI Early Alert Response System (EARS) software.

Support staff-The administrative assistant sends over 14,000 letters per year to physicians and parents to improve education and encourage compliance to follow up testing for children who do not pass their hearing screenings or who are identified as at risk for progressive hearing loss. She also processes religious waivers and sends any requested brochures and materials to hospitals (see appendix for available forms)

Parent to Parent Support-When a child is identified as deaf or hard of hearing, EHDI provides one year of parent-to-parent support through the Guide by Your Side program at no charge. Parent guides support families after the diagnosis of childhood hearing loss to answer questions and provide guidance and support throughout their new journey.

The ASTra (Educational Advocacy) program provides free educational advocacy for parents of deaf and hard of hearing school aged children so that they can request and develop the most appropriate education plan for their child. These ASTra advocates are highly trained on education law and can accompany families to IEP meetings at any time during the child's educational journey.

EHDI “1-3-6” goals are mandated by state and federal law. These goals are based on evidence-based best practice guidelines to maximize communication and developmental outcomes for deaf and hard of hearing children.



Indiana EHDI Program and Procedures

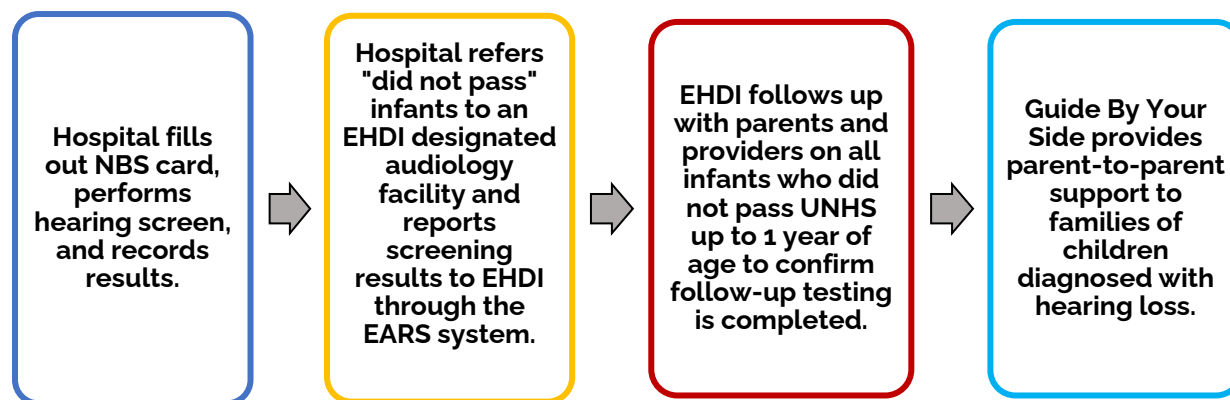
Legal Mandate

Mandated by Indiana Statute IC 16-41-17-2, hospitals are required to provide Universal Newborn Hearing Screenings on infants born at their facility based on Indiana EHDI program guidelines as outlined in this manual and trainings located in the appendix.

Indiana Code 16-41-17-2 states that "...every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing loss."

- Under Public Law 91-1999, screening for hearing loss began on July 1, 2000.
- Birthing facilities and hospitals are required to report screening results and referral information to the EHDI department in the Indiana Department of Health each month. Reporting of newborn hearing screening is done through the EARS (EHDI Alert Response System) program.
- The Indiana EHDI program is required to report all hearing screen results and follow up on each infant born in Indiana to the Center for Disease Control (CDC).

STEPS OF NEWBORN HEARING SCREENING



"What works for your child is what makes the choice right"



PO Box 3093
Boulder CO 80306
(303) 441-5281
Toll Free (866) 472-6022

Hands & Voices Wish-list for Screeners

Families of children who are deaf or hard of hearing reflect on their newborn hearing screening experience

- Parents wish to understand what to expect with the newborn hearing screening test before the test is given to their baby.
- Parents wish to be present at the screening.
- Parents wish someone would explain the screening results to them including what a refer on a screen means and the incidence of hearing loss.
- Parents wish someone would discuss with them the next steps.
- Parents wish someone would explain why follow up in a timely manner is so important.
- Parents wish that screeners wouldn't keep screening beyond the protocol number of screens before referral. This makes parents not trust the equipment.
- Parents wish for contact with family support.
- Parents wish for others not to say to them "let's just wait and see".
- Parents wish for the results to be discussed with them after the screening and also given in written form to take home with them.
- Parents wish for screeners who are competent in using the equipment.
- Parents wish for screeners who use a script to deliver the information about the screening results to the family to ensure an appropriate and consistent message is provided to all families.
- Finally, parents want to know that their baby is going to be okay!



www.facebook.com/handsandvoices

Twitter: @HandsandVoices

Web: www.handsandvoices.org

HOSPITAL/BIRTHING FACILITY UNHS RESPONSIBILITIES

- ❖ Have an established newborn hearing screening program in place to assure all infants born at the facility or transferred in receive a hearing screening prior to discharge.
- ❖ Ensure all staff involved in screening, patient care and discharge understand the Indiana protocols and requirements of the hearing screening program.
- ❖ Ensure calibrated and maintained equipment.
- ❖ Ensure all staff who conduct screenings are trained in the use of the equipment and competent in screening procedures.
- ❖ Ensure screening staff are competent in counseling parents regarding results and the follow up process.
- ❖ Know Indiana EHDI's protocols and best practices.
- ❖ Have a designated staff member who is trained in and responsible for the ongoing state reporting to the Indiana EHDI program and be the point of contact for EHDI -the Monthly Summary Reporter-MSR.
- ❖ Provide hearing screening results and necessary details to the newborn's parents, primary care physician (medical home) and to the Indiana EHDI program.

SCREENING METHODS OPTIONS

There are two screening technologies available to complete hearing screenings on infants: Automated Auditory Brainstem Response (AABR) and Otoacoustic Emissions (OAE).

Both tests are noninvasive, accurate and reliable when performed correctly. Each hospital elects a method based on resources, birth rate, and NICU status.

The Joint Committee on Infant Hearing (JCIH) recommends that all infants in the intensive care nursery (NICU) should be screened using AABR.

Automated Auditory Brainstem Response (AABR)

Measures the response of the entire auditory system through the brainstem

Otoacoustic Emissions (OAEs)

Measures the sound waves generated in the inner ear (cochlea).

Screening and Calibration Requirements

- Most AABR equipment protocols stimuli are 35 dBnHL and should be maintained.
- Screening equipment will require annual calibration to function accurately.
- Calibration is not the same as biomedical engineering checks in hospital facilities.
- Hospitals should have their equipment manufacturer's tech support and customer support numbers available for issues related to the function of the equipment.

SCREENING STAFF RESPONSIBILITIES FOR NEWBORN HEARING SCREENINGS

Each birthing facility should implement protocols for training and certifying competence of all newborn hearing screeners. All staff involved in the hearing screenings should:

- ❖ Know Indiana EHDI's best practices.
- ❖ Be able to prep infant to run an efficient and accurate hearing screening.
- ❖ Be competent in infant handling skills and infection control procedures.
- ❖ Understand and explain to parents how the screening works. (AABR or OAE)
- ❖ Be able to identify and troubleshoot issues or problems during the hearing screening – Is it an equipment problem or an environment/infant issue?
- ❖ Know and identify the risk factors for progressive hearing loss that need to be reported to the state EHDI Program.
- ❖ Be able to counsel parents effectively regarding hearing screening results and follow up process.
- ❖ Consistently alert the designated MSR reporter of all infants considered EXCEPTIONS in order that he/she can enter these infants on the monthly report.
- ❖ Know birth facility's audiology referral process and provide families with information including next steps for further testing.

INDIANA HEARING SCREENING PROTOCOLS SUMMARY

Every newborn should receive a newborn hearing screen prior to discharge. Make sure the parents are aware you are doing the hearing screen.

- 🔊 The age of the newborn impacts the screening results. The hearing screen should be completed after the infant is 12-18 hours old. This allows time for vernix and amniotic fluid to clear.

Note: Due to shorter hospital stays or large birthing numbers, completing the first hearing screen 6-12 hours after birth is acceptable. Please reevaluate timeframe if refer rates are high.

- 🔊 Infant should be in a quiet state, preferably asleep but at least quiet and calm. Swaddling is extremely helpful. See below for suggestions for testing while a parent holds an infant vs testing in a crib.

- 🔊 Minimize noise and distraction before screening for more effective and efficient screens. Avoid talking, ringing phones, conversation in the room, etc.

- 🔊 If the newborn does not pass the first screen, a second screen should be completed prior to discharge. Waiting as long as possible between screens (possibly even the next day) and closer to discharge is best. A minimum of 4-6 hours after the initial screen is advisable unless baby is being discharged sooner.

- 🔊 Always rescreen BOTH ears even if only one ear referred on the first screen. For the test to be considered a "pass" both ears MUST pass on the same screening attempt.

- 🔊 Do NOT screen multiple times!
Only two in patient screens should be conducted -- even when the results reverse on the second screen. Report the final screen results on the MSR as an exception.

If a screening is stopped before it is completed resulting in an "Incomplete" result (i.e. due to an extremely fussy infant or unavoidable interruptions), this screen does not count as one of the two screens, and another attempt should be made.

- 🔊 If the newborn does not pass the second screen, assist the family in scheduling follow-up testing with an EHDl designated audiology facility. Not all audiology facilities can provide diagnostic hearing tests on infants—see designated list in appendix. Detailed instructions are provided in the referral section of this manual that further expand on this process.

- 🔊 ***For birthing centers that have an outpatient screening program in place, please refer to OP Rescreen Section later in this manual.***

Microtia/Atresia—Abnormal outer ear or ear canal development

- Do not screen an ear if there is no ear, only a partial ear or no ear canal.
- If one ear appears to have normal anatomy, complete screening in that ear.
- Refer these babies directly to audiology for evaluation and check microtia/atresia box when reporting on MSR.

TIPS FOR SCREENING INFANT OUTSIDE OF THE CRIB

Ideally, it is better to screen when the infant is lying quietly in a crib as it is easier to manage all the cables. However, there are times when an upset infant can be quieted for screening by being held, perhaps having the infant nurse quietly or just being comforted by mom. In these cases, keep the following in mind:

- Check that the sensors (for AABR) are still optimally placed and have good impedance.
- Check that the cables/cords are not overlapping or tangled in mom's gown or sheets.
- Myogenic noise will be higher if the AABR sensor on infant's neck is touching mom's arm or skin. Place a blanket or other cloth under baby between mom's skin and sensors.
- Be sure the earphone is still securely over ear and has not shifted against mom as the screening is running.
- Monitor baby's activity level and complete screening while monitoring myogenic noise and ambient noise as with all screens.

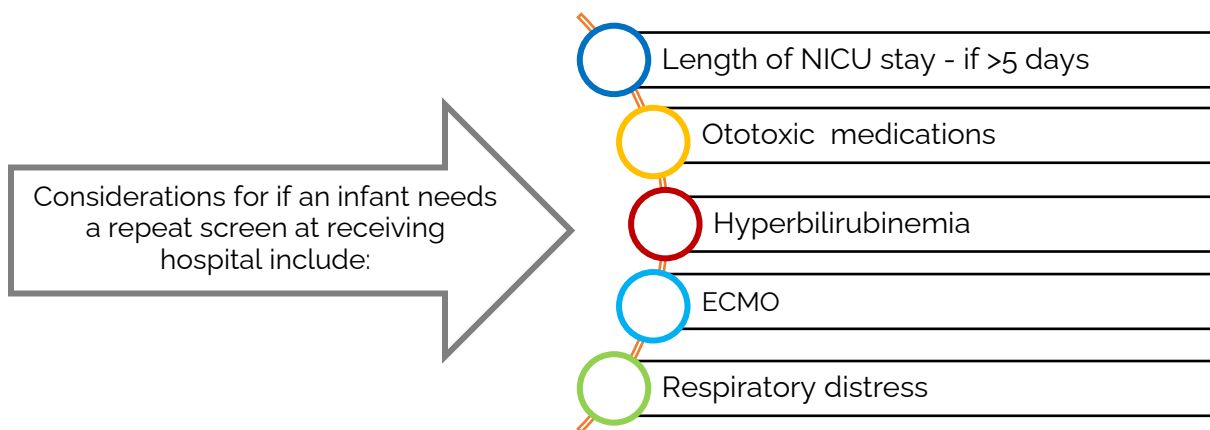
Taking just a few minutes to set up the infant and mom comfortably and arranging cables carefully can help with those occasional fussy babies when screening the infant in a crib is unsuccessful!

NICU GUIDELINES FOR NEWBORN HEARING SCREENING

NICU infants should be screened with AABR technology.

Some NICU infants may not be able to complete a hearing screening prior to one month of age due to prematurity or medical conditions. These infants should be screened at a time when they are medically stable with the following considerations:

- 🔊 *NICU babies should receive their hearing screens as close to discharge as possible. This is to ensure that the infant is screened after any treatments that may adversely affect hearing.*
- 🔊 NICU babies may not have had a hearing screen conducted before the bloodspot card needs to be sent. In these cases, pull the pink portion of the bloodspot card and hold until the hearing screen is conducted. Fill it out then and send the pink copy to IU lab with final screen results.
- 🔊 *Transfers to in-state or out-of-state hospitals:* Discharge and transfer forms should contain the information regarding whether a hearing screening was performed and the results of any screening.
- 🔊 The receiving hospital should complete a hearing screen if one was not completed at the birth hospital OR if there is development of a new risk factor for deaf or hard of hearing.
- 🔊 If parents are not present at time of screen, leave results, EHDI brochures, and recommendations in writing where they can review.



A NICU infant should be screened and reported as close to discharge as possible. When EHDI is alerted about an infant who did not pass their newborn hearing screening, our parent consultants contact the family . *We do not want to call a parent if their child is still in the NICU.*

UNHS REPORTING RESPONSIBILITIES - EHDI's EARLY ALERT RESPONSE SYSTEM (EARS)

What is EARS?

EARS is Indiana EHDI's web-based data system to track newborns who need follow up from universal newborn screening to early intervention. It is part of the Indiana Department of Health's Gateway.

Facility Monthly Summary Reporter (MSR) or Point of Contact

- ❖ Each birthing facility should assign one employee as the point of contact for reporting newborn hearing screen results to the EHDI program through EARS. This will be the Monthly Summary Reporter (MSR).
- ❖ It is recommended that a second staff member also be trained in case the lead MSR goes on unexpected leave or cannot complete the reporting for any reason.
- ❖ Each MSR needs to be approved by Indiana EHDI and provided access to Indiana Department of Health's Gateway and EARS program.
- ❖ If there is a change to a facility's MSR, EHDI should be contacted as soon as possible. Contact Stacy Allgeier at sallgeier@health.in.gov.
- ❖ New MSRs will receive a one-on-one training with one of our regional audiology consultants.

A detailed PowerPoint training is available for hospital personnel detailing reporting requirements and specific data entry processes. All MSRs are required to take this training. Contact our staff for this power point, if needed. .

EARS REPORTING PROTOCOLS

ALL newborns are required to receive a hearing screening prior to discharge and results reported to the state.

- Newborns who PASS the hearing screen without risk factors are recorded only on the heelstick card, and mailed to IU Lab. These newborns are not reported into EARS.
- The remaining newborns will fall into the **EXCEPTIONS** category and are entered in to the EARS database. Each exception has a corresponding code in EARS.
- When a newborn does not pass the initial screen and received a re-screen, only the final rescreen results should be reported on the heelstick card and in EARS.

What is an Exception?

EXCEPTIONS are newborns who:

- Do not pass in one or both ears.
- Passed but have one of 4 risk factors (listed on pg 24) for progressive hearing loss.
- Transfer in or out of the facility.
- NICU infants waiting to be screened until medically stable.
- Did not receive hearing screening for any reason (deceased, equipment failure, missed, parent refusal, religious waiver, hospital error) or not screened in their birth month.

The newborn's demographic information and their results are entered into EARS.

What is NOT an Exception?

Infants do not need to be reported in EARS if they:

- are screened during the month of their birth
- pass the hearing screening
- have NO risk factors

These results are reported on the heelstick card and are NOT entered into EARS.

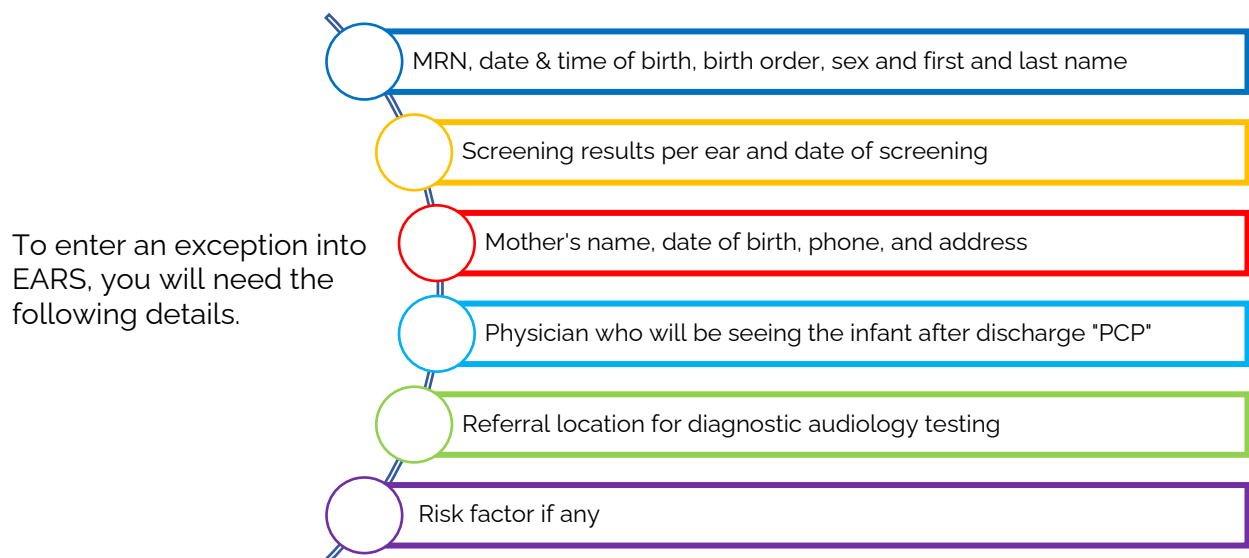
DATA SUBMISSION

Throughout the month, ongoing entry of exceptions into EARS is crucial because it facilitates timely follow up.

