



Protocol for Newborn Hearing Screening

All infants should be screened for hearing loss before **1 month of age** according to the following protocol. This protocol was developed by a committee of pediatric audiologists appointed by the Sound Beginnings Advisory Board and with guidance from the Joint Committee on Infant Hearing (JCIH).

The purpose of a hearing screening is to identify those infants who need further testing. It is not a diagnostic evaluation.

1. Birth Hearing Screening

- The birth hearing screening should be performed using Evoked Otoacoustic Emissions (OAE, TEOAE, DPOAE), Auditory Brainstem Response (ABR, AABR, BAER, ABAER), or a combination of both tests.
- The birth hearing screening should be performed as close to discharge as possible, preferably 12 or more hours after birth. If screenings are performed sooner, a higher rate of failed screenings may occur due to residual birthing debris in the ear canal.
- Both ears should be screened.
- The birth screening should consist of a **maximum of 2 attempts** on each ear.
- If the infant does not pass in one or both ears, re-screening is recommended.

2. Re-screening

- The re-screening should be performed using Evoked Otoacoustic Emissions (OAE, TEOAE, DPOAE), Auditory Brainstem Response (ABR, AABR, BAER, ABAER), or a combination of both tests.
- Re-screening should occur **prior to 1 month of age**.
- Both ears should be re-screened.
- The re-screening should consist of a **maximum of 2 attempts** on each ear at the time of the screening.
- If an infant does not pass or results are inconclusive, the infant should be referred to an audiologist for diagnostic evaluation.

3. Referral for Diagnostic Audiological Evaluation

- An infant should be referred for a diagnostic audiological evaluation after failure to pass a **maximum of 2 hearing screenings**.
- Diagnostic evaluation should be coordinated by the screening facility that is referring the infant for a diagnostic evaluation.
- The diagnostic evaluation should occur **before 3 months of age**.
- Diagnostic evaluations should be performed by an audiologist trained in infant diagnostic audiological evaluation. The following facilities

A maximum of 2 screening tests (the birth screen and one outpatient re-screen), each consisting of a maximum of 2 attempts per ear, should be performed.

The birth hearing screening is the first hearing screening performed on an infant after birth. It should consist of no more than 2 attempts using the same screening technique on each ear.

The re-screening is an outpatient hearing screening that should be performed if an infant does not pass the initial birth hearing screening in one or both ears. The re-screening should be performed prior to 1 month of age. **Any infant who does not pass the outpatient screening should be referred for diagnostic evaluation by a qualified pediatric audiologist.**

are recognized by the Kansas Department of Health and Environment as having the equipment necessary and professionals qualified to perform such evaluations:

KANSAS CITY

University of Kansas Medical Ctr.
Hearing & Speech Department
3901 Rainbow Blvd
Kansas City, KS 66160
913-588-5730

SALINA

Central Kansas ENT Associates
Salina Medical Arts Building
520 South Sante Fe, Suite 200
Salina, KS 67401
785-823-7225

LAWRENCE

Schiefelbusch
Speech-Language-Hearing Clinic
2101 Haworth Hall
Lawrence, KS 66045
785-864-4690

TOPEKA

Topeka Ear Nose & Throat
920 SW Lane Suite 200
Topeka, KS 66606
785-233-0500

OVERLAND PARK

Children's Mercy South
Hearing & Speech Department
5520 College Boulevard Ste 370
Overland Park, KS 66211
913-696-8844

Schiefelbusch
Speech-Language-Hearing Clinic
Topeka Masonic Center
2300 SW 30th Street
Topeka, Kansas 66611
785-864-4690

Hartley Audiology Clinic
at KU Edwards Campus
Regnier Hall, Suite 370
12610 Quivira Road
Overland Park, Kansas 66213
913-588-5730

WICHITA

Via Christi Audiology
1151 N Rock Rd
Wichita, KS 67206
316- 634-3400

Wesley Medical Center
550 N Hillside
Wichita, KS 67214-4976
316-962-2730

Sound Beginnings

Newborn Hearing Screening
Program

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Topeka, Kansas 66612-1274

Phone: (785) 368-7167

Fax: (785) 291-3493

Toll Free: (800) 332-6262

4. Documentation and Communication of Screening Results

- Screening results should be recorded in the infant's medical record.
- Screening results should be communicated to the parents.
- Screening results should be communicated to the infant's primary care physician in writing.
- Screening results should be communicated to SoundBeginnings per stated protocol.
- Families should be provided with information about the hearing screening, risk factors for hearing loss, milestones for normal speech and language development, and resources for more information.
- Families of infants who do not pass the hearing screening will be provided with information on why their baby may not have passed the screening, the importance of timely follow-up, and how to schedule further audiological testing.
- Parents will be provided with information in their preferred language or communication mode.

