

## Division of Newborn Screening and Genetics (DNSG) Instructions for Primary Care Physicians on Follow-up Hearing Screening and Diagnostic Results

### **Introduction**

Since 2009, the Infant Hearing Education, Assessment, Reporting and Referral (IHEARR) Act requires all newborns to be screened for hearing loss, unless the parent refuses. The DNSG program seeks to assure that all newborns are screened for hearing loss within one month of age, are diagnosed within three months of age, and receive prescribed treatment or intervention services within six months of age, as recommended by the Joint Committee on Infant Hearing. If a newborn's hearing loss is not found and treated, the child may:

- Be slow in learning to speak or use sign language;
- Have problems learning at school; and
- Suffer from social and emotional problems.

### **For all newborns entering your practice:**

- Have a system in place to ensure that the results of the hearing screening are available in the newborn's medical record before the first visit;
- Know the screening technologies used in the birthing hospitals where you receive patients from;
- Implement a policy to ensure that all hearing screening results (both passed and referred) are discussed with families;
- If a newborn has not had a hearing screening, help the family arrange for a hearing screening before the child is one month old, or as soon as possible if the child is older than one month and did not have a hearing screen; and
- If a child has not received a hearing screening (including cases where the family has refused a screening, a screening date was missed, or a screening date was never scheduled), provide education regarding the importance of screenings. Refer the child for an initial hearing screening as soon as possible if the family consents.

### **For newborns with a refer result on an in-patient hearing screening, or in the case of a home birth the hearing screening completed between 24-48 hours after birth:**

- Know local hospital, birthing facility, and midwife policies for follow-up of newborns who do not pass the in-patient screening;
- Develop standardized education for parents regarding hearing loss and the importance of an out-patient screening;
- Refer family for out-patient screening as soon as possible, but no later than one month of age;
- Develop tracking procedures to ensure the out-patient screening was completed;
- Ensure the baby is screened for Cytomegalovirus (CMV) as soon as possible and no later than 21 days from birth; and
- Communicate referral information, including date and results, with the DNSG.

### **For newborns with a refer result on an out-patient hearing screening:**

- Know local hospital, birthing facility, and midwife policies for follow-up of newborns who do not pass the out-patient screening;

- Develop standardized education for parents regarding hearing loss and the importance of a diagnostic evaluation;
- Refer family for diagnostic evaluation, which should be completed as soon as possible but no later than three months of age;
- Have working relationships with audiology practices in your area who work with pediatrics (visit <http://ehdipals.org/> for help with locating local Pediatric Audiology practices);
- Make a referral for diagnostic evaluation;
- Develop tracking procedures to ensure the diagnostic evaluation is completed; and
- Communicate referral information, including date and results, with the DNSG.

**For newborns entering your practice after passing a hearing screening or diagnostic evaluation:**

- Ensure results of the hearing screening or diagnostic evaluation are documented in the newborn's medical record;
- Follow-up with families to discuss the results of the hearing screening or diagnostic evaluation;
- Educate parents on developmental surveillance that may indicate a hearing loss for newborns who pass a hearing screening or diagnostic evaluation;
- Identify [factors that place a newborn at risk of hearing loss](#) in the future;
- Develop an individualized plan for following newborns who have hearing loss risk factors; and
- Act on parental concern about hearing loss and/or language delay.

**For babies diagnosed with hearing loss:**

- Provide family support and help coordinate care after diagnosis;
- Refer baby to appropriate medical providers;
- Obtain results from medical referrals and discuss the results with family;
- Ensure that a referral is made promptly to Early Intervention (EI) services and that a line of communication is open between EI and all the various medical providers. EI referrals can be made via the EI CONNECT Helpline at 1-800-692-7288; and
- Refer parents to PA Guide By Your Side (GBYS). GBYS referrals can be made by calling the GBYS PA Program Coordinator at 717-580-0839.

**Helpful Resources:**

- PA Early Hearing Detection and Intervention Program:  
<http://www.paeearlyhearing.org/>
- PA Department of Health Newborn Hearing Screening and Intervention Program:  
<https://www.health.pa.gov/topics/programs/Newborn-Screening/Pages/Hearing.aspx>
- Early Hearing Detection & Intervention - Pediatric Audiology Links to Services (EHDI-PALS):  
<http://ehdipals.org>
- PA Early Intervention Resources for Professionals:  
<https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/Resources-for-Professionals.aspx>
- PA Guide by Your Side Informational Brochure and Referral:  
<https://www.pattan.net/getmedia/c414f5fa-4caf-4a43-82ea-2487622c50d0/GuidebySideRack0917>