Advocating for Newborn Hearing Screenings
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Purpose
The purpose of this poster is to inform the public about the issues facing newborn hearing screenings, the importance of early intervention, and the efforts underway to prevent loss to follow-up, and what as trainees we can do to improve local, state, and nationwide hearing screening programs.

History
• As many as 3 out of every 1000 babies are born with permanent HL.
• The Walsh Act enabled federal funding through the CDC for state grants to create newborn hearing screening (NBHS) and intervention programs.

Rationale of Importance
• The most intensive period of speech and language development and neurological brain development is during the first 3 years of life.
• Along the auditory pathway are synapses which overtime become sensory information in is disrupted, synapses that are not regularly used can become eliminated.

Issues facing NBHS
• Up to as many as 45% of infants, who failed the NBHS, have been lost to follow up per year.
• In Florida alone, 800 babies per year are lost to follow up.
• Hospitals report test results including:
  • Mailed or faxed paper forms, software specifically designed to report the results, metabolic screening cards, electronic birth certificates, email or data mailed on a disk.
• Paper forms are the most common way of reporting results and are the most prone to error due to handwritten information.
• The conversion of paper forms to electronic formats could account for mislabeled patient information.
• In cities that are highly populated with immigrants and low SES families, for instance Miami, obtaining patient information such as home address and contact information can be problematic.

Potential Harm
• The coordination of care should also be introduced to trainees as we develop best practices for follow up procedures.

Funding
• Current testing per baby can range from $7-26 dollars.
• Over the past decade funding for NBHS has decreased due to the fact that it is not a large source of revenue for hospitals.
• About 25% of bilateral childhood HL is postnatal.
• Delayed onset of HL for children is yet another problem with hearing screenings.
• Around 7-25% of all children with HL are later diagnosed with HL.

Aquired HL in children can also be detrimental or unidentified if:
- Infants with HL are enrolled in early intervention (EI) programs before 6 months of age.
- Newborns who do not pass the screening receive an audiologic diagnosis before 3 months of age.
- Infants with HL are enrolled in early intervention (EI) programs before 6 months of age.
- Infants with HL have a medical home and family support.

Acquired HL
- The Walsh Act
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Advocating for Newborn Hearing Screenings
- Pediatric audiologists will be responsible for establishing and operating NBHS in hospitals around the county. As trainees, we should become familiar with how NBHS are created and maintained by attending advisory meetings and conferences pertaining to NBHS.
- These meetings allow a multidisciplinary view on health care and policies within NBHS. Advisory meetings also allow trainees the opportunity to network and learn about current issues facing state wide programs.
- Trainees should be involved in learning how to guide families when referred and be knowledgeable about websites and documents that will help inform families about HL.
- The coordination of care should also be introduced to trainees as we learn to become competent clinicians. Trainees should be confident when documenting results and managing follow-up procedures for those children who do not pass the screenings.
- Finally, trainees should learn how to become advocates for both NBHS and pediatric audiology.

Acknowledgements

References

What as trainees can we do for follow up procedures.
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• Finally, trainees should learn how to become advocates for both NBHS and pediatric audiology.