Newborns that need to be entered into EARS within 5 days of the screening:

- Do not pass final inpatient hearing screen.
- Pass but have one of the 4 risk factors required to be reported by Indiana EHDI.
- Discharged without a screen.

The final Monthly Summary Report (MSR) must be completed by the 15th of the subsequent month. To complete a Monthly Summary Report, the total number of live births for each month for that facility is required.



SPECIAL CIRCUMSTANCES - ADOPTION AND FOSTER CARE INFANTS:

Please be sure to identify when an infant has been adopted or placed in foster care. It is crucial that we have accurate parent contact information for these infants. EHDI parent consultants will call, text, and send letters to parents of infants who are reported as exceptions in EARS. We want to be sure we are contacting the family who took the infant home and NOT the infant's biological mother.

Exception Codes and additional details needed to submit on MSR:

- 1 **Deceased/Terminal:** date of death required.
- 2 **Transfer Out:** receiving hospital and date of transfer required.
- 3 **Hospital Error:** indicate in comments if infant will be screened as OP or referred elsewhere.
- 4 **NICU:** any infant still in NICU and not screened.
- 5 **Unauthorized Refusal:** use if parent refuses for any reason except religious.
- 6 **Religious Refusal:** EHDI religious refusal form must be faxed to EHDI.
- 7 **Equipment Failure:** note in comments if infant will return for OP or referred elsewhere.
- 8 **Initial Screen Next Month:** no extra info needed
- 9 **Rescreen Next Month:** no extra info needed
- 10 **Transfer IN:** birthing hospital required and date of transfer in required.
- 11 **Pass** (NOTE: this code will be used on monthly report for holdovers or transfers). The majority of babies who pass need only be reported on the heelstick card.
- 12 **Pass with risk factors:** Indiana requires only 4 to be reported—**see Risk Factor sheet:** Babies with other risk factors should be reported to the PCP.
13. **Did not pass (refer):** PCP and referral location required.
- 14 **Did not pass with risk factors:** PCP required and referral location required.

HOLDOVER PAGE UPDATE

What is a holdover? A holdover is an infant previously reported for the month they were born, but was not screened that month. Exceptions on the hold over page could be:

- * Transfer in/out (as described above)
- * Pending NICU (either at current facility or transfer out facility)
- * Screen next month (because baby was born at the end of the previous month and will be screened the next month)

Before a monthly report can be submitted, babies on the hold over page must be updated with their current status (i.e. screening results, continued NICU) using the appropriate code.

TRANSFERS IN AND OUT REPORTING POLICY

Both hospitals involved in the care of a transferred infant must report the infant on their Monthly Summary Report.

Birth Hospital:

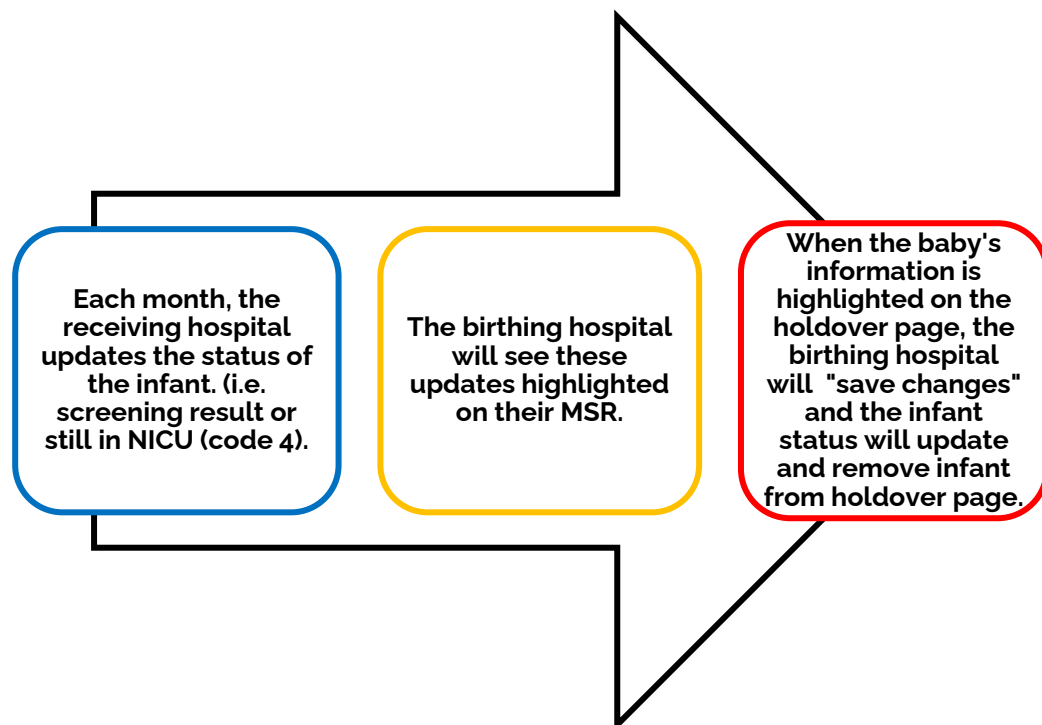
Report the infant as a TRANSFER OUT CODE 2. Document receiving hospital and date of transfer.

Receiving Hospital:

Report the infant as a TRANSFER IN CODE 10. Document birth hospital and date of transfer.

This will result in the infant showing up on BOTH the birth hospital and receiving hospital MSR until a screening is complete or other status clarified (i.e. infant death, refusal, etc).

- If infant is screened during the same month as the transfer, the screening date should be added in addition to the transfer information on the exceptions page.
- If infant is not screened during the transfer month, the infant will appear on both hospitals MSR holdover page the subsequent month. (See next page for holdover details).



The birth hospital should contact the receiving hospital after 3 months if highlighted updated hearing screen results are not appearing on the holdover page on their MSR. This may occur when the receiving hospital had not documented the Transfer In infant timely, the infant is a long term NICU stay, or the infant was transferred to an out of state hospital. Contact EHDI if you are having difficulty finding screening information on transferred babies.

OUTPATIENT SCREENING PROCEDURES

These steps are for birthing hospitals who provide outpatient hearing rescreens rather than immediate referral to audiology. These steps are also to be used if there are equipment problems or other issues that resulted in a newborn not receiving a screening prior to discharge.

PLEASE NOTE: Outpatient hearing rescreening should NOT be completed on NICU newborns who do not pass inpatient hearing screenings or newborns who do not pass inpatient hearing screening and have a reported risk factor for progressive hearing loss. These newborns should be referred directly to audiology for diagnostic testing.

The infant should be scheduled for a rescreen at the birthing facility, preferably within 1-2 weeks. The family should be provided the appointment information verbally and in writing. The infant's primary care physician should be notified of the inpatient screening results and the outpatient rescreen appointment date and time.

The **final inpatient** "did not pass" hearing screening result should be entered into the EARS system as an exception on the MSR within five days of the screening. Enter the date and time of the outpatient rescreen appointment in the comments section of the EARS entry. List the hospital in the audiology referral location field.

Rescreen both ears when the infants returns, regardless of the initial screening results. If the screening results are "passed", fax the outpatient rescreen form to 317-925-2888.

If the infant does not pass the outpatient rescreen:

- The infant should be scheduled for follow up at an appropriate pediatric diagnostic audiology facility within three months of birth.
- The results of the outpatient screening and date and time of the diagnostic audiology appointment should be noted on the *EHDI Outpatient Screening Form* (see appendix) It should also be provided in writing to parents, sent to the infant's primary care physician and faxed to EHDI at 317-925-2888.

If family no shows for an outpatient rescreen appointment, please attempt to reschedule. If they continue to no show, please indicate this on the Outpatient rescreen form and fax to EHDI office at 317-925-2888.

COUNSELING FAMILIES REGARDING NEWBORN HEARING SCREEN RESULTS

Remember: Effective communication with parents reduces lost to follow up!

Specific scripts for each scenario are included in the Appendix. Keep in mind that what parents hear from the screening staff at the hospital directly impacts if they will follow up with the recommended testing.

DO:

- ❖ Provide results to parents verbally.
- ❖ Provide info in parents native language.
- ❖ Use an interpreter if needed.
- ❖ Provide EHDI brochures.
- ❖ Provide audiology referral location in writing.
- ❖ Verify contact information.
- ❖ Obtain alternate phone numbers if possible.
- ❖ Verify infant's pediatrician.

DO NOT SAY:

- ❖ Your baby came close to passing.
- ❖ Baby will probably pass tomorrow.
- ❖ It's probably just fluid.
- ❖ C section babies often don't pass the first time.
- ❖ Baby's hearing is perfectly normal.
- ❖ She won't have an excuse not to listen when she gets older.
- ❖ The equipment is acting up today.

If you are concerned that a parent has more questions than you are comfortable addressing, provide them with the name of the Regional Audiology Consultant for your area or contact the EHDI Program directly at 317-233-1264.

PROCEDURES AND DOCUMENTATION FOR SPECIFIC HEARING SCREENING RESULTS

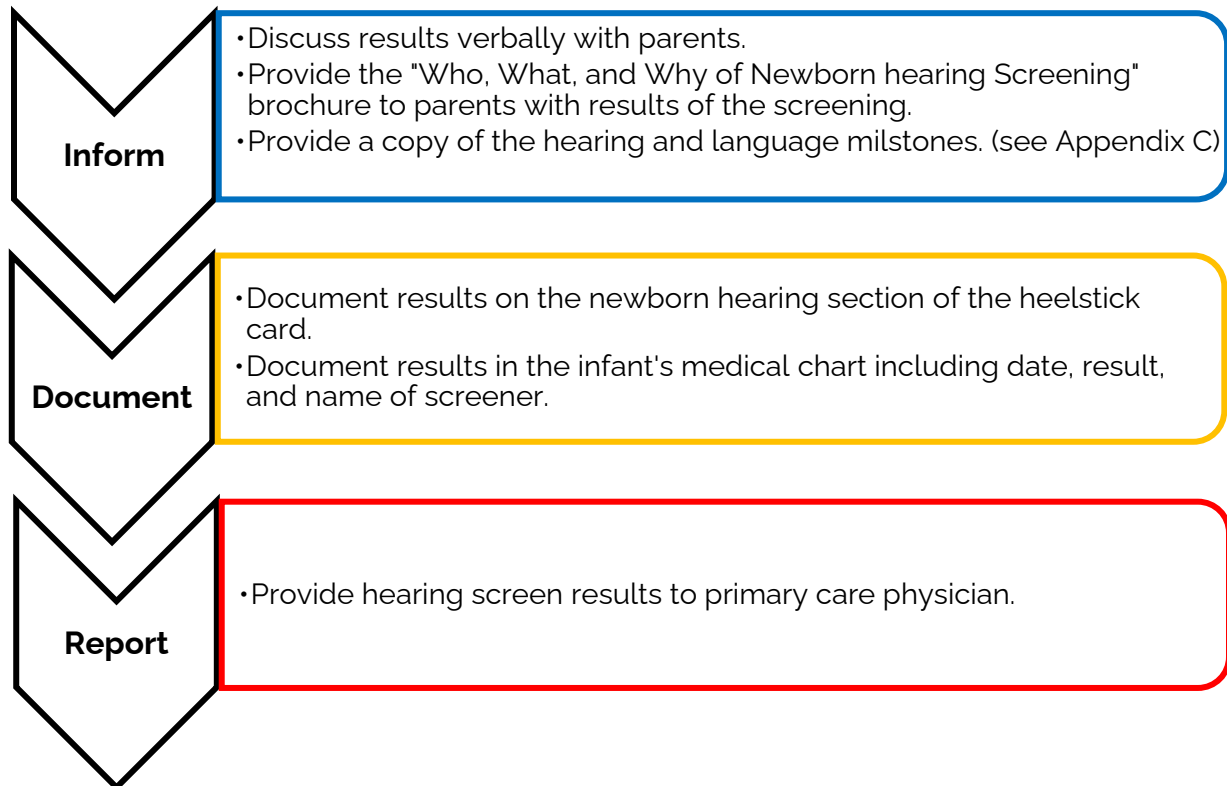
Depending on an infant's hearing screen results, different procedures and documentation are required. Outlined on the next several pages are the specific guidelines for each screening result scenario.

These include:

- Infant Pass with NO Risk Factors
- Infant Pass with Risk Factors
- Infant Did Not Pass
- Infant Did Not Pass with Risk Factors
- Parent Refusal of Hearing Screen
- Missed Hearing Screen

Also, please see more detailed instructions in the MSR training modules in the Appendix on reporting of all exceptions.

RESULT: INFANT PASSES WITH NO RISK FACTORS FOR DELAYED ONSET HEARING LOSS:



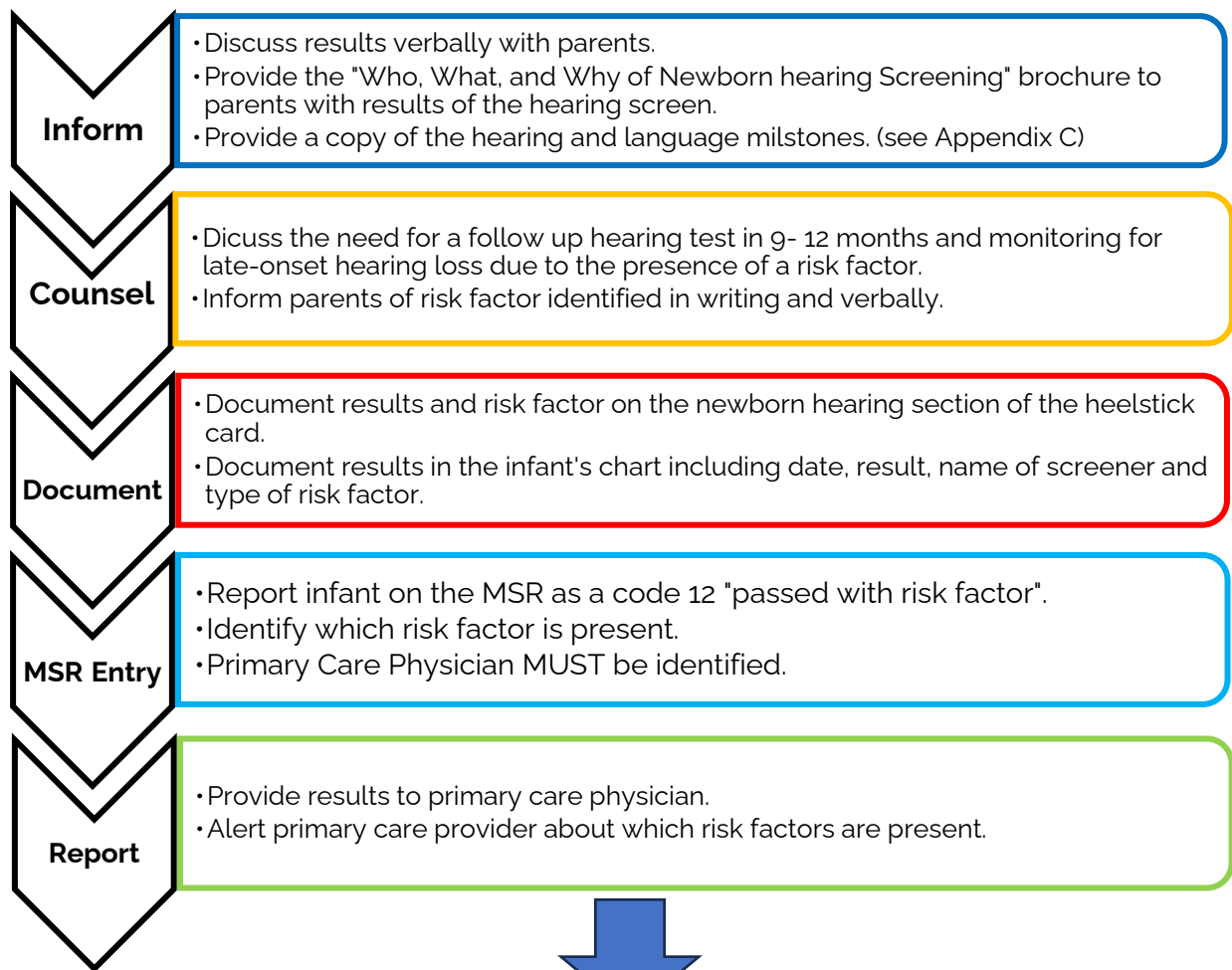
These infants' hearing screen results are simply reported on the heelstick/bloodspot card. Parents are advised to monitor child's language development and contact PCP if there any concerns regarding hearing or speech development. PCP also monitors child's language development as part of well child visits.

RESULT: INFANT PASSES, BUT HAS RISK FACTORS FOR DELAYED ONSET HEARING LOSS

There are multiple risk factors for delayed onset hearing loss and each state varies as to which risk factors they track and require to be reported. See handout on risk factors in appendix.

Indiana EHDI requires the following 4 risk factors to be reported in EARS:

- Family history of permanent **childhood** hearing loss
- Exposure to in-utero infection
- Hyperbilirubinemia that required an exchange transfusion
- Craniofacial anomalies



WHAT DOES EHDI DO NEXT?

