

A Health Care Provider's Guide to Indicators Associated with Sensorineural and/or Conductive Hearing Loss

A

**For use with neonates (birth through age 28 days)
when universal screening is not available**

1. An illness or condition requiring admission of 48 hours or greater to a NICU
2. Stigmata or other findings associated with a syndrome known to include a sensorineural and or conductive hearing loss
3. Family history of permanent childhood sensorineural hearing loss
4. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal
5. In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella

B

**For use with infants (age 29 days through 2 years)
when certain health conditions develop that
require rescreening**

1. Parental or caregiver concern regarding hearing, speech, language, and or developmental delay
2. Family history of permanent childhood hearing loss
3. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or eustachian tube dysfunction
4. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
5. In-utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
6. Neonatal indicators-specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation
7. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and ushers's syndrome
8. Neurodegenerative disorders, such as hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome
9. Head trauma
10. Recurrent or persistent otitis media with effusion for at least 3 months

Source: The Joint Committee On Infant Hearing 2001
Position Statement

