



Idaho Sound Beginnings Early Hearing Detection and Intervention Program (EHDI)

Idaho Infant Toddler Program, Department of Health and Welfare
450 W State Street, 5th Floor Boise, ID 83702
(208) 334-0829 FAX (208) 332-7331
IdahoSoundBeginnings@dhw.idaho.gov

Tips for Success-
- quiet baby,
- quiet room,
- good electrode
Impedance
-massage ears

NEWBORN HEARING SCREENING – UP TO TWO SCREENS PER EAR

Repeated screens may seem like a good thing at the time. We would like all babies to ‘pass’. **But-**

*The objective of screening IS to identify babies ‘at risk’,

*The objective is *Not* to get every baby to ‘pass’.

***Failure** = when a baby ‘passes’ falsely due to over screening - the hearing loss still exists but the child is denied all benefits of early identification.

IT’S ALL ABOUT THE BRAIN.

(Early exposure to) intelligible speech is essential for brain growth. -Carol Flexor

Document All live births in HiTrack

Use ISB-EHDI Referral form for every baby who-

Refers,

Has Risk factors for late onset hearing loss,

Was Missed, Transferred or Incomplete.

Distribute the referral form to ISB-EHDI, the audiology office, and the primary physician (PCP) (see detailed instructions on the form) to ensure timely and appropriate care for every baby.

Educate parents.

Make sure parents know where pediatric audiology follow-up services are in your area.

Refer parents to ISB phone # on referral form if they have questions, including any concerns about financial assistance for testing.

Success -

All infants with hearing loss are identified by 3 months of age.

All infants with hearing loss are communicating and developing on a level with their peers.

FAQS –

Twice as many infants are born with hearing loss than the 2nd most prevalent birth disorder – Down syndrome

DATA – 2012

Idaho’s referral rate was 4.1 % (1st half of 2012)

60% of the infants who ‘referred’ completed testing.

Of the 60%, 48 permanent hearing losses were identified by November 2012.

Over 30% of the infants who ‘referred’ have not completed diagnostic testing.

The Idaho EHDI program, Idaho Sound Beginnings, maintains the confidentiality of all records of a child’s newborn hearing screening and diagnostic audiologic assessment



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Screening Parameters

Screening parameters and pass criteria should be pre-set into the hearing screening equipment and reviewed by an audiologist. When the hearing screens are administered a “pass” or “refer” result should automatically appear. There should be no interpretation of results by the hearing screener at the time of screen.

Babies who refer on the first screen are to be screened once more. The baby is allowed up to **TWO SCREENS ONLY PER EAR.**

This is an accepted method of reducing the false positive rate (referring babies with normal hearing).

Excessive screening can increase the false negative rate (passing babies with actual hearing loss).

Because other reasons such as debris in the ear canal may be the cause of a “refer” result, the preferable age of initial screening is 4 hours of age in the well-baby nursery and no less than 6-8 hours before discharge to allow time for a second screen if needed.

Quality Assurance

All infants should be screened.

All births should be accounted for in the data system.

A referral rate of no more than 4% should be maintained by screening facility.

(A rate between 2-4% is recommended)

Results

Screening results should be clearly communicated to the family using a pre-scripted message. Appropriate forms should be completed immediately. It is preferable to obtain parent signature at this time.