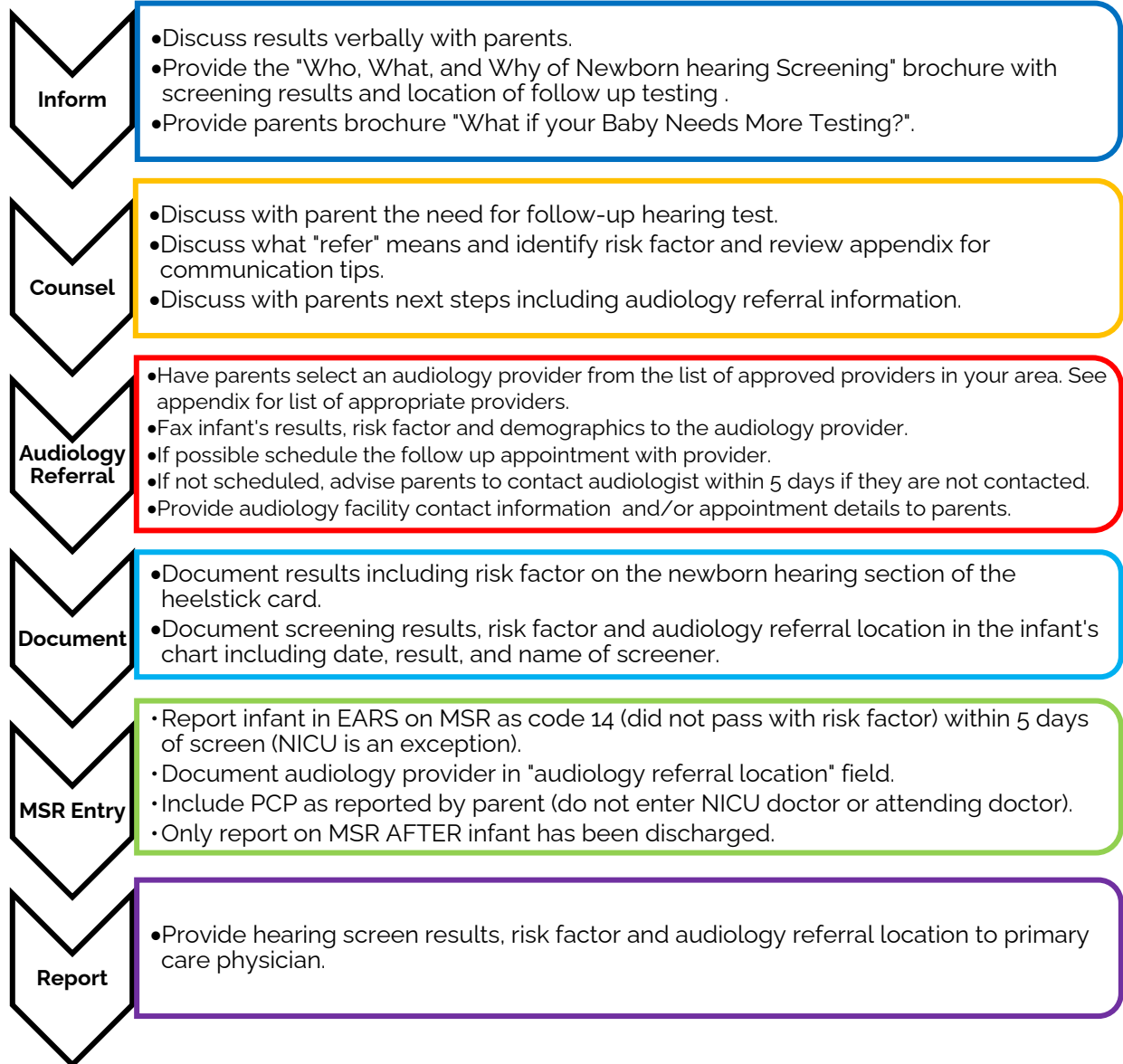
EHDI sends letters to parent and PCP immediately and again at 7 months to remind them of the need to get a follow up hearing test at 9-12 months of age.

RESULT: INFANT DOES NOT PASS SCREENING IN EITHER EAR (REFERS):

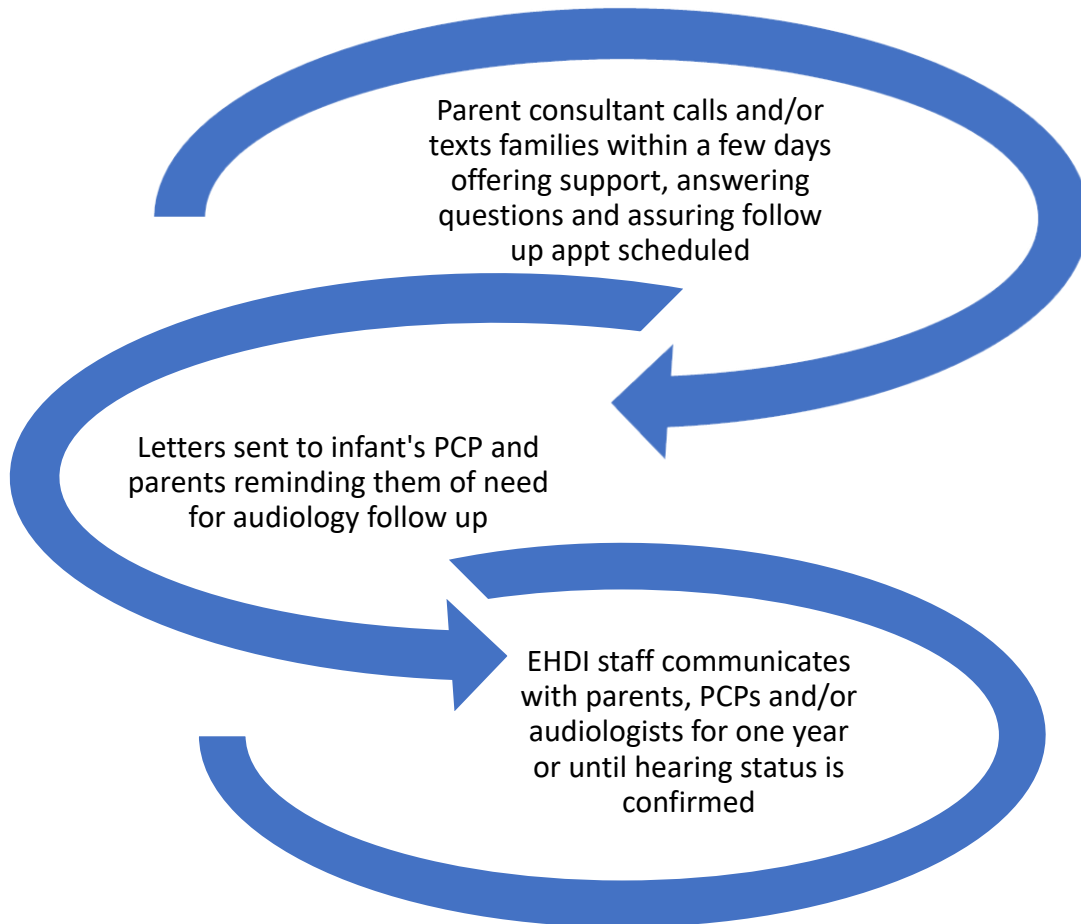
The hospital plays a critical role in assuring newborns who do not pass their hearing screening receive timely follow up. A specific referral process needs to be implemented and followed by all staff involved in the screening program.



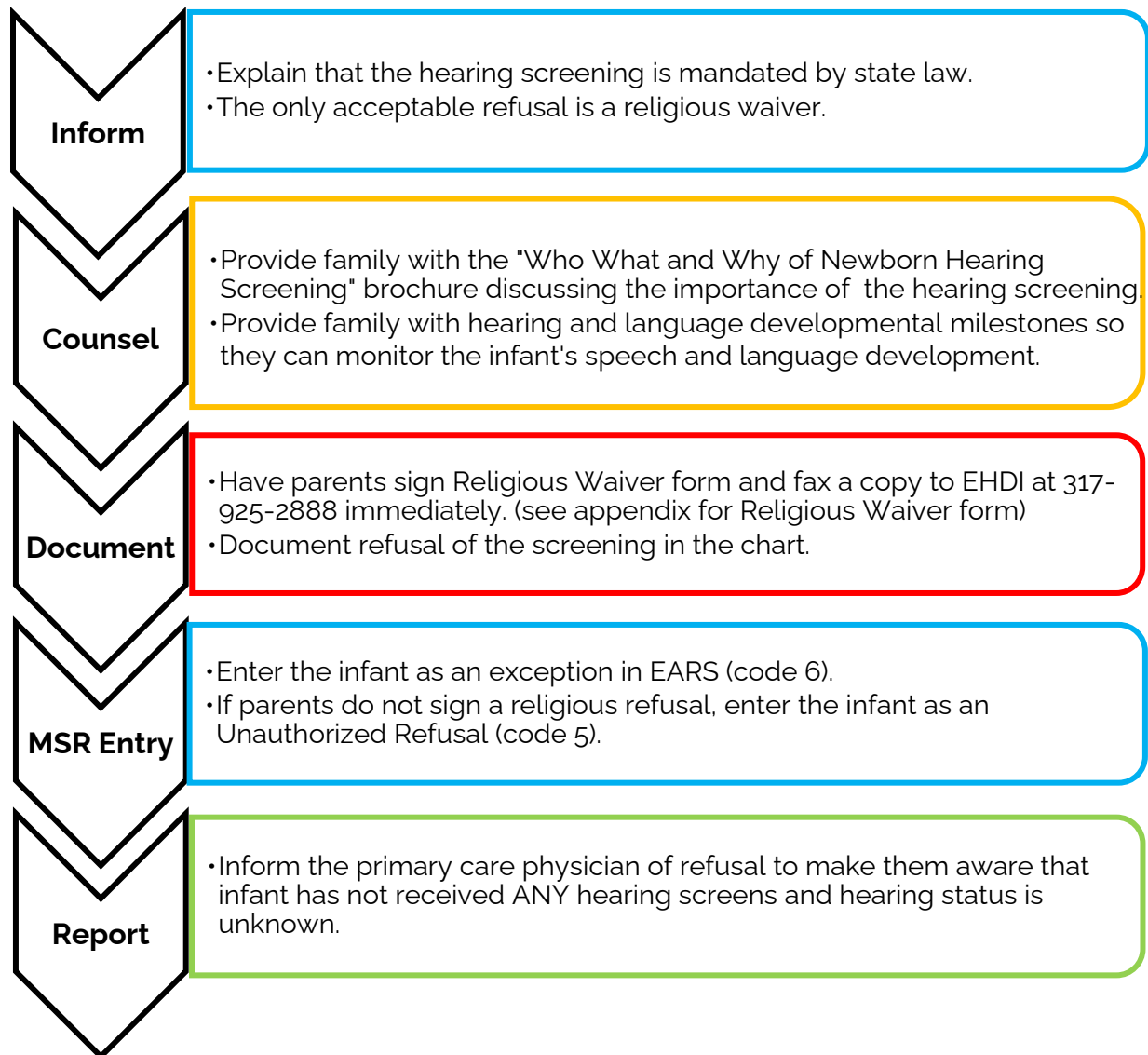
RESULT: INFANT DOES NOT PASS SCREENING AND HAS RISK FACTORS FOR DELAYED ONSET HEARING LOSS:



What does EHDI do after receiving an alert that an infant did not pass the hearing screen?

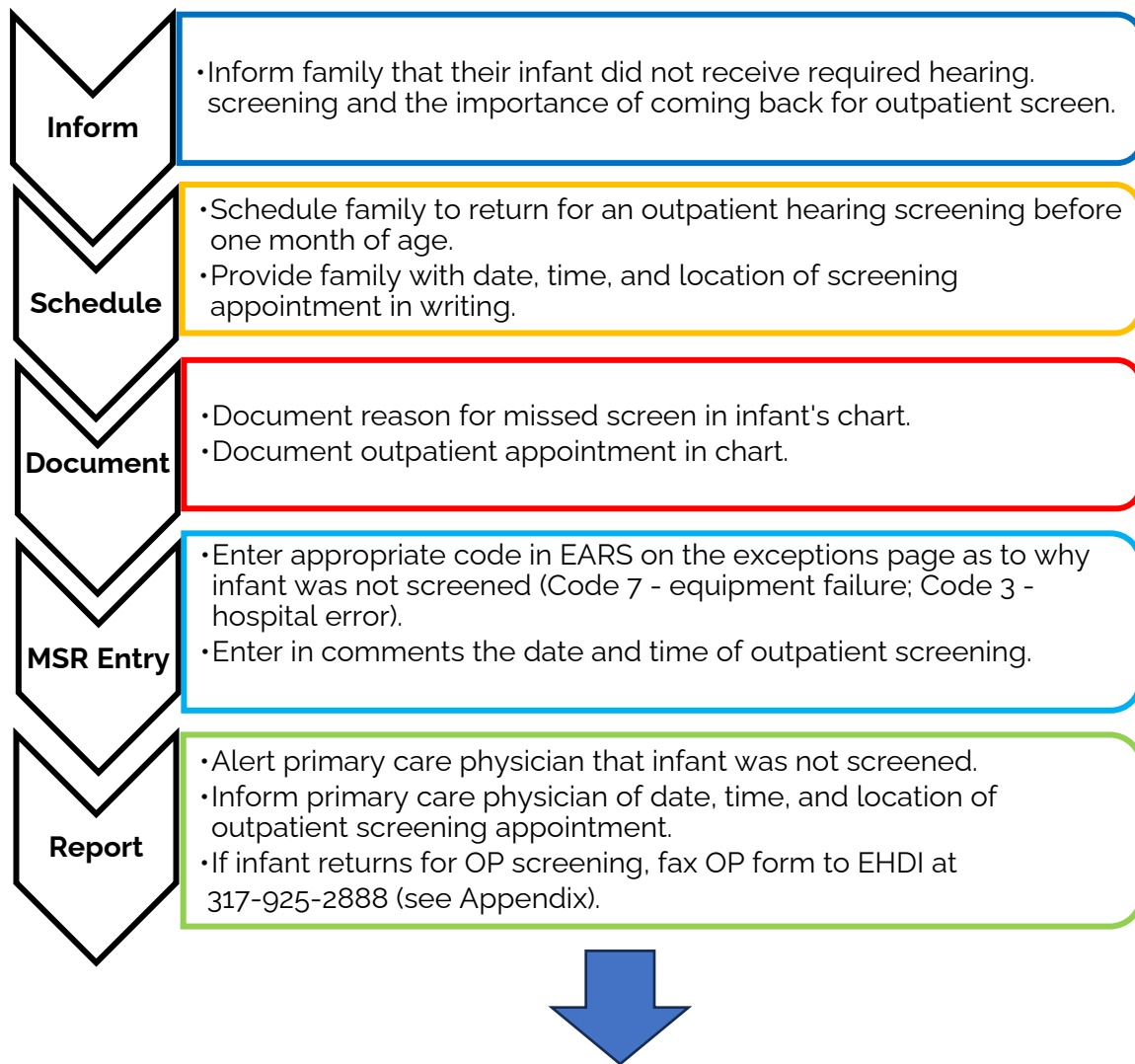


RESULT: PARENT REFUSAL OF HEARING SCREEN



RESULT: MISSED NEWBORN HEARING SCREEN

If an infant does not receive a hearing screen prior to discharge for any reason - other than parent refusal/religious waiver - the hospital is responsible for scheduling an outpatient hearing screen as soon as possible. Missed screens may be due to situations such as equipment malfunction or hospital error.



WHAT DOES EHDI DO NEXT?

When infants do not receive a newborn hearing screening, EHDI calls/texts the families and sends letters to parents and PCP with recommendations.

TRAINING OPPORTUNITIES

There are several opportunities for hospital screening staff to become familiar with universal newborn hearing screening procedures and best practices:

- ✎ The National Center for Hearing Assessment and Management (NCHAM) Newborn Screening Training Curriculum found at www.infanthearing.org is an excellent resource. This 3-hour online course provides a comprehensive overview of Newborn Hearing Screening and a basic understanding of UNHS in general. Three hours of continuing education units can be obtained "free" upon completion of this course. **Note: An additional Power Point training specific to Indiana is also available and should be part of the screener training.**
- ✎ Indiana EHDI Newborn Hearing Screening PowerPoint training is available which highlights screening goals, processes, and Indiana protocols as well as effective screening practices. See appendix for handouts.
- ✎ Monthly Summary Reporting (MSR) PowerPoint training which details the reporting requirements and data entry into the EARS database.
- ✎ Screening equipment manufacturers typically provide basic training on the use of their equipment when purchased.
- ✎ Hospitals may reach out to the EHDI program for additional virtual or onsite training if specific training is still needed as far as effective screening practices or state reporting.

Well trained and informed hearing screening staff benefits the hospital by having more efficient screens, resulting in less cost to the hospital in time and supplies. It also reduces the refer rate which means less families need follow up testing and decreases scheduling strain on audiology providers.

QUALITY MEASURES FOR EFFECTIVE HEARING SCREENINGS AT BIRTHING FACILITIES

Indiana EHDI monitors the following quality indicators for birthing hospitals.

Regional audiologists will meet with each facility at least annually to review their performance.

If a hospital is not meeting the quality indicators, a Facility Audit will be initiated through the Indiana EHDI/Indiana Department of Health that will address these issues and monitor improvements.

- ✓ Referral rates (number of babies who did not pass hearing screening) should be approximately 1– 4% of the total number of babies screened.
- ✓ Infants with risk factors for progressive hearing loss are identified and reported into the EARS system (expected 10 per 500 infants screened).
- ✓ Ensure timely documentation of results into EARS system at EHDI.
 - Newborns who do not pass reported within 5 days.
 - Newborns who pass with risk factors reported within 5 days.
 - Complete monthly summary reports by 15th of the following month.
- ✓ Appropriate and timely referrals for diagnostic audiology testing for newborns who do not pass newborn hearing screening so that their hearing status is confirmed by 3 months of age.
- ✓ Train and monitor hospital staff's competency in hearing screening procedures and communicating results to parents.

AUDITING FOR MISSING OR CONFLICTING HEARING SCREEN RESULTS

Indiana EHDI completes quality assurance measures throughout the year to find children who may have missed receiving a hearing screening or who were not reported accurately to EHDI.

The two measures are called the **Data Audit Tool** and the **Conflicting Heelstick** report.

Birth Facilities will receive requests from EHDI periodically if they have infants on either of these two reports.

- The **Data Audit Tool** is run monthly. You will receive an email from EHDI alerting you of the list of babies for whom no hearing screen information was documented on the heelstick card. The Data Audit Tool is entered in Instep (Gateway). Access will be provided to the hospital MSR when they enroll in EARS. Instructions on how to update the Data Audit Tool report can be found in the appendix.
- The **Conflicting Heelstick** report is sent to hospital MSRs monthly via secure email with a list of babies who have hearing screening results which differ on the heelstick card copy compared to what appears on the MSR. We request that you review the results of those babies in their medical record and return the accurate screening results to us via fax or secure email within one week of receiving the request.

Why is this important?

The Indiana EHDI program is required to account for all babies born in Indiana and report screening results and follow up to the Center for Disease Control (CDC). Therefore, hospital reporting is critical to our ability to accurately account for all 80,000 plus Hoosier infants.

