



Arkansas Department of Health  
**Primary Care Physicians' Guide  
For Infant Hearing Screenings**





# Table of Contents

**Who is EHDI? ..... 1**

**Arkansas Law – Act 1559 of 1999..... 2**

**1-3-6 “When Should Infants Be Screened?” ..... 3**

**1-3-6 Newborn Hearing Screening Checklist ..... 4-5**

**Communicating Results to Families ..... 6**

**AR Specific Roadmap ..... 7**

**Reducing Loss to Follow Up Documentation Guidelines  
for Medical Providers..... 8**

**Resources to Assist Families ..... 9**

# EHDI

## Early Hearing Detection and Intervention

### Who Is EHDI?

Hearing loss is the most common congenital condition in the United States. Each year, an estimated three in 500 infants are born with moderate, severe, or profound hearing loss resulting in potentially delayed development in language, learning, and speech. Children who are deaf or hard of hearing face a neuro-developmental emergency and need to be identified as quickly as possible so appropriate intervention services can begin.

The mission of Arkansas' EHDI Program, Arkansas Department of Health' Infant Hearing Program, is to ensure all newborns meet American Academy of Pediatrics (AAP) EHDI Goals:

- Ensure early identification of all deaf and hard-of-hearing children and access to timely intervention enrollment.
- Enhance physicians' knowledge about EHDI 1-3-6 guidelines – screening by 1 month of age, diagnosis of hearing loss by 3 months of age, and enrollment in early intervention by 6 months of age if diagnosed with hearing loss.
- Incorporate EHDI into an integrated, medical-home approach to child health.
- Ensure newborn hearing screening results are clearly communicated to parents and reported to EHDI in accordance with state laws and rules.

For tracking and surveillance, the EHDI Program needs hospitals, primary care physicians, pediatricians, audiologists, and interventionists to provide accurate and complete information regarding hearing screening, testing, and intervention next steps on a consistent basis. This also allows the EHDI Program to connect families to appropriate resources and services.

# Arkansas Law - Act 1559 of 1999

An Act to ensure early detection of hearing loss for all newborns/infant children in Arkansas and to establish the universal newborn/infant hearing screening, tracking, and intervention program and advisory board.

- All birthing hospitals must provide bilateral hearing screening on each birth admission;
- All birthing hospitals, physicians, or other providers administering initial screening or follow-up care must report result to the ADH IHP;
- All birthing hospitals, physicians, or other providers administering initial screening or follow-up care shall inform parents where to obtain medical and audiological follow-up screening/care.

All test results are reported via the Electronic Registry of Arkansas Vital Events (ERAVE), a web-based database that collects and reports hearing, birth, and death records.



# 1-3-6 “When Should Infants Be Screened?”

## “1-3-6 EHDI Plan”

Joint Committee on Infant Hearing

- 1 – Hearing screenings, and when necessary a rescreening, for all newborns should be completed by 1 month of age.
- 3 – A diagnostic hearing evaluation by an audiologist specializing in pediatrics should be completed by 3 months of age if the newborn did not pass the newborn hearing screening.
- 6 – Early Intervention (EI) must be initiated by 6 months of age if a newborn is diagnosed with a hearing loss. The child should be referred to EI as soon as possible after diagnosis of the hearing loss.

## Medical Provider Checklist

- At 1st Well-Baby Visit – Review hearing screening results on hospital discharge summary.
- If newborn hearing screening results indicate a referred or missed/incomplete screen, the baby should return to the birthing hospital or another follow-up provider within two weeks for a rescreen.
- If the baby has failed two newborn hearing screenings he/she should be referred for a hearing evaluation including a diagnostic Auditory Brainstem Response (ABR) evaluation by an audiologist specializing in pediatrics.

Newborn Hearing Screening Checklist provided with this toolkit to assist with next steps in the 1-3-6 process, [https://www.healthy.arkansas.gov/images/uploads/pdf/NBHS\\_Checklist.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/NBHS_Checklist.pdf).



