

## Facts for the Medical Home

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

#### Indiana State Department of Health

Contact EHDI at (888) 815-0006 or [www.hearing.IN.gov](http://www.hearing.IN.gov)

### Do you know about 1 – 3 – 6?

(It is recommended by numerous agencies and organizations, including the American Academy of Pediatrics.)

1. All babies should be screened for hearing loss before **1 month of age**;
3. Babies who do not pass 2 screens should be seen for diagnostic assessment as soon as possible, but **before 3 months of age**;
6. Babies with diagnosed hearing loss should be enrolled in appropriate intervention as soon as possible after diagnosis, but **before 6 months of age**.

### Updates and changes related to follow-up from Universal Newborn Hearing Screening:

- Effective October 1, 2010, follow-up audiologic testing for babies who do not pass Universal Newborn Hearing Screening (UNHS) or who pass, but have a risk factor for acquired hearing loss, is no longer coordinated or covered through First Steps Early Intervention.
  - *First Steps continues to offer services for:*
    - Children once they are diagnosed with hearing loss and
    - Children who are enrolled in First Steps because of developmental delay for whom a hearing evaluation is recommended to rule out hearing loss as a reason for delay.
- *The EHDI Program recommends hospitals:*
  - Schedule a diagnostic audiologic evaluation with a Level 1 Audiology Provider (see [www.hearing.IN.gov](http://www.hearing.IN.gov)) prior to hospital discharge for all babies not passing UNHS and
  - Communicate UNHS results and risk factor information to primary care providers (PCPs).
- Some birthing facilities are referring babies to their primary care provider so that the PCP is responsible for making the diagnostic evaluation referral to an audiologist.
- Due to these changes, it is expected that PCPs and their staff will receive an increase in inquiries for assistance from families. PCPs can help by recommending that follow-up appointments are kept and that diagnostic evaluation results are communicated to the EHDI Program. Audiologists have been informed that they should communicate test findings to PCPs.
- EHDI will continue to make phone calls and send letters to parents and PCPs to assist with follow-up and to obtain diagnostic results.
- Babies who pass UNHS, but have risk factors for delayed-onset hearing loss, should be tested again between 9 to 12 months of age, or sooner if there are concerns. Risk factors for hearing loss include:
  - A family history of childhood hearing loss;
  - Certain *in utero* infections;
  - Hyperbilirubinemia requiring an exchange transfusion;
  - A stay of more than 5 days in the Neonatal Intensive Care Unit (NICU); and
  - A condition, infection (such as bacterial meningitis), or syndrome associated with hearing loss.

- Diagnostic Audiologic Assessment should include:
  - Case history
  - Otoscopic evaluation
  - High / multi-frequency tympanometry
  - Diagnostic Otoacoustic Emissions (OAEs)
  - Auditory Brainstem Response (ABR)

### **Children diagnosed with permanent hearing loss**

- Children diagnosed with permanent hearing loss should be referred to:
  - Primary care provider
  - Pediatric ENT or Otologist
  - Medical Genetics / Genetic Counseling
  - Ophthalmology
  - Early Intervention
  - Family Support
- 92% of children born with hearing loss have two parents *without* hearing loss.
- Babies with permanent hearing loss can be fit with hearing aids as early as 4 weeks (1 month) of age.
- A child with hearing loss may need more than hearing aids. Early intervention programs and services started before six months of age significantly improve communication outcomes.
- A child with hearing loss who receives appropriate intervention before six months of age has a much greater chance of starting kindergarten with age-appropriate communication skills.

### **Information about Indiana's Early Hearing Detection & Intervention (EHDI) Program**

Indiana is doing an excellent job of screening, tracking, and providing follow-up for babies across the state. Approximately 10% of children who do not pass UNHS are diagnosed with permanent hearing loss in Indiana annually; however, there continues to be concern and evidence that several children go unidentified each year. Assistance from physicians, nurses, and audiologists is needed to appropriately identify all Indiana children. Early Hearing Detection and Intervention make a difference!

For additional information, please contact Gayla Hutsell Guignard, M.A., CCC-A/SLP, Cert AVT, EHDI Program Director, at [ghutsell@isdh.in.gov](mailto:ghutsell@isdh.in.gov), (317) 234 – 3358, or (888) 815 – 0006.



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