Alabama’s Newborn Hearing Screening

- Alabama’s EHDI Program today
  - 100% grant funded
    - Health Resources and Services Administration (HRSA)
    - Centers for the Disease Control (CDC) and Prevention
  - Follows established guidelines and best practices
    - Joint Committee on Infant Hearing (JCIH)
      - 1-3-6
    - American Speech-Language-Hearing Association (ASHA)
      - Type, Degree, and Configuration of Hearing Loss

Joint Committee on Infant Hearing (JCIH)

1. Hearing screen performed by 1 month old
   - Should screen both ears each time
2. Diagnostic evaluation by 3 months old
   - Evaluation should include a diagnostic ABR
3. Enrollment in Early Intervention (EI) by 6 months old
   - Ensures infant has access to appropriate services

History of Newborn Hearing Screening

- 2000 – Congress first authorized the Early Hearing Detection and Intervention (EHDI) programs
- 2001 – Alabama Department of Public Health established Universal Newborn Hearing Screening (UNHS) within the Newborn Screening Program
  - Hospitals began voluntary hearing screening
- 2008 – UNHS became mandated as part of newborn screening in Alabama

Alabama’s EHDI Program

Mary Ellen Whigham, RN
Newborn Screening Program EHDI Coordinator
Alabama Department of Public Health

Alabama’s EHDI Program today

- 100% grant funded
  - Health Resources and Services Administration (HRSA)
  - Centers for the Disease Control (CDC) and Prevention
- Follows established guidelines and best practices
  - Joint Committee on Infant Hearing (JCIH)
    - 1-3-6
  - American Speech-Language-Hearing Association (ASHA)
    - Type, Degree, and Configuration of Hearing Loss
American Speech-Language-Hearing Association (ASHA)

- Type of Hearing Loss
  - Conductive hearing loss
  - Sensorineural hearing loss (SNHL)
  - Mixed
- Degree of Hearing Loss
  - Seven classifications ranging from normal to profound
- Configuration of Hearing Loss
  - Defines degree and pattern of hearing loss across different frequencies

Alabama EHDI Program

- 100% Automated Auditory Brainstem Response (AABR) capability
- 96% electronically upload hearing results
  - Links directly to newborn blood spot record
  - Reduces errors in reporting
  - Increases timeliness of follow-up testing and intervention

Alabama EHDI Program

- Recent developments within EHDI program
  - Learning Communities
    - Will address the importance of family engagement within the EHDI system
    - Kick-off meeting May 10, 2018 in Mobile area
  - Hearing Advisory Work Group
    - Multidisciplinary group convened to create a more efficient and cohesive EHDI system
  - Partnering with family organizations
    - Currently identifying agencies to partner with for increased family engagement

EHDI - Hospital Recommendations

- Initial hearing screen at 12 to 18 hours of age
- Maximum of 2 inpatient hearing screens
- Outpatient testing should be AABR, when needed
- Upload hearing results every day that a hearing screen is done
- Screen both ears each time
- Schedule outpatient testing prior to discharge, when needed, and notify parents of date, time, and place
- “Referral Physician” listed on blood spot form should be the medical provider who will care for infant after discharge
- Parents who refuse hearing screens should be educated on importance of infant hearing and sign refusal form
EHDI - Audiologist Recommendations

- Complete outpatient hearing screens by 1 month of age
- Schedule diagnostic testing, when needed, by 3 months of age
- Refer infants with hearing loss to Early Intervention (EI) as soon as possible and by 6 months of age
- Educate families regarding hearing loss diagnosis and importance of early intervention, when applicable
- Report all screening and diagnostic results via fax using the form provided by the Alabama EHDI Program

Screening Forms

- Let’s Review

Outpatient Reporting Forms

Hearing Screen Reporting Form
Outpatient Reporting Forms – Reporting Issues

- Reported result for right ear only
- Omitted left ear result in error?
- Only re-screened right ear?
- Both ears should be screened every time

Outpatient Reporting Forms – Reporting Issues

- Reported Otoacoustic Emissions (OAE) result after referred by AABR
  - An outpatient AABR should follow a referred inpatient AABR

Outpatient Reporting Forms – Reporting Issues

- Repeat screening method is not marked
  - Mark all screening methods that apply
  - Method is needed to ensure JCIH guidelines are followed
Outpatient Reporting Forms – Reporting Issues

• Overall lack of information
• Left ear result?
• Hearing loss confirmed?
• Bilaterally or unilaterally?
• Referral to EI or additional appointment scheduled?

EHDI - Clinician Recommendations

• Check hospital hearing screen result at initial office visit
  • If referred in one or both ears
    • Educate family on importance of repeat hearing screening
    • Ensure outpatient hearing screen scheduled by 1 month of age
    • Follow up on result of outpatient hearing screen
    • Report to Alabama EHDI Program on audiology form
  • If refused inpatient screen
    • Educate on importance of hearing screening
    • Schedule screening within 1 month of age, if parents agree
    • Have parent sign refusal form, if declines
  • If passed inpatient screen
    • Assess birth history for any risk factors that could contribute to late-onset hearing loss and refer accordingly

EHDI – Care Coordination Recommendations

• Ensure all scheduled appointments follow JCIH timeline
  • 1 > Outpatient hearing screen by one month of age
  • 3 > Diagnostic evaluation by 3 months of age
  • 6 > Enrollment in Early Intervention (EI) by 6 months of age
• Ensure appropriate testing is completed
  • All hospitals have AABR capability
  • Outpatient AABR should follow an inpatient AABR
• Refer to EI as soon as possible and by 6 months of age
  • Educate family on EI referral and benefits of enrollment
• Provide all contact information for DHR follow up when an infant is placed in foster care

EHDI – Reporting Recommendations

• When reporting results
  • Provide accurate and complete information
    • Ensure that the birth name is included
    • Verify that the date of birth is recorded accurately
    • Provide the most up-to-date contact information for the family
  • Accurate and complete information helps to ensure timely and efficient identification and intervention
Alabama EHDI Program Role

- Gather data and correlate
- Manage and coordinate with providers on infants who refer initial screen
- Send letters to those who refer and have risk factors
- Educate on JCIH 1-3-6
- Refer infants to Early Intervention
- Manage website to provide families and providers with up-to-date information

Alabama EHDI Mission Statement

- All babies born in Alabama will receive a hearing screen and results tracked to ensure early identification, treatment and intervention of infants with hearing loss.

Questions?

Mary Ellen Whigham, EHDI Coordinator (334) 206-2944

Mary.Whigham@adph.state.al.us