# 1-3-6 NEWBORN HEARING SCREENING CHECKLIST

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

<b>1 INITIAL SCREENING</b> <i>(by no later than 1 month of age)</i>		
Has the child had a newborn hearing screening?	<b>Yes</b>	<b>No</b> ⇒ Schedule initial screening
Did you obtain the test results from the screening hospital or state EHDI program?	<b>Yes</b>	<b>No</b> ⇒ Contact the hospital or state EHDI program
Are the results recorded in the patient's chart?	<b>Yes</b>	<b>No</b> ⇒ Record test results in patient chart
Did the child pass the newborn hearing screening?	<b>Yes</b>	<b>No</b> ⇒ Schedule rescreening appointment
Have the results been reported to the state EHDI program?	<b>Yes</b>	<b>No</b> ⇒ Confirm results have been reported to state EHDI program within 48 hours of receiving them
Have results been discussed with family?	<b>Yes</b>	<b>No</b> ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging a rescreening
Has a rescreening occurred (if the initial screen resulted in "did not pass" or if otherwise necessary)?	<b>Yes</b>	<b>No</b> ⇒ Schedule rescreening appointment
<b>RESCREENING</b> <i>(by no later than 1 month of age)</i>		
Where will the rescreening be performed? ✓ If hospital/outpatient center, when is the rescreening appointment? ✓ If conducted in office: • Determine what screening equipment was used at the hospital. • Follow the AAP office rescreening guidelines.	<input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Office <input type="checkbox"/> Other (specify): _____ <hr/> Location: _____ Date: _____	
Did the child pass the rescreening?	<b>Yes</b>	<b>No</b> ⇒ Send child to audiologist with pediatric expertise for diagnostic evaluation.
Are the results recorded in the patient chart?	<b>Yes</b>	<b>No</b> ⇒ Record results in patient chart.
Have the results been discussed with the family?	<b>Yes</b>	<b>No</b> ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging an audiologic evaluation
Have the results been reported?	<b>Yes</b>	<b>No</b> ⇒ Confirm results have been reported to state EHDI program within 48 hours of receipt

**3** **DIAGNOSTIC EVALUATION** *(by no later than 3 months of age)*

If the child did not pass the rescreening, was he/she referred to an audiologist with expertise in pediatrics?	<b>Yes</b> Provider: _____ Date of Visit: _____	<b>No</b> ⇒ Refer to audiologist with expertise in pediatrics
Were the results of the diagnostic test normal?	<b>Yes</b>	<b>No</b> ⇒ Discuss early intervention (EI) and need for comprehensive plan
Have the results been discussed with the family?	<b>Yes</b>	<b>No</b> ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss EI and need for comprehensive plan
Have the results been reported?	<b>Yes</b>	<b>No</b> ⇒ Confirm results have been reported back to state EHDI program within 48 hours of receipt

**6** **EARLY INTERVENTION** *(by no later than 6 months of age)*

If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multidisciplinary evaluation?	<b>Yes</b> Date of visit: _____	<b>No</b> ⇒ Provide referral for EI, ophthalmology, and otolaryngology and offer referral for genetics
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**ONGOING SURVEILLANCE AND SCREENING**

Continue to perform ongoing surveillance and screening for late-onset hearing loss, particularly children with risk factors.

\*JCIH Risk Factors



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# Communicating Results To Families

## Suggestions for Communicating Results to Families

(From the Texas EHDl Program)



**DO** give a **POSITIVE** message:

- “Your baby did not pass the hearing screening.”
- “Your baby did not pass on (the left/right or either ear), which means more information is needed about your baby’s hearing”
- “The next step is an outpatient follow-up rescreen for your baby when they are at least 10 days old”.



**DO** give the **“AR Specific Roadmap”** handout to explain processes for rescreen and audiological diagnostic evaluations.



**DO** discuss why an outpatient follow-up rescreen is needed. According to your hospital’s newborn hearing screening procedures, possibly offer to assist with getting an appointment with another facility if your hospital does not perform follow-up rescreens.



**DO NOT** say:

- Your baby failed or referred.
- A lot of babies don’t pass. (minimizes need to attend rescreen)
- Your baby doesn’t need follow-up testing.
- Your baby was fussy. (Then it was an invalid screening)
- The equipment was not working right. (Then it was an invalid screening)



**DO NOT** assume:

- It’s just because of fluid or vernix.
- Your baby is deaf or hard of hearing.
- Probably nothing is wrong.



**DO NOT** perform multiple screens in an attempt to get a pass:

- Complete two screen attempts, one inpatient and one outpatient rescreen, then refer for diagnostic testing.



