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
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

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

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.