

# NEWBORN HEARING SCREENING HOSPITAL ALGORITHM

Based on the Joint Committee on Infant Hearing (JCIH) Guidelines

Initial newborn hearing screening is performed 24-48 hours of age or before the baby leaves the hospital

Before you start the initial newborn hearing screening, is the baby's...

Information entered exactly as entered on the blood spot form? (Refer to the instructions for entering demographic information into the hearing device)

Testing method appropriate and all supplies gathered for testing both ears?

It is recommended to perform **only** two inpatient hearing screens, one initial and one rescreen if needed.

## Otoacoustic Emissions (OAE)

- Measures hair cells of the outer ear
- Does not detect neural hearing loss
- Should only be used for well babies

## Automated Auditory Brainstem Response (AABR)

- Measures inner ear and brain response to sound
- Detects neural hearing loss
- May be used for all infants, must be used for all NICU.

### DID NOT PASS IN ONE OR BOTH EARS

Re-screen both ears with OAE and/or AABR, even if only one ear did not pass.

### PASS BOTH EARS

No further testing required

### DID NOT PASS IN ONE OR BOTH EARS

Re-screen both ears with AABR **only**, even if only one ear did not pass. A referral should be made directly to an audiologist for rescreening on infants who do not pass AABR.

### DID NOT PASS RE-SCREEN IN ONE OR BOTH EARS

Schedule follow-up testing with a hearing professional within 2-3 weeks after discharge.

### PASS WITH RISK FACTORS

Further testing recommended between 24-36 months of age. NICU admission > 5 days is considered a risk factor.

Hearing Results should be sent electronically to the Alabama Newborn Screening Program each day. See the instructions for *Reporting Hearing Results Electronically*.

# INSTRUCTIONS FOR ENTERING HEARING DEMOGRAPHIC INFORMATION INTO THE HEARING DEVICE & REPORTING HEARING RESULTS ELECTRONICALLY

INSTRUCTIONS 2020-03-31

Alabama Department of Public Health  
Bureau of Clinical Laboratories  
8140 AUM Drive, PO Box 244018  
Montgomery, AL 36124-4018

## ALABAMA NEWBORN SCREENING PROGRAM

Infant's Last Name		Infant's First Name		Medical Record #	
Date of Birth		Time of Birth (Military)		Birth Weight _____ (gms) (Current WT. if > 1 mth.)	
Date of Collection		Time of Collection (Military)		Multiple Birth Order _____	
<input type="checkbox"/> Home Birth		Infant's Age		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TPN <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	
Mother's Last Name		Mother's First Name		Mother's Social Security Number	

Last Transfusi  
MM DD YY  
 First Test  Retest - Prior Unsat

Hearing demographic information must match the information highlighted in red on the blood spot form when entered into the hearing device.

## Entering Hearing Demographic Information into the Hearing Device:

- ✓ Remove page two of the blood spot form after completing all demographic information.
- ✓ Enter the **same** information into the hearing device from this copy to ensure linkage of the hearing result to the blood spot record and laboratory report.
- ✓ Ensure that the infant's name is entered the same to include hyphens if the name is hyphenated.
- ✓ Ensure that only the unique portion of the medical record number is documented on both the blood spot form and in the hearing device with no preceding letters or zeros (ex: D00654321).
- ✓ Ensure that the infant's, not the mother's, date of birth, medical record number, and gender is used and matches on both the blood spot form and hearing device.
- ✓ Ensure that numbers are legible and do not resemble any other numbers or letters.

## Reporting Hearing Results Electronically:

- ✓ Ensure the following format is used when naming files, ##H#####\_YYYYMMDD.
- ✓ If more than one file is submitted daily, add "A", "B", etc. to the name to differentiate the files (ex: 45H58010\_20190114A, 45H58010\_20190114B).
- ✓ Each type of hearing device has a specific format in which results must be uploaded via the File Transfer Protocol (FTP). The data system cannot receive hearing results in any other format.  
***Written instructions for specific hearing equipment is available upon request.***
- ✓ It is recommended that hospital Information Technology (IT) support is available. If updates to system security or software upgrades are completed in your hospital then core FTP software will need to be reinstalled as this may impact the ability to electronically send hearing results to the state.
- ✓ It is recommended hospitals report hearing results to the state every day an infant is screened.

If the parent refuses the blood spot screen or hearing screen, please fax a newborn screening refusal form to (334) 206-3791.