LOSS TO FOLLOW UP

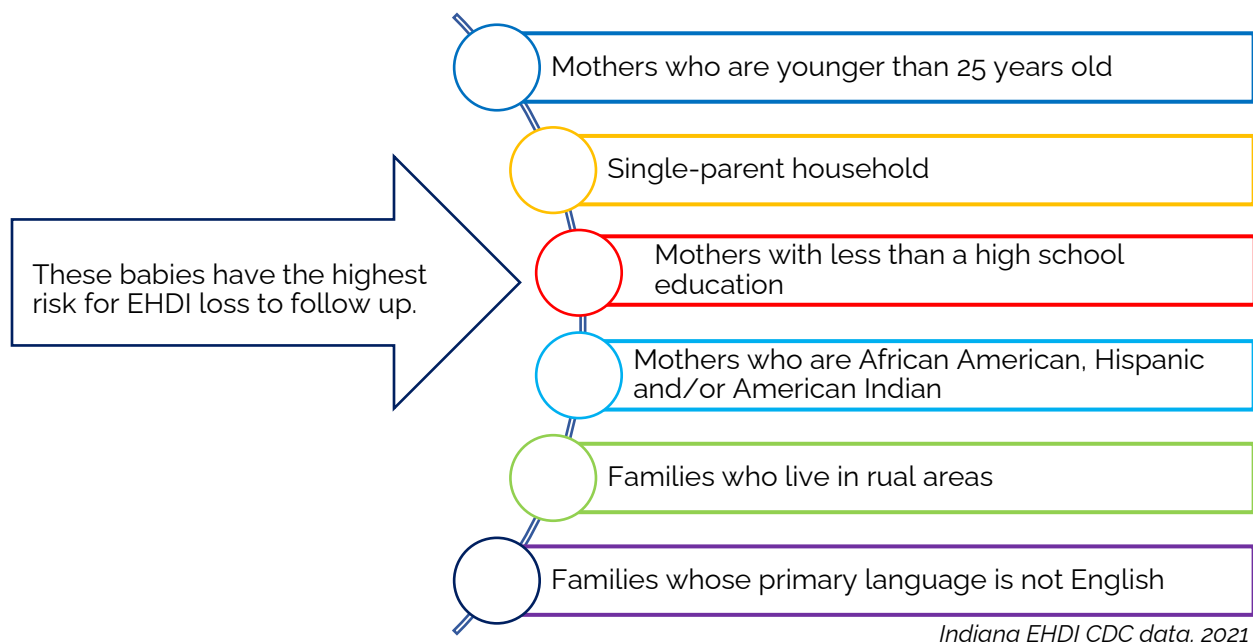
Each year, hundreds of babies who do not pass their newborn hearing screenings do not receive the necessary follow up hearing test. This is despite EHDl staff working tirelessly to contact and encourage them. This lack of immediate follow up results in many children receiving late identification of hearing loss and can result in a significant delay in their development.

Birth hospitals are required by law to:

- a. Complete universal newborn hearing screenings.
- b. Report results to EHDl **ACCURATELY AND ON TIME.**
- c. Provide follow up recommendations to parents of newborns who do not pass.

NOTE: However, parents are not required by law to obtain the recommended follow up testing. Although **it is not recommended--nor encouraged**--parents can opt out of the recommended audiology follow up testing.

In order to reduce the amount of "loss to follow up" children and minimize late identification of congenital hearing loss, please consider the following in your procedures and communication to parents.



See Appendix for Parents' Frequently Asked Questions and Additional Parent Communication Tips.

For Children Diagnosed with Permanent Hearing Loss

Indiana Early Hearing Detection and Intervention Follow Up and Resources

What happens next for infants identified as deaf or hard of hearing?

The medical home physician who is caring for the infant should make referrals to other medical professionals such as an otolaryngologist (ENT), geneticist, and ophthalmologist.

Indiana EHDI refers the infant directly to the early intervention program, First Steps. This program provides early intervention to the child until his/her 3rd birthday. This includes providing hearing aids, speech and language therapy and/or other developmental therapies. Click here: [Indiana First Steps](#) or go to www.in.gov/fssa/firststeps.

A "tool kit" comprised of resources and support information is sent to the parents and their PCP.

A referral is made to EHDI's Guide by Your Side program (GBYS). This program provides ongoing one-on-one parent support to parents with newly identified deaf and hard of hearing children for one year at no charge to families.

EHDI also supports the ASTra program (Advocacy, Support and Training), which provides educational advocacy for families of deaf and hard of hearing children at no charge to families.

More information for GBYS and ASTra can be found: www.inhandsandvoices.org

Other state resources available to deaf and hard of hearing children and their families:

Haapi Program for hearing aids <http://www.haapindiana.org/>

Center for Deaf and Hard of Hearing Education <https://www.in.gov/health/cdhhe/>

Children's Special Health Care Services <https://www.in.gov/health/cshcs/>

THANK YOU!

“My child was diagnosed with a severe hearing loss shortly after not passing his newborn hearing screening. He is now in kindergarten and is on track with other students!”

Mom to Gabe

Along with all the deaf and hard of hearing children and their families, Indiana EHDI wants to thank you for all of your efforts in providing newborn hearing screening and reporting the results.

We understand that you have many tasks in your job and it can be challenging to see and understand the importance of those tasks. Please know that newborn hearing screening creates life changing outcomes for deaf and hard of hearing children and **YOU ARE A PART OF THAT!**

Indiana EHDI is here to help support you in your efforts!

Thank you!!

APPENDIX

APPENDIX

EHDI Staff Contact List

Hospital Forms and Procedures:

Resources and Websites

EHDI Brochure Order Form

Risk Factors for Progressive Hearing Loss

Gentamicin Guidance

Regional Audiologists per Hospital

Instructions for DATA Audit Tool/Conflicting Heelstick

Outpatient Screening Procedures

Outpatient Rescreen Form

Religious Waiver (English/Spanish)

Parent Communication regarding Hearing Screening and Results

Tips for Communicating with Parents

Parent Communication and Resources

List of Audiology Providers in Indiana for testing infants

EHDI Brochure Order Form

Where, What, Why General EHDI Brochure (English/Spanish)*

Why Does My Baby Need Further Testing Referral Brochure* (English/Spanish)

Parent Frequently Asked Questions*: Newborn Hearing Screening (English/Spanish)

Developmental Milestones* (English/Spanish)

Talk to Me (English/Spanish)

* Can be ordered using EHDI brochure order form at no charge



STAFF AND CONTACT INFORMATION FAX FOR ALL STAFF (317) 925-2888

EHDI Program Director

Suzanne M. Foley, M.S., Au.D., CCC-A

Phone: (317) 232-0972

Email: sfoley@health.in.gov

EHDI Follow-Up Coordinator

Stacy Allgeier

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Email: sallgeier@health.in.gov

Family Support and

Guide By Your Side GBYS/ASTRA Coordinator

Mariana Barquet

Phone: (317) 233-7686

Mobile: (317) 431-3991

Email: mbarquet@health.in.gov

EHDI Parent Consultant

Julie Swaim (bilingual English/Spanish)

Phone: (317) 232-0888

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EHDI Parent Consultant

Lisa Wolfe

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EHDI Administrative Assistant

Graciela Medina

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REGIONAL AUDIOLOGY CONSULTANTS

Central/East Regional Audiology Consultant

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Phone: (765) 617-3504

ancrishon.aud@gmail.com

Southeast Regional Audiology Consultant

Sara Rogers Au.D.

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Sararogers1@health.in.gov

Home Birth facilities Audiology Consultant

Suzanne Foley, Au.D.

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sfoley@health.in.gov

West Central Regional Audiology Consultant

Hala Elsisy, Ph.D.

Phone: (765) 414-5333

halaelsisy@hotmail.com

Southwest/North Regional Audiology Consultant

Julia Balbach, M.A., CCC-A

Phone: (812) 461-8897

jbalbach@health.in.gov



Guide By Your Side Parent Guides

Guide by Your Side is a program offered by Indiana Hands and Voices and EHDI that provides direct parent to parent support to families after a child is identified as deaf and hard of hearing. This support is offered for one year after identification at no charge to families.

Mariana Barquet	Program Coordinator Hispanic Parent Guide	(317) 431-3991	mbarquet@health.in.gov
Sarah Ellis	Central	(317) 501-0922	sellis@health.in.gov
Jenny Scheiderer	Ft. Wayne/East Central West/Central	(260) 271-1122	jscheiderer@health.in.gov
Victoria Wright	Central	(865) 773-7033	vwright1@health.in.gov
Amanda Kosik	North Central	(219) 776-2957	akosik@health.in.gov
Blanca Salazar Gonzales	Hispanic Parent Guide	(812) 498-4253	bsalazar@health.in.gov
Courtney Kuelbs	North Central	(574) 315-4877	ckuelbs@health.in.gov
Jana Bartels	South	(317) 437-3473	jbartels@health.in.gov
Maghan Keller	Central	(317) 658-4743	mkeller@health.in.gov

ASTra - Advocacy, Support and Training Program

The ASTra program from Indiana Hands & Voices provides advocacy, support and training to families with children who are deaf or hard of hearing (D/HH) and the professionals that serve them without a bias around communication mode or method so that every child who is D/HH has the opportunity to achieve their full potential in the educational setting.

Mariana Barquet	Program Coordinator	(317) 431-3991	mbarquet@health.in.gov
Dana Slama	Statewide	(201) 213-2539	dslama@health.in.gov
Michele Prifogle	Statewide	(617) 251-3235	mprifogle@health.in.gov

RESOURCES

American Speech-Language-Hearing Association (ASHA)

<http://www.asha.org/public/hearing/Hearing-Testing/>

Provides information on newborn hearing screening. Email: actioncenter@asha.org
(800) 638-8255 — (Voice, TTY)

Centers for Disease Control & Prevention (CDC); NCBDDD; Early Hearing Detection & Intervention Program (EHDI)

<https://www.cdc.gov/ncbddd/hearingloss/index.html> (Federal Website)

Provides information about children and hearing loss and answers some commonly asked questions. Information about state EHDI programs is also available. [Email CDC-INFO](mailto:CDC-INFO) 1-800-CDC-INFO (1-800-232-4636)

Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA)

<https://mchb.hrsa.gov/early-hearing-detection-intervention-ehdi> (Federal Website) Provides information about children with hearing loss and Early Hearing Detection and Intervention Programs. (301) 443-2170 — (Voice)

National Center for Hearing Assessment & Management (NCHAM)

www.infanthearing.org/screening/index.html Provides information on newborn hearing screening programs, legislation, equipment, and other related issues
Email: mail@infanthearing.org (435) 797-3584 — (Voice)



RISK FACTORS FOR PROGRESSIVE HEARING LOSS

Babies who pass the newborn hearing screening but have risk factors associated with late onset hearing loss need further hearing testing during the first year of life and through early childhood. **Indiana's UNHS Policy Manual outlines four specific risk factors that require reporting from birthing hospitals to EHDI and the Indiana Department of Health.**

- 1) Family History of Congenital Childhood Hearing Loss (i.e. parents, siblings, grandparents, uncle/aunt, or cousins)
 - Family members born with hearing loss in one or both ears **or** identified in early childhood
 - Does not include family members with known causes of hearing loss due to ear infections, ear surgeries, rubella, meningitis, loud noise exposure &/or head trauma
- 2) In-utero Infection (TORCH) for this pregnancy
 - Toxoplasmosis, Rubella or Syphilis – infected during or just before pregnancy
 - Group Beta Strep (GBS) – sick infant with positive GBS culture
 - Cytomegalovirus (CMV) – can be transmitted through the placenta, birth canal or postnatally by breast
 - Zika
 - Herpes Simplex Virus (HSV) –
 - o **Yes: IF** baby is diagnosed with neonatal herpes; or active infection during vaginal delivery; or active infection during cesarean delivery with a premature membrane
 - o **No: IF** mother had a cesarean delivery with no membrane rupture; no active infection was present at birth
- 3) Hyperbilirubinemia (Jaundice): At levels requiring exchange transfusion.
- 4) Craniofacial Anomalies
 - Cleft lip/palate
 - Down Syndrome
 - Microcephaly – smaller than expected head size.
 - Atresia/Microtia – abnormally developed outer ear or closed ear canal.
 - Other malformations of face, head or skull.

Other risk factors for hearing loss in infants exist. These do not require reporting to the state but should be routinely investigated by the infant's primary care physician and therefore the PCP should be alerted. These factors include:

- Syndromes that are commonly associated with hearing loss (Pendred, Waardenburg, Ushers)
- All infants requiring neonatal intensive care for greater than 5 days, including any of the following: ECMO, assisted ventilation, exposure to ototoxic medications (aminoglycosides such as gentamycin and tobramycin) or loop diuretics (furosemide/Lasix).
- Parental/ Caregiver Concern regarding hearing, speech, and language development

Indiana Early Hearing Detection and Intervention Program Gentamicin as a Risk Factor for Hearing Loss

Aminoglycosides can damage hair cells in the cochlea resulting in sensorineural hearing loss. Commonly used medications include streptomycin, neomycin, kanamycin, amikacin, viomycin, vancomycin, gentamicin, tobramycin. The most commonly used aminoglycoside is gentamicin.

Some infants may be more susceptible to these effects. Because the toxicity is genetically related, it should not be affected by how many days the infant receives the antibiotic. One single dose can cause hearing loss, depending on the dose level and weight of the infant.

Per the Joint Commission on Infant Hearing 2019, there is no reason to delay hearing screening for infants who receive aminoglycosides, including infants who received the medication 5 days or less, more than 5 days, and/or infants who may continue on aminoglycosides at the time of discharge.

RECOMMENDED GUIDELINES

All infants should receive a hearing screen and be reported as mandated by Indiana law.

Infants should have the hearing screen as close to discharge as possible.

If the infant passes the hearing screening, provide parents with developmental milestones and encourage them to monitor infant closely.

Best practices suggest that all infants in the NICU for more than 5 days and/or who have received gentamicin for more than 5 days should be referred by their PCP for follow-up audiology testing at 9-12 months of age.

Hospitals are not required to report gentamicin exposure to the Indiana EHDI program as a risk factor in the monthly report. However, the infant's parents and primary care physician should be notified of the infant's exposure to aminoglycoside, potential risk factor for hearing loss and need for follow up.

This document is supplementary to hospital specific policies and protocols.



Early Hearing Detection & Intervention (EHD)
Regional Audiology Consultants and Hospitals

www.hearing.in.gov

Suzanne Foley, AuD., Director

317-232-0972

sfoley@health.in.gov

Regional Consultant: Julia Balbach

Email: jbalbach@health.in.gov

Phone: (812) 461-8897

Ascension St Vincent's Womens' Hospital	Lutheran (Ft. Wayne)
Baptist Health Floyd (New Albany)	Memorial Hospital & Health Care (Jasper)
Cameron Memorial (Angola)	Memorial South Bend
Clark Memorial (Jeffersonville)	Methodist (Southlake)
Community Hospital of Bremen	Methodist (Northlake)
Community Hospital of Munster	Northwest Health Laporte
Daviess Community (Washington)	Northwest Health Porter
DuPont Hospital (Ft Wayne)	Parkview Noble
Elkhart General	Parkview (Randallia)
Fransican -Dyer	Parkview (Regional Medical Center)
Franciscan St. Anthony Health Michigan City	Parkview (Whitley)
Franciscan St. Anthony Health Crown Point	Riley Maternity Tower (prev. IU Methodist)
Good Samaritan (Vincennes)	Riley NICU
Greene County General (Linton)	Schneck Medical Center
Harrison County (Corydon)	Sullivan County Community
IU Health Goshen	St. Catherine (East Chicago)
IU Health Paoli (Bloomington Orange)	St. Joseph Regional Medical (S. Bend)
King's Daughters' Health (Madison)	St. Mary's Medical Center (Evansville)
Kosciusko (Warsaw)	St. Mary's Medical Center (Hobart)
	The Women's Hospital (Deaconess)
	Woodlawn (Rochester)

Regional Consultant: Hala Elsisy

Email: halaelsisy@hotmail.com

Phone: (765) 414-5333

Adams Memorial (Decatur)
Ascension (Kokomo) (prev. St. Joseph)
Bluffton Regional Medical Center
Community Howard Regional (Kokomo)
Dukes Memorial Hospital (Peru)
Franciscan St. Elizabeth (Lafayette East)
IU Health (Arnett)
Marion General
Memorial Hospital (Logansport)
Parkview (Huntington)
Parkview Wabash

Regional Consultant: Suzanne Foley

Email: Sfoley@health.in.gov

Phone: (317) 232-0972

Auburn Birthing Center
Blessed Beginning in Nappanee
Home4Birth
New Eden Care Center Midwifery (Topeka)

Sacred Roots Birthing Center
Tree of Life Family Birthing Center

Regional Consultants: Mandi Crishon

Email: ancrishon.aud@gmail.com

Phone: (765) 617-3504

Ascension St. Vincent (Anderson)
Ascension St. Vincent (Carmel)
Ascension St. Vincent (Fishers)
Ascension St. Vincent (Randolph)
Community (Anderson)
Community (East)
Community (North Indy)
Eskenazi Health (Indy)
Hancock Regional (Greenfield)
Hendricks Regional Health (Danville)
Henry County (New Castle)
IU Health Ball Memorial (Muncie)
IU Health North (Indy)
IU Health West (Avon)
Reid Hospital and Health Care Service
Riverview Health (Noblesville)
Witham Health Services (Lebanon)

Regional Consultant: Sara Rogers

Email: Sararogers1@health.in.gov

Phone: (812) 320-4397

Columbus Regional Hospital
Community (South Indy)
Decatur County Memorial (Greensburg)
Franciscan (Indy)
Franciscan (Moorseville)
IU Health (Bloomington)
Johnson Memorial (Franklin)
Major (Shelbyville)
Margaret Mary Community (Batesville)
Terre Haute Regional
Union (Terre Haute)



**Early Hearing Detection
and Intervention Program
(EHDI)**

DATA AUDIT TOOL INSTRUCTIONS

To: MSR Ears Reporters

From: Indiana Early Hearing Detection and Intervention Program (EHDI)

Julia Balbach jbaltbach@health.in.gov 812-461-8897

Thank you for your continued work and assistance in reporting newborn hearing screening results to Indiana EHDI and EARS. Improving the outcomes of deaf and hard of hearing children starts with accurate and timely newborn hearing screenings. YOUR efforts play a critical role in this process and improve outcomes for Hoosier children.

