Guidelines for
Risk Monitoring for Delayed Onset Hearing Loss

Class A: Risk indicators

* In-utero infections (congenital CMV)
* Culture Positive postnatal infection (Bacterial and viral meningitis)
* Syndromes associated with progressive or delayed onset hearing loss (Neurofibromatosis, Osteopetrosis, Usher Syndrome, Townes-Brock)
* Syndromes associated with hearing loss (Down syndrome and Sticklers)
* Cleft Lip/Palate
* ECMO assisted ventilation
* Head Trauma involving basal skull/temporal fracture that requires hospitalization
* Chemotherapy treatments
* Neurodegenerative disorders or sensory motor neuropathies
* Hyperbilirubinemia requiring exchange transfusion

If baby passes the newborn hearing screening & has one or more CLASS A risk indicators = Recommendation for diagnostic ABR evaluation with pediatric audiologists by 3 months of age.

Class B: Risk indicators

* Family history of childhood hearing loss
* In-Utero Infection (Herpes, Rubella, Syphilis, Toxoplasmosis)
* NICU stay of greater than 5 days
* Any amount of ototoxic exposure (aminoglycosides)
* Any amount of mechanical ventilation
* Craniofacial anomalies involving pinna, ear canal, ear pits and temporal bone anomalies

If baby passes the newborn hearing screening & has one or more CLASS B risk indicators = Recommendation for diagnostic pediatric hearing evaluation by 1 year of age.

NOTE: If baby REFERS on the newborn hearing screening after two attempts – Recommendation for Diagnostic ABR evaluation to be completed by 3 months of age (JCIH 2007)

* Any parental/caregiver hearing concerns warrants a referral to a pediatric audiologist.
** Infants readmitted to the hospital within the first 30 days of life should be re-screened if any risk indicators are present.

References:

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