

Guidelines for Risk Monitoring for Delayed Onset Hearing Loss

Class A: Risk indicators

- *In-utero infections (CMV, Zika virus)
- *Culture Positive postnatal infection (Bacterial and viral meningitis)
- *Syndromes associated with progressive or delayed onset hearing loss

(Neurofibromatosis, Osteopetrosis, Usher Syndrome, Townes-Brock)

- *Syndromes associated with hearing loss (Down, Sticklers, Treacher Collins)
- *Cleft Lip/Palate
- *ECMO assisted ventilation
- *Head Trauma involving basal skull/temporal fracture that requires
- hospitalization *Chemotherapy treatment
- *Neurodegenerative disorders or sensory motor neuropathies

If baby passes the newborn hearing screening & has any CLASS A risk indicator =

Recommendation for diagnostic ABR evaluation with pediatric audiologist by 3 months of age.

Class B: Risk indicators

- *Family history of permanent childhood hearing loss
- *In-Utero Infection (Herpes, Rubella, Syphilis, Toxoplasmosis)
- *NICU stay of greater than 5 days
- *Any amount of ototoxic exposure (aminoglycosides)
- *Any amount of mechanical ventilation *Craniofacial anomalies involving pinna, ear canal, ear pits/tags and temporal bone anomalies

If baby passes the newborn hearing screening & has one or more CLASS B risk indicators (and does not have any CLASS A risk indicators) = Recommendation for pediatric hearing evaluation by 1 year of age.

NOTE: If baby FAILS on the newborn hearing screening after two attempts - Recommendation for Diagnostic ABR evaluation to be completed by 3 months of age (JCIH 2007)

- * Any parental/caregiver hearing concerns warrants a referral to a pediatric audiologist.
- ** Infants readmitted to the hospital within the first 30 days of life should be re-screened if any risk indicators are present.

References:

CDC (2016). https://www.cdc.gov/zika/hc-providers/infants-children/congenital-zika-infection.html

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