What is the *NBS EARS Data Audit Tool (DAT)*?

The EARS Data Audit Tool in INSTEP is a tool used to enter missing hearing screening information for newborns born at your hospital. Infants are included in the data audit tool when the newborn hearing screening was not documented on the heelstick card that was sent to the lab at the time of the birth of the infant and the infant was not entered on a MSR in EARS as an exception of any kind. The Early Hearing Detection and Intervention Program is responsible for obtaining newborn hearing screening data on every infant born in Indiana, therefore we need your help to enter the missing information for the infants listed.

In order to complete the Data Audit Tool, we have given you access to this report in Instep, which should now be an option for you when you log into your gateway account to access EARS.

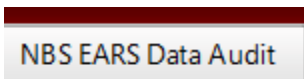
Instructions are outlined below on how to access the Data Audit Tool and report the missing newborn hearing screening data into the software directly.

How to use the Data Audit Tool:

- 1) Log in to your Gateway/Ears account to see this screen



- 2) Click into INSTEP (not EARS) and click on **NBS EARS Data Audit** tab.



- 3) Your hospital will be preselected and a list of the infants without newborn hearing screening information will be seen.

Select Organization and Status

Organization :

Status : ☒ **Unaudited** (1) ☐ Unaudited Personal (0) ☐ Unaudited Screening (1) ☐ Unaudited Completed (0) ☐ Audited (0) ☐ All (1)

☐ Filter by DOB

NBS Audit Data

Audit Selected Kids

Refresh

Page size: 45

☐ IsAudited	ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT LEFT EAR	DATE RIGHT EAR	RESULT RIGHT EAR	NOTES
☐												Edit

Page size: 45

By default, **Unaudited** will be selected.

- 4) **Click on Edit** (on the far right of the screen) for each child and a window will open where you can enter the missing newborn hearing screening information for the child.

☐ IsAudited	ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT LEFT EAR	DATE RIGHT EAR	RESULT RIGHT EAR	NOTES
☐												Edit

Update Audit record

PID:

MRN:

Date Left:

Date Right:

Is Audited? ☐

First Name:

DOB:

Result Left:

Result Right:

Last Name:

Time Of Birth:

Notes:

[Update Record](#) [Cancel update](#)

Page size: 45

- 5) IF the infant was a PASS bilaterally, you will simply update record and click “is audited” to finish.
- 6) However, if the infant was an EXCEPTION of any kind, he/she must ALSO be added to an MSR on the EXCEPTIONS page in order that we are sure the infant is accounted for in our database. Put a comment in the NOTES section of the DAT that “infant will be added as an EXCEPTION on MSR”.

Therefore, if the infant was a final REFER OR was a PASS WITH RISK FACTORS, please add this infant as an EXCEPTION on your current MSR report which will send an immediate ALERT to the EHDI program.

Additionally, if the newborn was not screened because it is still in the NICU, please add it to your MSR as a pending NICU infant (code 4). In this way, he/she will show up on your holdover page and you will update screening results when it is eventually screened. If pending NICU infants are not on the MSR, they may be missed in our tracking process.

Any infant showing up on the Data Audit Tool list and not screened for any reason should be reported on the EARS MSR in addition to documenting the reason on the Data Audit Tool notes section – this includes transfers out, parent refusals, babies missed due to equipment issues or hospital error.

Given the date of birth for these exceptions will likely be from an earlier month, you will need to check the PREVIOUSLY UNREPORTED CHILD (PUC) box when entering infant on the EXCEPTIONS page.

The screenshot shows a web form for entering infant data. Key features include:

- Left Palate:** A checkbox.
- Facility Transfer:** Radio buttons for Out (code 2), In (code 10), and No Transfer.
- Infant K Number:** A text input field.
- Name Fields:** Last Name, Middle Name, and First Name.
- Birth Information:** Birth Date, Ambiguous (dropdown), DOB, and Time of Birth.
- Previously Unreported Child:** A checkbox that is highlighted in yellow.
- Mother Information:** Mother's Last Name, Middle Name, First Name, Phone, Maiden Name, Mother DOB, Mother MRN, and Address.
- Primary Care Physician:** A dropdown menu.
- Comments:** A text area.
- Buttons:** A blue button labeled 'Add' and a red button labeled 'Res'.

- 7) If there is an infant on the list that was not born at your facility, please simply state this in the NOTES section as well.
- 8) After entering the information, **click on Is Audited? And Update Record** to finalize this infant. Your Unaudited child list will reduce each time you Audit and Update a Record

You do not have to complete your whole list at one time – you can update infants and mark as Audited and the remaining infants will stay on the list until they are marked Audited. Our goal is to have all infants Audited by 3 months of age.

We will send you email reminders (see example below) to complete the Data Audit Tool. We appreciate your prompt attention in entering the newborn hearing screening data as soon as possible. Please contact us at the emails or numbers above with any questions or difficulties.

Suggestion: Check the Data Audit Tool list each month before you submit your MSR to stay current.

From: INSTEP <ISDHAppsNoReply@isdh.in.gov>

Sent:

Subject: Data Audit Tool Email Reminder

Dear NBS Data Audit Tool User,

ISDH Newborn Screening (NBS) program has uploaded a new set of records to the ISDH Gateway secure website. These records have missing or incomplete information related to heel-stick and hearing screen data submitted by your hospital. Please use this website to access and complete the missing data fields on-line.

After completing each record, please check the 'is audited' box on the left bottom of the record before clicking the 'update record' button.

Your cooperation in this endeavor is greatly appreciated. The information your facility provides will directly improve the services provided to all infants born in the state of Indiana and their health care providers. If you have any questions, please feel free to contact me at 317-232-0888 or jswaim@isdh.in.gov

Indiana EHDI Outpatient Hearing Screening Procedures

These procedures are for birthing hospitals with a formal procedure in place for providing outpatient hearing screenings. These procedures should also be used if there are hearing screening equipment problems or other issues that prevent a newborn from receiving a screening prior to discharge.

PLEASE NOTE: Outpatient hearing screenings should NOT be completed on NICU newborns who do not pass inpatient hearing screenings and/or newborns who do not pass inpatient hearing screening and have a reported risk factor for progressive hearing loss. (family history of childhood hearing loss, intrauterine infection, craniofacial anomalies and hyperbilirubinemia with exchange transfusion). These newborns should be referred directly to audiology for diagnostic testing.

Infants should be screened as an inpatient, with a second screening conducted prior to discharge if the infant does not pass the first attempt. If the infant does not pass the second screening, the following procedures should be followed:

1. The infant should be scheduled for a rescreen at the birthing facility, preferably within two weeks and the family provided the appointment information in writing.
2. The infant's primary care physician should be notified of the inpatient screening results and the outpatient rescreen appointment date and time.
3. The most recent "did not pass" newborn hearing screening result obtained in the hospital should be entered into the EARS system at the birthing hospital as an exception on the MSR within five days of the screening. In the comments section of the EARS entry, the date and time of the outpatient rescreen appointment should be entered.
4. When the infant returns for the outpatient rescreen, **screen both ears, regardless of the initial screening results.**
5. If the infant does not pass the outpatient rescreen, the infant should be schedule for follow up at an appropriate diagnostic audiology facility within three months of birth. The date and time of the diagnostic audiology appointment should be noted on the *EHDI Outpatient Screening Form*, provided in writing to parents and sent to the infant's primary care physician.
6. The *EHDI Outpatient Screening Form* should be completed and faxed IMMEDIATELY to the EHDI department at 317-925-2888.
7. Please contact Julia Balbach, our Lead Regional Audiology Consultant at jbalbach@health.in.gov or at 812-461-8897 with questions.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



Information to provide to parents at time of inpatient hearing screening:

Counsel parents on the need for a repeat hearing screen. Explain the newborn will have one more opportunity for a rescreen as an outpatient in 1-2 weeks before referring for a full diagnostic evaluation. If the newborn does not pass this third screen, it will be very important that follow up with audiology be completed and hospital will assist in arranging that appointment if needed at the time of screening.

Prepare an outpatient rescreen appointment information handout to give parents at discharge that includes:

Date and time of appt of outpatient screening

Location – where to sign in

Expected length of appointment

A number to call should they need to reschedule

What to expect: Explain it is the same test they just had in the hospital. Newborn will need to be quiet, preferably sleeping. Advise them to bring blanket, bottle or pacifier (if using one) or explain mother can also nurse the newborn to calm if needed.

If there is a charge for the outpatient rescreen, families should be notified of the potential cost after insurance coverage.

Counseling Parents after OP hearing screen

If newborn passes in both ears, give developmental milestones and Talk to Me handouts and encourage follow up if they have concerns. If the newborn does not pass the outpatient rescreening, provide the list of Comprehensive Audiology Providers in their area. Have parents choose a location and fax demographic information and screening results to that audiology office and the child's primary care physician. Explain that the audiologist will do a comprehensive hearing evaluation to determine the newborn's hearing status and make follow up recommendations, if needed.

Please contact Julia Balbach, our Lead Regional Audiology Consultant at jbaltbach@health.in.gov or at 812-461-8897 with questions.



**Early Hearing Detection
and Intervention Program
(EHDI)**



INDIANA EHDI OUTPATIENT HEARING SCREENING RESULTS

Date of outpatient screening: _____ Location of outpatient screening: _____

Completed by: _____

Infant name: _____ DOB: _____

MRN#: _____ Birthing facility: _____

Mother's name: _____ Mother's phone #: _____

Reason for outpatient screen:

☐ Did not pass inpatient screen

☐ No inpatient screen

Reason for no inpatient screen: _____

Outpatient screen Results: Left ear: ☐ Pass ☐ Refer

Please circle: **OAE** **AABR**

Right ear: ☐ Pass ☐ Refer

Risk factor: ☐ Yes ☐ No

Specify: _____

If infant DID NOT PASS:

Audiology Referral Location _____

Primary Care Physician _____ PCP Phone _____

Date of audiology appointment, if scheduled _____

☐ This infant **NO SHOWED** the outpatient screen scheduled on: _____

Fax this form to the EHDI Program at 317-925-2888 immediately!

Questions? Please contact our office at 317-232-0888 or visit our website at www.hearing.in.gov.

**RELIGIOUS WAIVER FOR THE NEWBORN
SCREENING PROGRAM**State Form 54102 (R3 / 2-21)
INDIANA DEPARTMENT OF HEALTH**ATTACH LABEL HERE OR COMPLETE
DEMOGRAPHICS ON WAIVER.**

I have been informed about the Newborn Screening Program for the State of Indiana and have received and read information about the screenings required by law, but I choose to object to the following screens being performed on my child for reasons pertaining to my religious beliefs:

- ☐ Hearing Screening (for hearing loss) ***If the hearing screen is the only screen refused, fax completed waiver to 317-925-2888.**
- ☐ Heel Stick Screening (for over 50 rare genetic conditions)
- ☐ Pulse Oximetry Screening (for critical congenital heart disease)

Newborn's First and Last Name: _____ Date of Birth: ____/____/____

Newborn's Sex: ☐ Female ☐ Male

Mother's First and Last Name: _____ Date of Birth: ____/____/____

Birth Facility/Midwife(ry): _____

Signature of Parent_____
Date (month/day/year)_____
Signature of Witness_____
Date (month/day/year)

IF HEEL STICK SCREENING IS REFUSED, but pulse oximetry or hearing screens are performed, use the space below to report all results prior to returning this waiver to IDOH.

Hearing Screening**Initial Screen**

Date of Screen ____/____/____

Left Ear:

☐ Pass☐ Refer

Right Ear:

☐ Pass☐ Refer**Rescreen**

Date of Screen ____/____/____

Left Ear:

☐ Pass☐ Refer

Right Ear:

☐ Pass☐ Refer**Risk Factors:** (Check all that apply.)

- ☐ Craniofacial anomalies
- ☐ Family history of congenital hearing loss
- ☐ Intrauterine infection
- ☐ Jaundice

Pulse Oximetry Screening**Initial Screen**

Date: ____/____/____ Time: _____

Location: ☐ Newborn Nursery ☐ NICU
☐ Other (specify): _____O₂ Saturations: Right Hand ____ Foot ____Result: ☐ Pass ☐ Did NOT Pass**Rescreen**

Date: ____/____/____ Time: _____

Location: ☐ Newborn Nursery ☐ NICU
☐ Other (specify): _____O₂ Saturations: Right Hand ____ Foot ____Result: ☐ Pass ☐ Did NOT Pass**Echocardiogram**

Date: ____/____/____ Time: _____

Result: ☐ Normal ☐ Abnormal (Dx) _____**Screen not performed due to exception:**

- ☐ Prenatally diagnosed with CCHD
- ☐ On supplemental O₂/Respiratory support
- ☐ Echocardiogram performed before screening
- ☐ Receiving palliative/hospice care

Send completed waiver to IDOH GNBS:ISDNBS@ISDH.IN.GOV

Fax: (317) 234-2995



EXENCIÓN RELIGIOSA DEL PROGRAMA DE EVALUACIÓN DEL RECIÉN NACIDO

Formulario del Estado 57106 (4-21)
DEPARTAMENTO DE SALUD DE INDIANA

ADJUNTE LA ETIQUETA AQUÍ O COMPLETE LA DEMOGRAFÍA EN LA EXENCIÓN.

Se me ha informado acerca del Programa de Evaluación del Recién Nacido para el estado de Indiana y he recibido y leído la información acerca de las evaluaciones requeridas por la ley, pero elijo rechazar que se le realicen las siguientes pruebas a mi hijo, por motivos relacionados con mis creencias religiosas:

☐ Prueba de audición (para establecer pérdida auditiva) **Si la prueba de audición fue la única prueba rechazada, envíe el formulario completo por fax al 317-925-2888.*

☐ Prueba del talón (para detectar más de 50 afecciones genéticas raras)

☐ Prueba de oximetría de pulso (para cardiopatía congénita crítica)

Nombre y apellido(s) del recién nacido: _____ Fecha de nacimiento: ____/____/____

Sexo del recién nacido: ☐ Femenino ☐ Masculino

Nombre y apellido(s) de la madre: _____ Fecha de nacimiento: ____/____/____

Centro de maternidad o de atención del parto: _____

Firma del padre o madre

Fecha (mes/día/año)

Firma del testigo

Fecha (mes/día/año)

SI LA PRUEBA DEL TALON ES RECHAZADA, pero la prueba de oximetría de pulso o audición fueron realizadas, utilice el espacio a continuación para reportar todos los resultados antes de entregar esta exención al Departamento de Salud de Indiana (IDOH por sus siglas en inglés).

Prueba de Audición

Prueba Inicial

Fecha de evaluación: ____/____/____

Oído izquierdo: Oído derecho:

☐ Pasó

☐ Pasó

☐ Referir

☐ Referir

Revaluación

Fecha de evaluación: ____/____/____

Oído izquierdo: Oído derecho:

☐ Pasó

☐ Pasó

☐ Referir

☐ Referir

Factores de Riesgo: (Marque todo lo que corresponda.)

☐ Anomalías craneofaciales

☐ Historia familiar de pérdida de audición congénita

☐ Infección Intrauterina

☐ Ictericia

Prueba de Oximetría de Pulso

Prueba Inicial

Fecha: ____/____/____ Hora: _____

Lugar: ☐ Sala de recién nacidos

☐ Unidad de Cuidados Intensivos Neonatales (UCIN)

☐ Otro (especificar): _____

Saturación de oxígeno: Mano derecha _____ Pie _____

Resultado: ☐ Pasó ☐ NO pasó

Revaluación

Fecha: ____/____/____ Hora: _____

Lugar: ☐ Sala de recién nacidos

☐ Unidad de Cuidados Intensivos Neonatales (UCIN)

☐ Otro (especificar): _____

Saturación de oxígeno: Mano derecha _____ Pie _____

Resultado: ☐ Pasó ☐ NO pasó

Ecocardiograma

Fecha: ____/____/____ Hora: _____

Resultado: ☐ Normal ☐ Anormal (Diagnóstico) _____

Prueba no realizada debido a excepción:

☐ Con diagnóstico prenatal de Afección Cardíaca Congénita

☐ Con oxígeno suplementario o soporte respiratorio

☐ Ecocardiograma realizado antes de la prueba

☐ Recibiendo cuidados paliativos/de hospicio

Envíe la exención completa al Departamento de Salud de Indiana (IDOH)

El Programa de Detección Genómica y del Recién Nacido (GNBS):

ISDHNBS@ISDH.IN.GOV

Fax: (317) 234-2995

PARENT COMMUNICATION regarding Hearing Screenings and Results

The following are suggested scripts to use when communicating with families.

Informing Parents of the Hearing Screening:

Every infant in Indiana receives a hearing screening. (The infant) will have a second hearing screening if they do not pass on the first attempt. Give a brief explanation of how the test works. Assure parents that the hearing screening will not hurt or harm the baby. Explain that the baby may fuss a little while being prepped for the test, but the infant is not in pain. The sounds during the screening are very soft – the baby may even fall asleep.

Passing Result:

Congratulations on the birth of your baby. We just completed the hearing screen; the results are a pass in both ears. Here is a brochure that talks about the development of speech and language. It is always important to monitor the progress of your baby's development, especially their speech and language because your baby's hearing can change at any time. If you are ever worried that your baby can't hear, talk to your baby's doctor right away and ask for a referral to an audiologist who is skilled at testing infants and young children.

Passing result with risk factors present for progressive or delayed onset hearing loss:

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby passed the screening in both ears today but has a risk factor that could cause hearing loss to develop over time. Here is a brochure that talks about the development of speech and language. It is always important to check the progress of your baby's development, especially their speech and language because your baby's hearing can change at any time. It is recommended that your baby be tested again by an audiologist who is skilled at testing infants and young children at about 9 months of age. If you have concerns about your baby's hearing before this time, talk to your baby's doctor and ask for a referral to an audiologist immediately.

Did not pass initial screening:

We did not get a passing result for both ears today. Don't be alarmed. This does not mean your baby has hearing loss. Infants are always given a second screening if they do not pass the first attempt. We will rescreen your baby again before you are discharged.

