

Utah Newborn Hearing Screening Standards

- 1) **100% of all newborns are appropriately screened on time:**
 - a) Hospital-born infants: Before discharge
 - b) Out-of-Hospital-born infants: Before 10 days of age
 - c) Newborns who are in the NICU must have an Automated ABR to rule out a neural hearing loss.
 - d) Special populations, defined as infants in the NICU > 21 days of age, may require delayed hearing testing (see Utah NICU protocol)
- 2) **90% of needed follow-up complete before 14 days of age.****
 - a) The outpatient rescreening must include the testing of **both** ears, even if only 1 ear failed the inpatient screening.
- 3) **Upon failure of outpatient rescreening, or if first screening failure occurs at \geq 14 days of age, primary care physician (PCP) is notified to allow for CMV testing before 21 days of age.**
 - a) Complete UDOH CMV/ABR order form
 - b) Assist family to the hospital lab for CMV PCR testing
 - c) Assist family with scheduling diagnostic ABR prior to family leaving
 - d) Follow-up on CMV lab results.
 - i) Ensure PCP is notified of result.
 - ii) Enter results into HiTrack.
 - iii) Notify State EHDI immediately of any CMV positive result.
- 4) **90% of all diagnostic evaluations completed before 3 months of age.****
- 5) **100% of all Infants who are deaf or hard of hearing (D/HH) are referred to appropriate early intervention (Utah Schools for the Deaf Parent Infant Program- ph: 801-629-4700 or fax: 801-629-4777) no longer than 2 days after completed diagnostic evaluation as recommended by the Utah Infant Audiologic Assessment and Amplification, JCIH, and AAP protocols.**
 - a) Refer all newly diagnosed infants to Utah EHDI Parent Consultant at ehdiparents@utah.gov
- 6) **100% of all Infants diagnosed with hearing loss and/or CMV shall be enrolled in early intervention before 6 months of age. CMV is an automatic qualifying diagnosis for EI services regardless of the identification of hearing loss.**

*** Use adjusted age for premature infants*