# Arkansas Specific Roadmap

## Birth

Home or Hospital Birth  
1st Newborn Hearing Screen  
Date: \_\_\_\_\_

**Screening Results**

Left Ear	Right Ear
<input type="checkbox"/> Did not pass	<input type="checkbox"/>
<input type="checkbox"/> Pass	<input type="checkbox"/>
<input type="checkbox"/> Not screened (missed)	<input type="checkbox"/>

Be sure your doctor gets the results of all tests!

Call or Text: Guide By Your Side  
501-492-9162

## Before 1 Month

Outpatient Hearing Screen (or Rescreen)  
Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Screening Results**

Left Ear	Right Ear
<input type="checkbox"/> Did not pass	<input type="checkbox"/>
<input type="checkbox"/> Pass	<input type="checkbox"/>
<input type="checkbox"/> Not screened (missed)	<input type="checkbox"/>

Children less than 1 month old need a rescreen. Children over 1 month old, need a diagnosis/evaluation.

Call or Text Guide By Your Side  
501-492-9162

## Before 3 Months

Evaluation by a Pediatric Audiologist with experience testing children 0-6 months of age.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Test Results**

Left Ear	Right Ear
<input type="checkbox"/> No Hearing Loss	<input type="checkbox"/>
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/>

If a baby has a HEARING LOSS, the next steps are:

Expect calls from:  
 -- Arkansas Department of Health's Infant Hearing Program  
 -- DHS' First Connections  
 -- Guide By Your Side  
 Learn about assistive listening devices and communication options.

Call or Text Guide By Your Side  
501-492-9162

## Before 6 Months

Enroll in early intervention program with experience serving children who are deaf or hard of hearing.

Regular visits to Pediatric Audiologist

\*children who participate in early intervention prior to six months can have age appropriate skills by preschool.

Evaluations to discuss with your medical home provider:

- Ophthalmologist (Eye Specialist)
- Genetic Specialist
- Other Medical Specialists (heart, development, kidneys, etc.)