Did not Pass Hearing Screening/Refer:

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass the second hearing screen today. This does not necessarily mean that your baby has a permanent hearing loss, but more detailed testing is needed to know your baby's hearing status. Your infant will be scheduled with an audiologist to complete follow-up testing. It is extremely important that you keep the appointment for further hearing testing. It is important to get the test completed before 3 months for the best speech and language outcomes. Also, sedation may be needed if the infant is more than 3 months old.



PARENT COMMUNICATION RE: NEWBORN HEARING SCREENING

Screening results should be conveyed immediately to the family so that they can understand the outcome of the screening and the importance of follow up when indicated. It is important that follow be completed before baby is 3 months old.

When explaining screening results to family, **ONLY TELL THEM WHAT WE KNOW**

If baby passes, what do we know?

We know: Baby has passed screening today which means he/she has hearing adequate for development of speech and language.

We know: hearing can change. It is important to monitor milestones and contact your physician if any concerns arise.

If baby passes with risk factors. What do we know?

We know: Baby passed today but he/she has a risk factor of _____, which is known to be a concern for developing hearing loss later in childhood. It is important baby have follow-up hearing testing at age 9-12 months. (see attached handout on risk factors).

We know: It's important to monitor developmental milestones and contact Primary Care Physician as soon as concerns arise.

If baby refers, what do we know?

What ***we know is: We DON'T know baby's hearing status***"

What we know is: **We DON'T know WHY baby didn't pass**"

What we DO know is it is very important baby be seen for audiology follow up in order to determine baby's hearing status. The audiologist will be able to assess hearing status and answer questions re: any follow up, if needed, after doing more detailed testing.



ADDITIONAL TIPS:

Do not use the words “FAIL” or “FLUID” when explaining baby did not pass

Fail has a negative tone and sometimes is hard for a new, tired parent to hear.

Refer is acceptable but sometimes parents don’t understand exactly what that means.

Did Not Pass is the easiest to understand for families.

Mentioning **fluid** as a possible reason that baby didn’t pass can impact family’s decision to follow up. If they hear it’s “probably just fluid”, they may not follow up with audiology and a permanent hearing loss may be missed or not identified until much later.

Also, if a hearing loss is confirmed during follow up diagnostic testing, it may be much harder to hear from the audiologist that baby has permanent hearing loss if they were anticipating audiologist to say it was just fluid.

DO:

Explain test procedure to parents – how it works and what happens next.

Assure parents nothing hurts the baby. They may actually just sleep right through it.

Explain test results using consistent scripts so all parents hear the same message for each scenario.

Give test results in writing as well using Indiana EHDI brochure

If baby does not pass, clearly explain next steps in referral process and provide the parent with “What if My Baby Needs More Hearing Testing” brochure.

DO NOT:

DO NOT Make excuses for why baby didn’t pass. (fussy, fluid, equipment issues, etc). Remember, we DON’T know. Again, if they hear it was possibly just equipment issues or baby was just too fussy, parent may decide not to follow up with audiology

DO NOT Say “baby came close to passing” or “almost passed”.

DO NOT Try to answer questions you don’t really know the exact answer to. It is absolutely appropriate to say “I don’t know but I can give you the name or resources of someone to call”. Then provide them with one of the EHDI contacts. See attached list of EHDI contacts.

Early Hearing Detection & Intervention Program (EHDI)



www.hearing.in.gov

(317) 233-1264

Comprehensive (Level 1) and Limited (Level 2)

Audiology Provider Facilities

Updated May 2024

This list was compiled from a survey sent to audiologists by the Early Hearing Detection and Intervention Program (EHDI) to facilitate families and professionals in finding services for children. The facilities were ranked by equipment available for infant audiologic testing as recommended by the Joint Committee on Infant Hearing (JCIH) and the National Center for Hearing Assessment and Management (NCHAM) and reported by survey responses. Comprehensive (formerly Level 1) facilities have the recommended equipment to provide comprehensive diagnostic audiology services for newborns and young children to determine hearing status. Limited (formerly Level 2) facilities also provide diagnostic assessment, but are without one piece of the recommended equipment and therefore provide limited diagnostic audiology services.

****Facilities that provide sedated ABR testing**

Comprehensive (Formerly Level 1)

Central Region	
Hear Indiana 4740 Kingsway Dr. Suite 33 Indianapolis, IN 46205 (317) 828-0211 fax: (888) 887-0932	Ascension Fishers Hospital Rehab** 13914 Southeastern Parkway Suite 206 Fishers, IN 46037 (317) 415-9260 fax: (317) 415-9264
Balance Point ** 5255 East Stop 11 Rd Suite 405 Indianapolis, IN 46237 (317) 807-0744 fax: (317) 807-1359	Riley Hospital IU Health ** 705 Riley Hospital Dr. Indianapolis, IN 46202 (317) 962-9830 fax: (317) 962-9834
Pediatric Ear, Nose, & Throat Clinic ** Peyton Manning Children's Hospital 8402 Harcourt Rd. Suite 400 Indianapolis, IN 46260 (317) 338-6815 fax: (317) 338-6582	Riley Hospital IU Health ** 3660 Guion Road Suite 100 Indianapolis, IN 46222 (317) 962-9830 fax: (317) 962-9834
Ascension Rehabilitation Clinic ** 13430 N. Meridian St Carmel, IN 46032 (317) 582-9029 fax: (317) 582-9037	

West Central Region	
Purdue University 715 Clinic Dr. Lyles-Porter Hall West Lafayette, IN 47907 (765) 494-4229 fax: (765) 494-0771	Witham Health Services Frankfort and Crawfordsville 2705 N. Lebanon St. Suite 355 North Pavilion, Entrance B Lebanon, IN 46052 (765) 485-8687 fax: (765) 485-8689
UMG Clinic Audiology Department 1429 N 6th St. Terre Haute, IN 47807 (812) 234-3788 fax: (812) 231-4742	
East Central Region	
Reid Hearing Center 1434 Chester Blvd Richmond, IN 47374 (765) 935-4477 fax: (765) 939-0007	Advanced Hearing Care 1827 N Madison Ave, Suite C Anderson, IN 46011 (765) 608-3277 fax: (765) 608-3278
Ball State University Audiology Clinic 1613 W Riverside Ave HPB 254 Muncie, IN 47306 (765) 285-8160 fax: (765) 285-5623	
Northwest Region	
Community Hospital at Sandridge Professional Center 9046 A Columbia Ave Munster, IN 46321 (219) 703-2460 fax: (219) 703-6776	Franciscan Physician Network** 1225 E. Coolspring Ave Michigan City, IN 46360 (219) 873-2992 fax: (219) 878-5052
Community Hospital St. John Outpatient Center 9660 Wicker Ave 2nd Floor St. John, IN 46373 (219) 703-2460 fax: (219) 703-6776	St. Catherine Hospital** 4321 Fir Street 2nd Floor East Chicago, IN 46312 (219) 703-2460 fax: (219) 703-6776
Franciscan Health-Dyer 24 Joliet Street Dyer, IN 46311 (219) 864-2004 fax: (219) 864-2217	University of Chicago Medicine** 5758 S Maryland Ave. Chicago, IL 60637 (773) 702-1865 fax: (773) 834-0154

St Mary's Hospital Audiology 1500 South Lake Park Ave., Suite 404 Hobart, IN 46342 (219)703-2460 fax: (219) 703-6951	Northwest Medical Group Audiology 650 Dickinson Road Chesterton, IN 46304 (219)531-0355 fax: (219) 531-2855
BMG ENT & Audiology- South Bend 100 Navarre Place Suite 4460 South Bend, IN 46601 (574) 235-1010 fax: (574) 232-2064	Give Hear 808 N 3rd St Goshen, IN 46528 (260) 602-3276 fax: (260) 444-3656
Northeast Region	
Parkview Pediatric Rehabilitation 3439 Hobson Road Fort Wayne, IN 46805 (260) 373-7925 fax: (260) 373-7929	Hometown Hearing and Audiology 225 E. Main St. North Manchester, IN 46962 (260) 306-3444 fax: (260) 306-3777
Ear, Nose, & Throat Associates ** The Hearing Center 10021 Dupont Circle Ct. Fort Wayne, IN 46825 (260) 459-6924 fax: (260) 416-0347	Give Hear 130 W Main Street, Ste. 150 Fort Wayne, IN 46802 (260) 602-3276 fax: (260) 444-3656
Southwest Region	
Easter Seals Rehabilitation Ctr. 3701 Bellemeade Ave. Evansville, IN 47714 (812) 479-1411 fax: (812) 437-2636	Indiana University Hearing Clinic 2631 East Discovery Parkway Bloomington, IN 47408 (812) 855-7439 fax: (866) 981-1874
The Hearing Doctor, LLC 671 3rd Ave. A Jasper, IN 47546 (812) 482-9444 fax: (812) 671-9694	Memorial Audiology Services 721 West 13th Street Suite 222 Jasper, IN 47546 (812) 996-0227 fax: (812) 996-0142

Southeast Region	
Cincinnati Children's Hospital ** Outpatient Green Township 5899 Harrison Ave MLC 6011 Cincinnati, OH 45248 (513) 636-4236 fax: (513) 803-1111	Cincinnati Children's Hospital Outpatient Liberty Township 7777 Yankee Rd MLC 16064 Liberty Twp, OH 45044 (513) 636-4236 fax: (513) 803-1111
Columbus Regional Health 3015 10th St Suite B Columbus, IN 47201 (812) 376-5373 Opt 2 fax: (812) 375-3702	Heuser Hearing Institute 117 East Kentucky St. Louisville, KY 40203 (502) 584-3573 fax: (502) 583-6364
Flex Audiology 401 W Eads Pkwy Suite 410 Lawrenceburg, IN 47025 (812) 532-3011 fax: (812) 650-7550	Norton's Children's Audiology 411 East Chestnut Street Suite 685 Louisville, KY 40202 (502) 588-9587 fax: (502) 588-9580
Norton Children's Audiology 1100 E. Market Street Louisville, KY 40206 (502) 588-9587 fax: (502) 588-9580	
Limited (Formerly Level 2)	
Central Region	
Hendricks Regional Health ENT 100 Hospital Lane, Suite 220 Danville, IN 46122 (317) 745-3758 fax: (317) 745-3749	Ascension Anderson 2101 Jackson St. Suite 116 Anderson, IN 46016 (765) 646-8172 fax: (765) 646-8412
Northwest Region	
Franciscan Physicians Network Family Wellness Audiology 9800 Valparaiso Dr. Munster, IN 46321 (219) 934-9845 fax: (219) 934-9846	Indiana University Health Arnett 2600 Greenbush St. Lafayette, IN 47904 (765) 838-7580 fax: (765) 448-7625
Memorial Logansport Hospital Memorial Hospital -Logansport Surgical Services 1025 Michigan Ave., Suite 125 Logansport, IN 46947 (574) 753-2222 fax: (574) 753-0522	

Northeast Region	
Family Hearing Center, Inc. 123 N. Center St. Bremen, IN 46506 (574) 533-2222 fax: (574) 533-6868	Elkhart Clinic 303 S. Nappanee St. Elkhart, IN 46514 (574) 296-3291 fax: (574) 296-3383
	Family Hearing Center, Inc. 2134 College Ave. Goshen, IN 46528 (574) 533-2222 fax: (574) 533-6868
Southeast Region	
Decatur Co. Memorial Hospital 720 N. Lincoln St. Greensburg, IN 47240 (812) 663-1119 fax: (812) 663-1324	Doctors Hearing Care 3211 Grant Line Rd, Ste 37 New Albany, IN 47150 (812) 949-3272 fax: (812) 949-3271



EHDI Printed Material Request Form

Date of Request:

Contact Name:

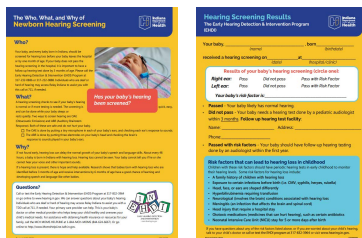
Contact Email:

Facility Name:

Phone Number:

Select all materials and quantity needed: (Specify quantity in comments if requesting more than 3,000 copies each)

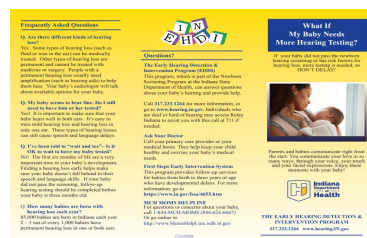
General Brochure (Double-sided form given to parents with newborn hearing screening results and recommended follow up)



English --

Spanish --

Referral Brochure (Tri-fold brochure for parents of newborns who do not pass newborn hearing screening.)



English --

Spanish --

FAQ Newborn Hearing Screening (Double-sided document for all parents of newborns who do not pass their newborn hearing screening. Can be used by hospitals or prenatal educators.)



English --

Spanish --

Hearing Screening Card

(Double-sided card for prenatal education. Also in Arabic, Burmese, Chinese, French, German, Haitian Creole)



English --

Spanish --

Speech & Hearing Milestones

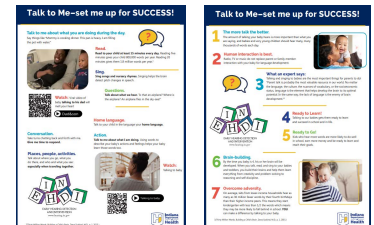
(For parents to monitor their child's communication skills.)



English --

Spanish --

Talk to Me (Double-sided document with practical ways for parents to improve their young child's development and communication skills)



English --

Spanish --

Send Printed Materials To:

Street Address:

City, State, Zip:

Comments or Special Instructions:

Email completed form to grmedina@health.in.gov or fax to 317-925-2888.

To **promote, protect, and improve** the health and safety of all Hoosiers.

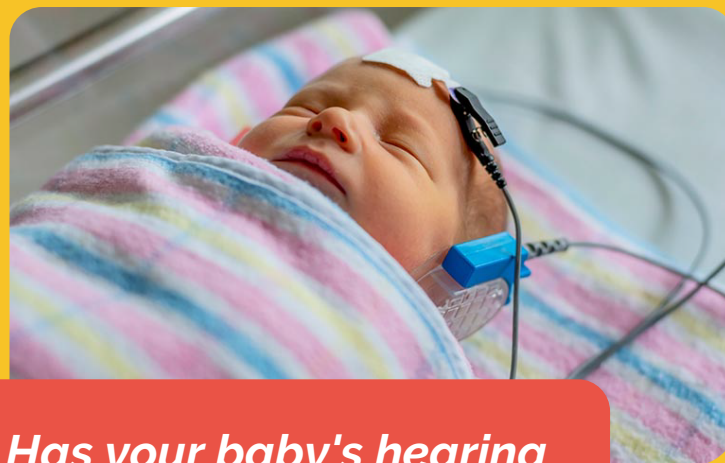
Early Hearing Detection & Intervention • Maternal & Child Health • 317-232-0176

The Who, What, and Why of Newborn Hearing Screening



Who?

Your baby, and every baby born in Indiana, should be screened for hearing loss before your baby leaves the hospital or by one month of age. If your baby does not pass the hearing screening in the hospital, it is important to have a follow up hearing test done by 3 months of age. Please call the Early Hearing Detection & Intervention (EHDI) Program at 317-232-0886 or 317-232-0888. Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with this call at 711, if needed.



Has your baby's hearing been screened?

quick, easy,

What?

A hearing screening checks to see if your baby's hearing is normal or if more testing is needed. The screening is and can be done while your baby sleeps or rests quietly. Two ways to screen hearing are OAE (Otoacoustic Emissions) and ABR (Auditory Brainstem Response). Both of these are safe and do not hurt your baby.

- ☐ The OAE is done by putting a tiny microphone in each of your baby's ears, and checking each ear's response to sounds.
- ☐ The ABR is done by putting three electrodes on your baby's head and checking the brain's response to sounds played in your baby's ears.

Why?

If not found early, hearing loss can delay the normal growth of your baby's speech and language skills. About every 48 hours, a baby is born in Indiana with hearing loss. Hearing loss cannot be seen. Your baby cannot tell you if he or she cannot hear your voice and other important sounds.

If a hearing loss is present, there is hope and help available. Research shows that babies born with hearing loss who are identified before 3 months of age and receive interventions by 6 months of age have a good chance of learning and developing speech and language like other babies.

Questions?

Call or text the Early Hearing Detection & Intervention (EHDI) Program at 317-832-3964 or go online to www.hearing.in.gov. We can answer questions about your baby's hearing. Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with a TDD call at 711, if needed. Your primary care provider can help. This is your baby's doctor or other medical provider who helps keep your child healthy and oversees your child's medical needs. For assistance with obtaining health insurance or resources for your family, call the MCH MOMS HELPLINE at 1-844-MCH-MOMS (844-624-6667). Or go online to <http://www.MomsHelpLine.isdh.in.gov>.



EARLY HEARING DETECTION
AND INTERVENTION
www.hearing.in.gov

Hearing Screening Results

The Early Hearing Detection & Intervention Program
(EHDI)



Your baby, _____, born _____
(name) (birthdate)

received a hearing screening on _____ at _____
(date) (hospital/clinic)

Results of your baby's hearing screening (circle one):

Right ear: *Pass* *Did not pass* *Pass with Risk Factor*

Left ear: *Pass* *Did not pass* *Pass with Risk Factor*

Your baby's risk factor is: _____

- **Passed** - Your baby likely has normal hearing.
- **Did not pass** - Your baby needs a hearing test done by a pediatric audiologist within 3 months. **Follow up hearing test facility:**

Name: _____ Address: _____

Phone: _____

- **Passed with risk factors** - Your baby should have follow-up hearing testing done by an audiologist within the first year.

Risk factors that can lead to hearing loss in childhood

Children with these risk factors should have periodic hearing tests in early childhood to monitor their hearing levels. Some risk factors for hearing loss include:

- A family history of children with hearing loss
- Exposure to certain infections before birth (i.e. CMV, syphilis, herpes, rubella)
- Head, face, or ears are shaped differently
- Hyperbilirubinemia requiring transfusion
- Neurological (involves the brain) conditions associated with hearing loss
- Meningitis (an infection that affects the brain and spinal cord)
- Head injury that require a hospital stay
- Ototoxic medications (medicines that can hurt hearing), such as certain antibiotics
- Neonatal Intensive Care Unit (NICU) stay for 5 or more days after birth

If you have questions about any of the risk factors listed above, or if you are worried about your child's hearing, talk to your child's doctor or call or text the EHDI program at 317-832-3964 or visit www.hearing.in.gov.

