



CONNECTICUT
C E N T E R
FOR PRIMARY CARE

GUIDELINES FOR OBJECTIVE HEARING SCREENING

Compiled by the Connecticut Center for Primary Care from the American Academy of Pediatrics, Joint Committee on Infant Hearing, and State of Connecticut Health Department

- 1. PARENTAL/CARE GIVER CONCERN – even if baby has passed hospital newborn hearing screening.**
- 2. Newborns who refer from hospital screening because they did not pass.** Testing should be at one of the state designated center or if the practice is equipped to screen with otoacoustic emissions device, it should be done on the baby's first visit to the office, and on subsequent visits until the baby is tested at one the state's 17 diagnostic centers,
- 3. Babies who are diagnosed with unilateral and/or mild hearing loss** (less than 40 decibels at the time of diagnostic testing) upon follow-up of hospital newborn hearing screening referral. National guidelines call for testing every six months, however, greater frequency is warranted so as to promote the earliest possible eligibility for early intervention services if hearing loss is progressive. The state diagnostic centers will perform this follow up unless practices have OAE capabilities.
- 4. Infants who fall into one of the risk factor categories** identified by the Joint Committee on Infant Hearing and State of Connecticut Department of Public Health. These are listed in the attached: **Health Care Provider's Guide to Indicators Associated with Sensorineural and/or Conductive Hearing Loss.**
- 5. At age four,** all children who have health supervision visits.
- 6. After three months of persistent bilateral OME.** Tympanometry should also be performed.
- 7. Before and after placement of tympanostomy tubes.**

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