Early Head Start Information

Call or Text Guide By Your Side  
501-492-9162

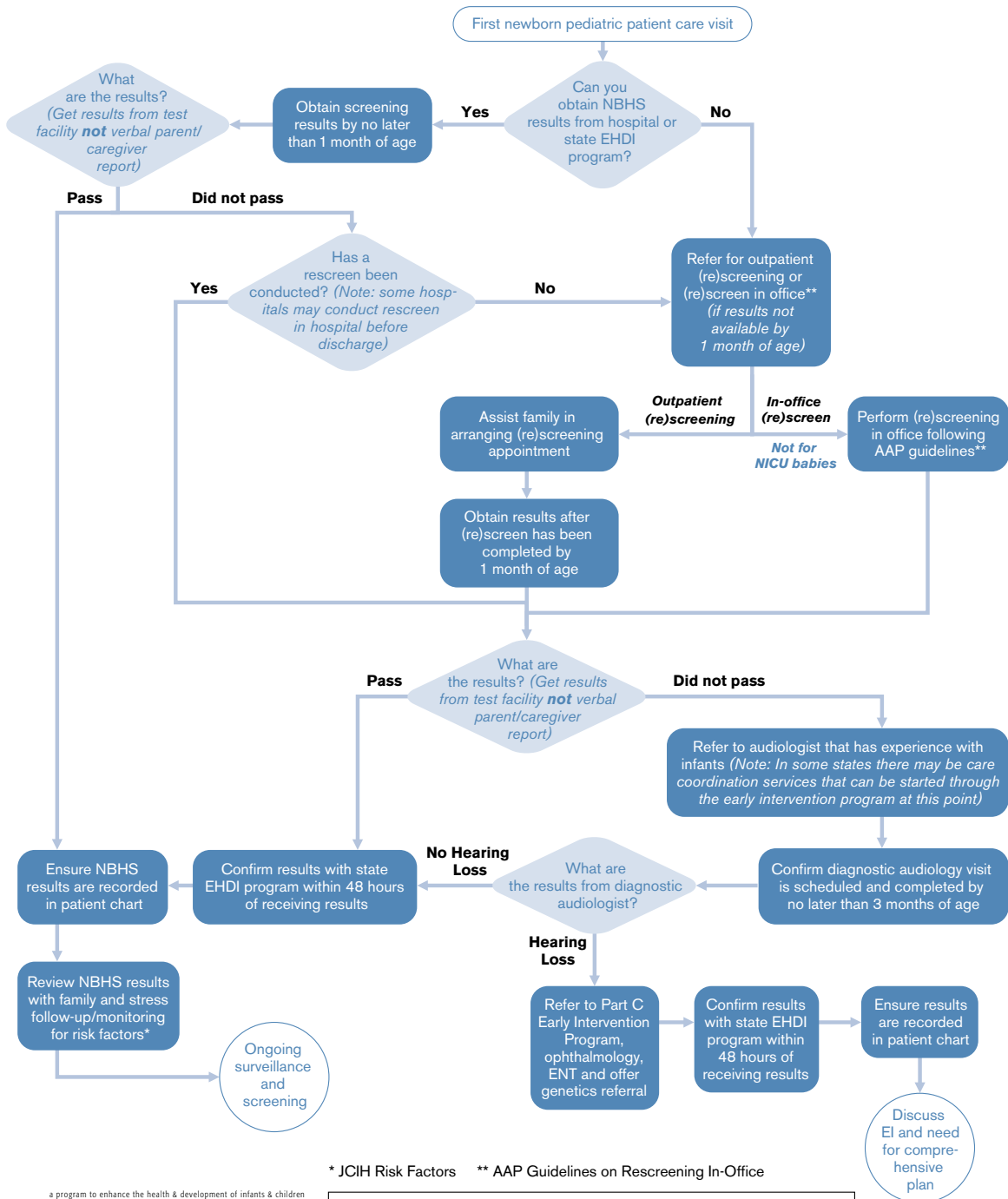


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# Reducing Loss to Follow Up Documentation Guidelines for Medical Providers

## REDUCING LOSS TO FOLLOW-UP/DOCUMENTATION IN NEWBORN HEARING SCREENING: GUIDELINES FOR MEDICAL HOME PROVIDERS



\* JCIH Risk Factors \*\* AAP Guidelines on Rescreening In-Office



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# Resources to Assist Families

## Has your child been diagnosed as deaf or hard of hearing?



Organizations who will contact you:

How they can help:

### Infant Hearing Program

(Arkansas Department of Health)  
501-280-4740  
[www.arhealthyhearing.com](http://www.arhealthyhearing.com)

Supply information for parents on hearing screenings and connect parents to available resources before and after diagnosis to help you understand the process and make informed decisions. This is your first step towards getting early intervention services for your child.

### Guide By Your Side

(Arkansas Chapter of Hands and Voices)  
501-492-9162  
[www.arhandsandvoices.org](http://www.arhandsandvoices.org)

Connect a parent guide (parent of a deaf or hard of hearing child) to other parents of children with hearing loss to provide support, share real life experiences and help them utilize a network of available services.

### First Connections

(Arkansas Department of Human Services)  
1-800-643-8258  
<https://dhs.arkansas.gov/dds/firstconnectionsweb>

Help families with a child with special needs to secure services that will help the child reach their fullest potential, and to enhance the abilities of the family to assist their child.

### ASD Outreach Services

(Arkansas School for the Deaf)  
501-324-9522 or 501-246-8452 Video Phone  
<http://www.arschoolforthe deaf.org>

Offer outreach services to children who are deaf and hard of hearing, their families and service providers.

### Children with Chronic Health Conditions

(Arkansas Department of Human Services)  
1-800-482-5850 ext. 22277  
<https://humanservices.arkansas.gov/about-dhs/ddds/childrens-services-information/title-v-children-with-special-health-care-needs-cshcn>

Provide targeted case management services to assist families in accessing all medical, social, education, and other services appropriate to the child's special health care needs.

For more information, call the Arkansas Department of Health Infant Hearing Program at 501-280-4740.





**For more information, contact:**

**Arkansas Department of Health Infant Hearing Program  
4815 W. Markham, Slot 17  
Little Rock, AR 72205  
501-280-4740  
[ADHEHDI.FB@arkansas.gov](mailto:ADHEHDI.FB@arkansas.gov)  
[www.arhealthyhearing.com](http://www.arhealthyhearing.com)**