Las Respuestas de QUIÉN, QUÉ, Y PORQUÉ de la Prueba de Detección de Audición en Recién Nacidos

¿QUIÉN?

Su bebé, y cada uno de los bebés nacidos en Indiana, deben recibir la prueba temprana de pérdida de audición, ANTES que su bebé deje el hospital. Si su niño no nació en un hospital, llame al hospital más cercano para pedir una cita médica, para efectuar la prueba de detección temprana de la audición, antes de que su hijo tenga 1 mes. Si el hospital no puede completar la prueba, contacte al Programa de Detección Auditiva e Intervención Temprana (The Early Hearing Detection & Intervention (EHDI) Program) llamando al teléfono 317-233-1264. Las personas que tienen deficiencia auditiva o que son sordos pueden llamar al 711 que es el teléfono Relay de asistencia y ayuda de operadora en Indiana.

¿SU BEBÉ YA RECIBIÓ LA PRUEBA DE DETECCIÓN AUDITIVA?

¿QUÉ?

Una prueba de detección temprana de la audición sirve para ver y constatar si la audición de su bebé es normal, o si necesita de exámenes y estudios adicionales. La prueba es rápida, fácil, y puede ser efectuada mientras su niño duerme o descansa tranquilamente. Existen dos tipos de prueba de audición: EOA-Emisiones Otoacústicas (OAE en inglés) y PEATC/BERA-Potenciales Evocados Auditivos de Tallo/Tronco Cerebral (ABR en inglés). Ambos exámenes son seguros y no hacen daño o lastiman a su bebé.

- ☐ La prueba de EOA se efectúa colocando un pequeño micrófono en cada uno de los oídos de su bebé, para después ver la respuesta de cada oído a la emisión de los sonidos.
- ☐ El examen de PEATC/BERA se realiza colocando tres electrodos en la cabeza de su bebé para estudiar la reacción del cerebro a los sonidos emitidos en los oídos de su niño.

¿PORQUÉ?

Si no se detecta temprano, la pérdida de audición puede atrasar el desarrollo normal del habla y el lenguaje de su bebé. Aproximadamente cada 48 horas nace un bebé en Indiana con pérdida auditiva. La pérdida de la audición no se ve. Su hijo no puede saber si no está escuchando su voz y otros sonidos importantes.

Si existe una pérdida de audición, existe esperanza y ayuda disponible. Los estudios indican que los niños que nacen con pérdida auditiva, la cual fue detectada temprano, tienen una buena probabilidad de aprender el habla y el lenguaje como los niños normales.

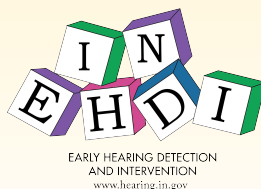
¿Desea hacer preguntas?

Por favor comuníquese con el Programa de Detección Auditiva e Intervención Temprana (The Early Hearing Detection & Intervention (EHDI) Program) llamando al teléfono 317-233-1264 o en la página de Internet www.hearing.in.gov

Nosotros podemos responder a sus preguntas sobre el sentido de la audición de su bebé. Las personas que tienen deficiencia auditiva o que son sordos pueden llamar al 711 que es el teléfono Relay de asistencia TDD y ayuda de operadora en Indiana.

Su médico u hospital pueden ayudarlo. El pediatra de su hijo u otro profesional es el que le ayuda a mantener la salud de su bebé, y supervisa las necesidades médicas del mismo.

Para preguntas o inquietudes acerca de su bebé, llame a la Línea De Ayuda para MADRES de MCH al 1-844-MCH-MOMS (844-624-6667). O visite <http://www.MomsHelpLine.isdh.in.gov>



RESULTADOS DE LA PRUEBA DE AUDICIÓN

Examen Auditivo

Programa de Detección Auditiva e Intervención Temprana (EHDI)

Su bebé, _____, Nacido _____
(Nombre) (Fecha de nacimiento)

Recibió la prueba de audición en el día: _____ En el/la _____
(Fecha)

(Hospital/Clínica)

Oído Derecho: Superó Referido Pasó con Factor de Riesgo*
Oído Izquierdo: Superó Referido Pasó con Factor de Riesgo*

*El factor de riesgo de su bebé es: _____

- ☐ Superó (Aprobó) –Su niño/a posiblemente tiene audición normal.
- ☐ Referido- Su bebé debe recibir lo antes posible, una evaluación audiométrica adicional, efectuada por un audiólogo.
- ☐ Pasó con factor de riesgo- Su niño/a debe recibir exámenes de continuidad, efectuados por un audiólogo cuando él/ella tenga entre 9 a 12 meses de edad.

*FACTORES DE RIESGO QUE PUEDEN LLEVAR A LA PÉRDIDA DE AUDICIÓN EN LA INFANCIA

Algunos niños que pasaron o superaron la prueba de detección auditiva temprana de recién nacidos, pueden tener factores de riesgo que podrían conducir a la pérdida de la audición durante los primeros años de vida. Algunos de los factores de riesgo incluyen:

- Una historia familiar de niños con pérdida auditiva
- Su bebé estuvo expuesto a ciertas infecciones antes del nacimiento
- Su niño precisó de un procedimiento especial para tratar la Ictericia (cuando la piel se vuelve de color amarillo, causado por una alta concentración de bilirrubina, la cual es una proteína normalmente producida por el cuerpo).
- Su niño tiene la cabeza, rostro, u oídos con forma diferente.
- Su niño tiene una condición neurológica (que envuelve al cerebro) que está asociada con la pérdida de audición.
- Su niño tuvo meningitis (una infección que afecta al cerebro y la espina o columna vertebral).
- Su niño tuvo un trauma cerebral que precisó de admisión al hospital.
- Su bebé tomó ciertos medicamentos llamados ototóxicos (que pueden herir o debilitar el sentido de la audición) como por ejemplo, quimioterapia para tratamiento del cáncer.
- Su niño estuvo en la Unidad Neonatal de Tratamiento Intensivo (UTIN) por cinco o más días después del nacimiento.

Si usted desea formular preguntas sobre cualquiera de los factores de riesgo mencionados arriba, o está preocupado sobre la capacidad auditiva de su niño, hable con el médico de su bebé o comuníquese con el Programa de Detección Auditiva e Intervención Temprana (EHDI, en inglés) 317-233-1264 .



Departamento
de Salud
de
Indiana



EARLY HEARING DETECTION
AND INTERVENTION
www.hearing.in.gov

Frequently Asked Questions

Q. Are there different kinds of hearing loss?

Yes. Some types of hearing loss (such as fluid or wax in the ear) can be medically treated. Other types of hearing loss are permanent and cannot be treated with medicine or surgery. People with a permanent hearing loss usually need amplification (such as hearing aids) to help them hear. Your baby's audiologist will talk about available options for your baby.

Q. My baby seems to hear fine. Do I still need to have him or her tested?

Yes! It is important to make sure that your baby hears well in both ears. It's easy to miss mild hearing loss and hearing loss in only one ear. These types of hearing losses can still cause speech and language delays.

Q. I've been told to "wait and see"—Is it OK to wait to have my baby tested?

No! The first six months of life are a very important time in your baby's development. Finding a hearing loss early helps make sure your baby doesn't fall behind in their speech and language skills. If your baby did not pass the screening, follow-up hearing testing should be completed before your baby is three months old.

Q. How many babies are born with hearing loss each year?

85,000 babies are born in Indiana each year. 2 – 3 out of every 1,000 babies have permanent hearing loss in one or both ears.



Questions?

The Early Hearing Detection & Intervention Program (EHDI)

This program, which is part of the Newborn Screening Program at the Indiana State Department of Health, can answer questions about your baby's hearing and provide help.

Call **317.233.1264** for more information, or go to www.hearing.in.gov. Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with this call at 711 if needed.

Ask Your Doctor

Call your primary care provider or your medical home. They help keep your child healthy and oversee your baby's medical needs.

First Steps Early Intervention System

This program provides follow-up services for babies from birth to three years of age who have developmental delays. For more information, go to

<https://www.in.gov/fssa/4655.htm>

MCH MOMS HELPLINE

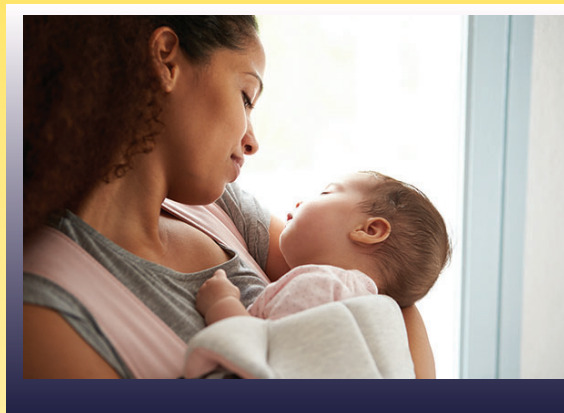
For questions or concerns about your baby, call 1-844-MCH-MOMS (844-624-6667)

Or go online to

<http://www.MomsHelpLine.isdh.in.gov>

What If My Baby Needs More Hearing Testing?

If your baby did not pass the newborn hearing screening or has risk factors for hearing loss, more testing is needed, so **DON'T DELAY!**



Parents and babies communicate right from the start. You communicate your love in so many ways: through your voice, your touch and your facial expressions. Enjoy these moments with your baby!



THE EARLY HEARING DETECTION & INTERVENTION PROGRAM

317.233.1264 www.hearing.IN.gov

Why Does My Baby Need More Testing?

Your baby may need more hearing testing for one of two reasons:

1. **Your baby did not pass the newborn hearing screening** Your baby may have had temporary fluid in the ear, may have been moving a lot during testing, or may have actual hearing loss. You will find the answers with more testing, so **DON'T WAIT! Further testing should be done by three months of age.**
2. **Your baby passed the newborn hearing screening, but has risk factors for hearing loss in childhood** Although your baby passed the hearing screening, your baby has at least one risk factor that can lead to hearing loss during childhood. Your baby should be tested between 9 and 12 months of age or sooner if you are concerned about your baby's hearing. Some risk factors for hearing loss include:
 - ✓ Your family has a history of children with hearing loss
 - ✓ Your baby was exposed to certain infections before birth
 - ✓ Your baby needed a special procedure to treat jaundice
 - ✓ Your baby's head, face or ears are shaped or formed differently

The Who, What and Why of Newborn Hearing Screening brochure, located on our website has a list of other risk factors that can lead to hearing loss.

What Will Happen Next?

1. **Referral to an audiologist** Your baby's hospital should refer your baby directly to an audiologist or to your doctor for a referral to an audiologist.
 - ✓ An audiologist is an expert in hearing testing and follow-up. Babies should be seen by an audiologist who has experience in testing very young babies.



2. **Testing by an audiologist** Your baby should be seen by an audiologist who works with newborns and young children. Your baby's doctor or our office can help you find someone qualified to complete the testing. This should be done by three months of age. For more information, go to www.hearing.in.gov

3. **Follow-up hearing testing** Hearing testing is done while your baby is asleep or resting quietly. These tests are safe and do not hurt your baby. There are three possible results of this follow-up hearing testing:

- ✓ Your baby does not have any hearing problems.
- ✓ Your baby has a hearing loss that may be temporary and treatable. Your baby will be referred to a doctor for treatment.
- ✓ Your baby has a permanent hearing loss and will need ongoing care by specialists trained to work with children who have hearing loss.

If hearing loss is found early (before 3 months of age), and follow-up help is started right away (before 6 months of age), your baby has a good chance of learning to communicate at the same pace as children without hearing loss.

4. **Follow-up care** If your child does have hearing loss, you will be referred to a medical specialist such as an ear, nose and throat doctor and First Steps, both of which know how to work with babies with hearing loss. You will also be provided parent-to-parent support through the Guide by Your Side program to help you along in the process.

Preguntas Frecuentes

P. ¿Existen diferentes tipos de pérdida de la audición?

Sí. Algunos tipos de pérdida de la audición (tales como líquido o cera en el oído) pueden ser tratados con medicamentos. Otros tipos de pérdida de la audición son permanentes y no pueden ser tratados con medicamentos o cirugía. Las personas con una pérdida de audición permanente, por lo general necesitan de sistemas de amplificación (como los audífonos) para ayudarlas a escuchar. El audiólogo de su bebé le hablará acerca de las opciones de tratamiento disponibles para su bebé.

P. ¿Mi bebé parece escuchar bien. Todavía necesito efectuarle la prueba?

Sí. Es importante asegurarse de que su bebé oiga bien en ambos oídos. En una prueba como ésta, es fácil que pase desapercibida una pérdida auditiva leve, que solamente se manifiesta en un oído. Estos tipos de pérdidas de audición pueden causar retrasos en el habla y lenguaje.

P. Me han dicho que "hay que esperar para ver" – ¿Es seguro esperar para efectuarle la prueba a mi bebé?

¡No! Los primeros seis meses de vida son los más importantes en el desarrollo de su bebé. Encontrar temprano una pérdida de audición, asegura que su bebé no se quede atrasado en sus habilidades del habla y lenguaje. Si su bebé no pasó el examen, será necesario efectuar pruebas de seguimiento antes de que el niño complete los tres meses de edad.

P. ¿Cuántos bebés nacen con pérdida de audición cada año?

85.000 bebés nacen en Indiana cada año. 2 – 3 de cada 1.000 bebés tienen pérdida permanente de la audición en uno o ambos oídos.



Si tiene preguntas, por favor diríjase a las siguientes entidades

Programa de Detección Auditiva e Intervención Temprana (EHDI)

Este programa, que forma parte del Programa de Detección Temprana en Recién Nacidos del Departamento de Salud Pública de Indiana, puede responder preguntas acerca de la audición de su bebé y proporcionar ayuda.

Llame al 317.233.1264 o por medio de la página de Internet www.hearing.in.gov. Las personas que son sordas o tienen problemas auditivos pueden utilizar el sistema Relay Indiana para ayudarlas con una llamada de TDD al 711, si es necesario.

Pregunte a su Médico

Llame a su médico o pediatra. Él le ayudara a mantener a su hijo saludable y a supervisar las necesidades médicas de su bebé.

Primeros Pasos Sistema de Intervención Temprana

Este Programa ofrece servicios de seguimiento para niños de cero a tres años de edad, con retrasos en el desarrollo. Para mas informacion visite

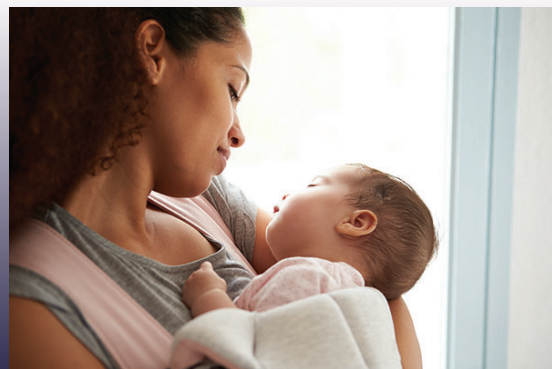
<https://www.in.gov/fssa/4655.htm>

LÍNEA DE AYUDA PARA MADRES

Para preguntas o inquietudes acerca de su bebé, Llame al 1-844-MCH-MOMS (844-624-6667) O visite <http://www.MomsHelpLine.isdh.in.gov>

¿Y Si Mi Bebé Necesita De Más Pruebas De Audición?

Si su bebé no pasó la prueba de detección de audición en recién nacidos o tiene factores de riesgo de pérdida de la audición, más pruebas son necesarias, por lo tanto ¡NO DEMORE!



Los padres y bebés se comunican directamente desde el inicio. Usted comunica su amor en varias maneras: a través de su voz, su toque y sus expresiones faciales. ¡Disfrute de estos momentos imprecindibles con su bebé!



PROGRAMA DE DETECCIÓN AUDITIVA E INTERVENCIÓN TEMPRANA

317.233.1264 www.hearing.IN.gov

¿Por Qué Mi Bebé Necesita Más Pruebas?

Su bebé puede necesitar más pruebas de audición por una de dos razones:

1. Su bebé no pasó la prueba de detección temprana de audición. Su bebé podría haber tenido líquido en el oído, podría haberse movido mucho durante la prueba, o puede tener pérdida real de audición. Usted encontrará la respuesta efectuando pruebas adicionales, **POR LO TANTO, NO ESPERE! Las pruebas adicionales deberán hacerse antes de los 3 meses.**

2. Aunque su bebé pasó la prueba de audición, su niño tiene por lo menos un factor de riesgo que puede causarle pérdida de audición o sordera durante la infancia.

A su bebé deberá efectuársele la prueba entre los 9 y 12 meses de edad o antes, si usted está preocupado con su audición. Algunos factores de riesgo de pérdida de audición incluyen:

- ✓ Su familia tiene un historial de niños con pérdida de la audición.
- ✓ Su bebé fue expuesto a determinadas infecciones antes del nacimiento.
- ✓ Su bebé necesitó un procedimiento especial para tratar la ictericia.
- ✓ La cabeza, rostro y orejas de su bebé están formados diferente.

El folleto titulado “Quién, Qué y Porqué de las Pruebas de Detección de Audición en Recién Nacidos” tiene una lista de otros factores de riesgo que pueden conducir a la pérdida de la audición.

¿Qué pasará después?

1. Su bebé será referido a un audiólogo.

El hospital de su niño deberá referir a su hijo directamente a un audiólogo o a su pediatra para que éste lo refiera al audiólogo.

- ✓ El audiólogo es un profesional especializado en efectuar pruebas de audición y de dar continuidad al proceso. Los niños deberían ser vistos por un audiólogo competente que tenga experiencia en efectuar pruebas de ese tipo en recién nacidos.



