

Hearing Screening Result and Follow-up NICU Graduates

Minnesota Newborn
Screening Program



Hearing Screening Result (AABR)	Risk Indicator Present?	Follow-up Process
INCOMPLETE or MISSED	N/A	Hospital staff schedule the infant, prior to discharge , for outpatient follow-up with an audiologist who has capability to screen with automated auditory brainstem response (AABR) technology or is able to complete full diagnostic testing as soon as feasible.
DOES NOT PASS final inpatient screening in one or both ears	N/A	Audiologist completes full diagnostic evaluation prior to discharge. If this cannot be completed before discharge, hospital staff schedule the infant for outpatient diagnostic testing with an audiologist as soon as possible. NICU infants should not receive general outpatient rescreening with otoacoustic emissions (OAE) technology alone and cleared.
PASSES simultaneously in both ears* *combining passing results from different sessions does not equal a pass and may miss identifying hearing loss	NO	Hospital staff will provide parents with information (oral, written, and culturally appropriate) regarding developmental milestones for auditory, speech, and language skills. Education should encourage future audiological evaluation if the child is not meeting typical milestones, or if concerns about the child's hearing arise.
	YES	Hospital staff will provide parents with information (refer to content directly above). Primary care is responsible for routine surveillance to monitor hearing and language milestones, and for scheduling audiological follow-up for risk factor monitoring as per the Joint Committee on Infant Hearing (JCIH) 2019 Position Statement. <ul style="list-style-type: none"> ▪ AABR rescreen by 1 month for laboratory evidence of Zika. ▪ Diagnostic follow-up by 3 months after occurrence for Extra Corporeal Membrane Oxygenation (ECMO), in utero infection with cytomegalovirus (CMV), culture positive infections associated with sensorineural hearing loss (including confirmed bacterial meningitis or encephalitis, herpes viruses, and varicella), head trauma, or chemotherapy. ▪ Diagnostic follow-up by 9 months of age for most risk factors in Appendix A ▪ If hearing is normal at recommended follow-up, continue medical home surveillance or audiological monitoring per table in Appendix A. ▪ Immediate referral for audiological assessment at anytime parental concern is expressed.
READMIT to hospital in the first month of life	YES—any new risk factors. Refer to JCIH 2019.	Rescreen with AABR again before discharge regardless of original newborn result. Continue to follow based on new risk factors as per the JCIH 2019 schedule above.

ALL infants, regardless of newborn hearing screening outcome, should be monitored in the medical home beginning at 12 months regarding their communications development and other milestones (American Academy of Pediatrics, 2017).