

Newborn Hearing Screening Guidelines

These guidelines are informational only, and are not intended or designed to substitute for reasonable clinical judgment by physicians or other medical providers. The guidelines are flexible and intended to be used as a resource along with clinical judgment to meet the individual needs of each child.



Newborn Hearing Screening Procedure Guidelines

- Prior to performing the screening, parents should be informed and provided with written information about newborn hearing screening and its importance. The State of Nevada has developed a brochure titled “Listen Up” which is available to hospitals free of charge for this purpose.
- Parents have the right to refuse a hearing screening for their newborn child as long as that refusal is made in writing. The written refusal must be placed in the child’s medical file.
- Either OAE, AABR, or two-stage screening is appropriate.
- Screening is most easily performed and pass rates are highest when the baby is between 12 – 18 hours of life. To avoid very high referral rates, screening should not occur prior to 4 hours after birth due to residual birthing debris in the ear canal.
- Babies should be at least 36 weeks gestation or 36 weeks corrected gestation.
- All newborns transferred in from other facilities should be screened.
- Each screening should consist of no more than two attempts on each ear.
- If the initial screen is not passed in one or both ears, rescreen at least once but no more than two times prior to discharge. Excessive screening can result in a false pass.
- There should be a lapse of approximately 4 hours between the initial screen and any rescreens.
- Always rescreen both ears, even if only one ear did not pass.
- Parents should be informed of the screening results verbally and/or in writing, in the mother’s primary language if possible.
- Written documentation of the screen results should be placed in the infant’s medical file.
- If the infant does not pass the hearing screening, written notification should be provided to the attending physician or primary care physician for follow-up.
- If the screening is not passed, the family should be provided with written material that explains what a “refer” result means and that describes the importance of follow-up testing. The State of Nevada has developed a brochure titled “Can my Baby Hear?” which is available to hospitals free of charge for this purpose.
- The hospital shall develop a method to track the babies screened, missed, referred and refused.

Special Populations

- Babies should be at least 36 weeks gestation or 36 weeks corrected gestation.
- Infants in the NICU should always be screened using AABR equipment.
- Out-patient rescreens are not recommended for NICU graduates or infants with visible malformations of the pinna or ear canal. If these infants do not pass screening prior to discharge, they should be referred directly to an audiologist for further testing.

Out-Patient Hearing Rescreens

- Out-patient rescreens should be offered to infants who did not pass the newborn hearing screening, were discharged without a screening, or had incomplete screens.
- The out-patient rescreen should occur at 1-3 weeks after discharge. It is best to schedule the rescreening before the family leaves the hospital. Call the parents the day before the rescreen to remind them of the appointment.
- Always rescreen both ears, even if only one ear did not pass the in-patient screening.
- The out-patient rescreen should consist of no more than two attempts on each ear.
- Parents should be informed of the screening results verbally and/or in writing, in the mother's primary language if possible.
- Written documentation of the screening results should be placed in the infant's medical file.
- Written notification should be provided to the infant's primary care physician.
- The hospital shall develop a method to track the babies receiving out-patient rescreens and the rescreen results.
- If the out-patient rescreen is not passed, the family should be provided with written material describing the importance of follow-up diagnostic hearing testing and a list of local audiology resources, if one is available. The State of Nevada has developed a brochure titled "Can my Baby Hear?" which is available to hospitals free of charge for this purpose. Parents should be informed that they can call the numbers listed in the brochure if they have any questions.

Equipment Maintenance

- Instructions should be kept close at hand regarding routine maintenance of the screening equipment, troubleshooting tips, and what to do and whom to contact if the equipment breaks down.
- Screening equipment should be calibrated annually, or per manufacturer recommendations.