2. Prueba profesional de audiología.

Su hijo debería ser visto por un audiólogo que trabaje con recién nacidos y niños pequeños. El médico de su bebé o el personal del cuerpo de enfermeras del hospital pueden ayudarlo a obtener una cita para la consulta con un audiólogo que efectuará la prueba de audición en su bebé. **Esta prueba debe efectuarse antes de 3 meses de edad.**

3. Prueba de seguimiento de la audición

La prueba de audición es efectuada mientras su bebé está dormido o descansando con tranquilidad. Las pruebas son seguras y no hacen daño o lastiman a su bebé. Existen tres resultados posibles en la prueba de seguimiento de la audición:

- ✓ Su bebé no tiene ningún problema de audición.
- ✓ Su bebé tiene una pérdida auditiva que puede ser temporal y tratable. Su hijo será referido a un médico para tratamiento.
- ✓ Su bebé tiene una pérdida de audición permanente y precisará de un tratamiento continuo efectuado por especialistas capacitados y entrenados para trabajar con niños que tienen pérdida de audición.

Si la pérdida de audición es encontrada temprano (antes de los 3 meses de edad), y se inicia el proceso de ayuda de seguimiento inmediatamente (antes de los 6 meses de edad), su bebé tiene una buena posibilidad de aprender a comunicarse al mismo ritmo que los niños sin pérdida de audición.

4. Cuidados de continuidad del tratamiento.

Si su hijo tiene pérdida de la audición, el médico de su bebé u otro profesional médico puede referirlo a un especialista Otorrinolaringólogo (médico de oído, nariz y garganta) y otros profesionales de intervención médica temprana, que sepan cómo trabajar con bebés con pérdida de la audición. También se le ayudará con apoyo de padres a padres a través del programa Guía de Padres para que lo apoyen en este proceso.

FAQs

Newborn Hearing Screening Follow Up

Early Hearing Detection and Intervention (EHDI)

www.hearing.in.gov (317) 232-0972



The hospital said my baby “referred” on the newborn hearing screening, what does “refer” mean?

Refer means that your baby did NOT pass the newborn hearing screen. It does not mean your child definitely has a hearing loss but it does mean that additional testing is critical to determine what your baby’s hearing status is. **The follow up hearing test should be completed by 3 months of age or sedation may be required to complete the test.** The hospital should have referred you directly to an audiologist in your area who is equipped and experienced in testing the hearing of babies. There is a list of audiologists in the state who can provide hearing tests on babies on our website www.hearing.in.gov (list is labeled “Comprehensive and Limited Audiology Provider Facilities”)



What is an audiologist?

An audiologist is a licensed health care provider (with a doctorate or master’s degree) who has the education, training and specialized equipment to test and diagnose hearing loss and make necessary recommendations for follow up.

Not every audiologist is equipped and experienced to provide hearing tests on infants.

Please find a list of audiology providers throughout the state of Indiana who can complete audiology testing on babies and children on our website at www.hearing.in.gov. The list of audiologists is listed under FAMILY RESOURCES” and is labeled “Comprehensive and Limited Audiology Provider Facilities”.

My baby reacts to loud sounds, does he/she still need testing?

Hearing isn’t “all or none”. There are different levels of hearing loss. Even if your baby can hear loud sounds or your voice when you are close, he/she may not be able to hear soft or medium level sounds or speech. Sounds in our speech have different loudness levels. A child with hearing loss may only hear parts of words (i.e. they may only hear “a” in a word like “sat”). An audiology exam (hearing test) should be completed by the time your baby is three months of age.



Is hearing loss and deafness common?

Hearing loss is one of the most common conditions that can be identified at birth and is present in 1-3 babies per thousand. There are also risk factors that put a child at risk for developing hearing loss later in childhood. 90% of children who are born as deaf or hard of hearing are born into families where no one else is deaf or hard of hearing, so it is important to have your baby tested even if there is no family history.



My baby can't talk yet, so there isn't a rush to see if he has hearing loss. Can we just test again later if we notice anything?

Even though children don't start using their first words until closer to 12 months, they do LISTEN from the moment they are born. These early months of listening are critical for development of brain function and development of speech and language skills. For example, they may hear you say "mama", "dada" or "bye-bye" hundreds of times before they actually say it. Hearing words over and over again is how they learn to say them. The earlier the hearing loss is found in an infant, the earlier he/she can start receiving services to improve speech, language and learning.



I don't have insurance. How will I pay for the hearing test? How much does it cost?

Medicaid and most private health insurance plans cover the costs of the hearing test and any resulting testing until the infant is 24 months of age. You should confirm the cost of the evaluation with the provider when you schedule. There are also some locations in Indiana who provide testing at no charge or on a sliding scale. There is a list of audiology providers in Indiana who can test babies after newborn hearing screening listed on our website at www.hearing.in.gov.

Will the test still be accurate if my baby has fluid in his/her ears?

Yes, the test can still be completed. Special testing will determine if the hearing loss is from the fluid or if there is a permanent hearing loss. Your baby may need repeat testing to determine his/her hearing after fluid is resolved and also to make sure the fluid is gone.

If my baby passed in one ear, does he/she still need testing?

Absolutely! Hearing loss in one ear does impact speech, language and learning. This becomes even more apparent in groups or noisy situations. It impacts a child's ability to tell what direction sounds are coming from, so knowing if a child has a loss in one ear is a safety issue as well. Also, hearing loss in one ear puts a child at risk for developing a loss in the other ear so it is important to monitor hearing levels in both ears.



The Early Hearing Detection and Intervention program (EHDI) at the Indiana State Department of Health is committed to the state and national goals of "1-3-6". EHDI is tasked with making sure that every baby born Indiana receives a hearing screening by 1 month of age, if they don't pass newborn hearing screening, receive a diagnostic audiology exam by 3 months of age, and if identified as deaf or hard of hearing, enrolled in early intervention services by 6 months of age. Our staff is able to support and help parents and health care providers throughout the process of newborn hearing screening and follow up services. Please contact one of our parent consultants for any questions regarding newborn hearing screening or follow up services.

EHDI Parent Consultants:

Lisa Wolfe | lwolfe@health.in.gov | 317-232-0886
Julie Swaim | jwaim@ihealth.in.gov | 317-232-0888



PREGUNTAS FRECUENTES

Seguimiento de la evaluación auditiva del recién nacido

Programa de Detección Auditiva e Intervención Temprana (EHDI)

www.hearing.in.gov (317) 232-0972



En el hospital me indicaron que mi bebé fue "referido" durante el examen de audición del recién nacido, ¿qué significa "referido"?

Referido significa que su bebé NO pasó la prueba de audición para recién nacidos. No significa que su hijo definitivamente tenga una pérdida auditiva, pero sí significa que es fundamental realizar pruebas adicionales para determinar cuál es el estado auditivo de su bebé. La prueba de audición de seguimiento debe completarse antes de los 3 meses de edad, de otra forma es posible que se requiera sedación para completar esta prueba. El hospital debe referirlo con un audiólogo pediátrico en su área que esté equipado y tenga experiencia en evaluar la audición de bebés. El estado proporciona una lista de audiólogos que pueden realizar pruebas de audición en bebés. Visite nuestro sitio web www.hearing.in.gov (la lista está bajo "Oficinas de proveedores de audiología completa y limitada").



¿Qué es un audiólogo?

Un audiólogo es un proveedor de atención médica con licencia (con un doctorado o maestría) que tiene la educación, la capacitación y el equipo especializado para hacer pruebas, diagnosticar la pérdida auditiva y hacer las recomendaciones necesarias para el seguimiento. No todos los audiólogos están equipados y tienen experiencia para realizar pruebas de audición en bebés. Visite nuestro sitio web para ver una lista de proveedores de audiología en todo el estado de Indiana que pueden completar pruebas de audiología en bebés y niños: www.hearing.in.gov. La lista de audiólogos se encuentra bajo "RECURSOS FAMILIARES" y está etiquetada como "Oficinas de proveedores de audiología completa y limitadas".

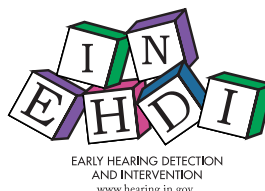
Mi bebé reacciona a los sonidos fuertes, ¿todavía necesita pruebas?

Escuchar no significa "todo o nada". Hay diferentes niveles de pérdida auditiva. Incluso si su bebé puede escuchar sonidos fuertes o su voz cuando está cerca, es posible que no pueda escuchar sonidos suaves, de nivel medio o el volumen promedio del habla. Los sonidos en nuestra habla tienen diferentes niveles de volumen. Es posible que un niño con pérdida auditiva solo escuche partes de las palabras (es decir, es posible que solo escuche "a" en una palabra como "sal"). Se debe completar un examen de audiología (prueba de audición) antes de que su bebé tenga tres meses de edad.



¿Es común la pérdida de audición y la sordera?

La pérdida auditiva es una de las afecciones más comunes que se pueden identificar al nacer y está presente en 1 a 3 bebés por cada mil. También existen factores que ponen a un niño en riesgo de desarrollar pérdida auditiva más adelante en la niñez. El noventa por ciento de los niños que nacen sordos o con problemas de audición nacen en familias en las que nadie más es sordo o con problemas de audición, por lo que es importante que le hagan una prueba a su bebé incluso si no hay antecedentes familiares.



Mi bebé todavía no puede hablar, por lo tanto no tengo prisa por saber si tiene pérdida auditiva o no. ¿Podemos probar de nuevo más tarde si notamos algo?

Aunque los niños no comienzan a usar sus primeras palabras hasta cerca de los 12 meses, ellos ESCUCHAN desde el momento en que nacen. Estos primeros meses de escuchar son fundamentales para el desarrollo de la función cerebral y el desarrollo de las habilidades del habla y el lenguaje. Por ejemplo, es posible que le escuchen decir "mamá", "papá" o "adiós" cientos de veces antes de que realmente lo digan. Escuchar palabras una y otra vez es la forma en que un niño aprende a decirlas. Cuanto antes se detecte la pérdida de audición en un bebé, más pronto podrá comenzar a recibir servicios para mejorar el habla, el lenguaje y el aprendizaje.

No tengo seguro médico. ¿Cómo pagaré la prueba de audición? ¿Cuánto cuesta?

Medicaid y la mayoría de los planes de seguro médico privados cubren los costos de la prueba de audición y cualquier prueba resultante hasta que el bebé tenga 24 meses de edad. Recomendamos confirmar el costo de la evaluación cuando programe el examen. También hay algunos lugares en Indiana que brindan pruebas sin costo o bajo un programa basado en ingresos. Hay una lista de proveedores de audiología en Indiana que pueden realizar pruebas a los bebés después de una prueba de audición para recién nacidos que se encuentra en nuestro sitio web en www.hearing.in.gov.

¿La prueba seguirá siendo precisa si mi bebé tiene fluido en los oídos?

Sí, la prueba aún se puede completar. Pruebas especiales determinarán si la pérdida auditiva se debe al fluido o si existe una pérdida auditiva permanente. Es posible que su bebé necesite repetir la prueba para determinar su audición después de que se haya retirado el fluido y también para asegurarse de que el fluido se haya ido.

Si mi bebé si pasó de un oído, ¿todavía necesita pruebas?

¡Absolutamente! La pérdida auditiva en un solo oído afecta el habla, el lenguaje y el aprendizaje. Esto se vuelve aún más evidente en grupos o situaciones ruidosas. Afecta la capacidad de un niño para saber de qué dirección provienen los sonidos, si el niño tiene



pérdida del oído, esto se convierte en un problema de seguridad. Además, la pérdida de audición en un oído pone al niño en riesgo de desarrollar una pérdida en el otro oído, por lo que es importante controlar los niveles de audición en ambos oídos.

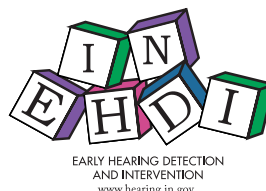
El programa de Detección Auditiva e Intervención Temprana (EHDI) del Departamento de Salud de Indiana está comprometido con las metas estatales y nacionales de "1-3-6". EHDI tiene la tarea de asegurarse que todos los bebés nacidos en Indiana reciban un examen de audición al mes de haber nacido, y si no pasan el examen de audición para recién nacidos, que reciban un examen de diagnóstico de audiología antes de los 3 meses.

Además, si el bebé se identifica con sordera o con pérdida de audición, la meta es que el bebé sea inscrito en los servicios de intervención temprana a los 6 meses de edad. Nuestro personal puede apoyar y ayudar a los padres y proveedores de atención médica durante todo el proceso de evaluación auditiva del recién nacido y servicios de seguimiento. Comuníquese con uno de nuestros asesores de padres si tiene alguna pregunta sobre la evaluación auditiva del recién nacido o los servicios de seguimiento.

Consultores de padres del programa EHDI:

Lisa Wolfe | lwolfe@isdh.in.gov | 317-232-0886

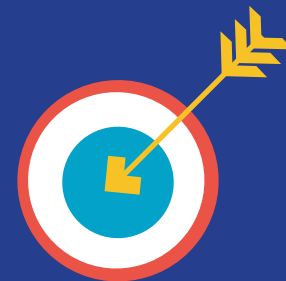
Julie Swaim | jswaim@isdh.in.gov | 317-232-0888



LANGUAGE AND HEARING MILESTONES

0-24 months

Early Hearing Detection and Intervention Program (EHDI)



A child's ability to learn and communicate will develop by listening to people talk to them and around them. Unfortunately, the signs of hearing loss are not always obvious. Below are behaviors that your child should be doing between 0 – 24 months. If your child is not showing these behaviors at the ages listed below, please contact your primary care physician or local audiologist to schedule a hearing test for your child. A list of Indiana audiologists who can complete hearing tests on young children is listed at www.hearing.in.gov or you can call us at **317-232-0972**.

BIRTH to 3 MONTHS

- Quiets when spoken to.
- Changes sucking behavior in response to sound.
- Startles when there is a sudden, loud sound.
- Makes vowel sounds like "ooh" or "ahh".
- Begins to squeal, coo, smile, and gurgle.

3-6 MONTHS

- Looks for sounds with eyes.
- Enjoys toys that make noise.
- Laughs.
- Begins to babble by making sounds like "baba", "gaga", "mama", or "dada".
- Vocalizes excitement and disapproval.



6-9 MONTHS

- Moves eyes and head in the direction of quiet and loud sounds.
- Enjoys games like peek-a-boo and pat-a-cake.
- Uses non-crying sounds to get and keep someone's attention.
- Imitates different sounds they hear.
- Understands "no-no" or "bye-bye".
- Makes babbling sounds even when alone.



9-12 MONTHS

- Responds to their name being called.
- Changes their voice to go up and down in pitch when babbling.
- Responds to music by bouncing or making sounds in response.
- Correctly uses 1 or 2 words (bye-bye).
- Correctly uses mama and dada.

12-18 MONTHS

- Begins to say consonants in speech like m, n, p, b, d, w, h.
- Learns new words each week and can understand many words.
- Begins to develop a vocabulary of 10-20 meaningful words mixed with jargon.
- Understands simple yes-no questions or "not now" and "no more".
- Points to body parts when asked.



18-24 MONTHS

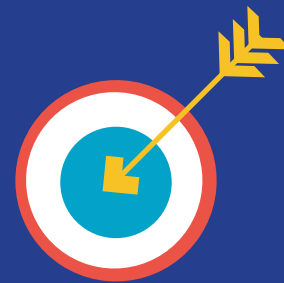
- Follows simple commands and understands simple questions.
- Uses two-word phrases that are somewhat understandable such as "where kitty?" or "more cookie".
- Vocabulary of more than 20 words, with more words each month (has a word for most objects.)
- Points to pictures in a book when named.
- Listens with interest to songs, rhymes, and stories.

For more information about EHDI, visit us on the web at www.hearing.in.gov or you can call us at 317-232-0972.



LENGUAJE Y AUDICIÓN METAS 0 a 24 meses

Programa de Detección Auditiva e Intervención Temprana (EHDI por sus siglas en inglés)



La habilidad del niño/a se desarrolla al escuchar a otros hablarles y hablar a su alrededor. Desafortunadamente, las señales de pérdida auditiva no siempre son obvias. A continuación, se muestran los comportamientos que su hijo debería realizar entre los 0 y los 24 meses. Si su hijo no muestra estos comportamientos en las edades que se enumeran a continuación, comuníquese con su médico de atención primaria o audiólogo local para programar una prueba de audición para su hijo. En www.hearing.in.gov o puede llamarnos al número **317-232-0972**.

DEL NACIMIENTO A LOS 3 MESES

- Se calla cuando se le habla.
- Cambia el ritmo de succión en respuesta al sonido.
- Se sobresalta cuando hay un sonido fuerte y repentino.
- Produce las vocales que suenan como "ooh" o "ahh"
- Empieza a llorar, arrullar, sonreír y gorjear.

DE 3 A 6 MESES

- Busca sonidos con los ojos.
- Disfruta de los juguetes que hacen ruido.
- Se ríe.
- Empieza a balbucear haciendo sonidos como "baba", "gaga", "mamá" o "papá".
- Expresa entusiasmo y desaprobación.



DE 6 A 9 MESES

- Mueve los ojos y la cabeza en la dirección de los sonidos fuertes o silenciosos.
- Disfruta de juegos como "¿dónde está el bebé?" y tortillitas.
- Utiliza sonidos que no son de llanto para captar y mantener la atención de alguien.
- Imita los diferentes sonidos que escucha.
- Entiende "no-no" o "adiós".
- Produce balbuceos incluso cuando está solo.



DE 9 A 12 MESES

- Responde cuando se le llama por su nombre.
- Su tono de voz sube y baja de tono cuando balbucea.
- Responde a la música haciendo sonidos en respuesta.
- Utiliza correctamente 1 o 2 palabras (adiós).
- Usa correctamente mamá y papá.

DE 12 A 18 MESES

- Comienza a decir consonantes cuando habla como m, n, p, b, d, w, h.
- Aprende palabras nuevas cada semana y puede entender muchas palabras.
- Empieza a desarrollar un vocabulario de 10 a 20 palabras significativas.
- Entiende preguntas simples de sí o no, "ahora no" y "no más".
- Señala partes del cuerpo cuando se le pregunta.



DE 18 A 24 MESES

- Sigue órdenes sencillas y comprende preguntas sencillas.
- Utiliza frases de dos palabras que son comprensibles, como "¿dónde gatito?" o "más galleta".
- Vocabulario de más de 20 palabras, con más palabras cada mes (usa una palabra para la mayoría de los objetos).
- Señala imágenes en un libro cuando se nombran.
- Escucha con interés canciones, rimas e historias.

Para obtener más información sobre el EHDI, visítenos en la web en www.hearing.in.gov o puede llamarnos al 317-232-0972.

