Early Detection Intervention Program in Republic of the Marshall Islands

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Highlights of EHDI

- Appreciation, recognition of the Program by MOH Leaders, Nursing Staff and Mothers of RMI
- Extra skilled gained for the Nurses
- Has been approved by Nursing Administration that Newborn Hearing testing should be included in Maternity Policy & Manual Procedures
- Categorized as one of the Nursing Standards
- The eagerness, willingness and curiosity of the Mothers towards the program
- Completion of Hearing Booth
DATA for 2010

- EHDI started in May 4, 2010
- Total births for 2010 – 655
- At least maximum of 8 deliveries a day
- At least minimum of 2 deliveries a day
Number of Newborns Screened - Inpatients

- Total screened – 652 (99.5%)
- Passed Screening – 489 (75%)
- Referred – 136 (20.9%) – non-dedication of Screeners, too early for screening e.g. less than 24 hours (demands for beds)
- Inconclusive (missed) – 27 (4.1%)
- Mothers left Ward without being probably discharged
- Deceased – 2 (0.3%)
- NICU
Outpatient Screening

- Passed – 59 (36.2%)
- Referred 27 (16.6%)
- Inconclusive (absent, missed, immigration, deceased) – 67% (41.1%)
- Missed - sometimes Screeners missed the appointments busy doing other jobs
- Total recommended for evaluation – 95
Outcomes

- Pass without risk - (refer to Newborn Hearing Screening Protocol)
- Pass with Risk
- Fail (no running nose or congestion)
- Fail (with running nose or congestion)

- Average Age – 3 months
Number of Children Received Diagnostics & The Outcomes

- Total of 16 children had Auditory Brainstem Response (ABR) test by Audiologist, Dr. Yusnita Weirather (August 2010)

Outcomes:

- Repeat of ABR for next Audiologist visit
- Refer for Visiting ENT Specialists (Taiwan, Australia)
- For Behavioral Testing at one year old
- Hearing evaluation at one year old
- For early Intervention program – Combination of “Teaching The Youngest Deaf & Hard of Hearing Children” by Nancy Rushmer
- Lip and Cleft palate – For Off Island Referral to Tripler, Philippines. (Tripler requirements – children needs to reach 1 year old)
- Average diagnostic age is 3 months
RMI EHDI Vision - 2011

- Full time Staff for the Program or
- To hire 2 more screeners for efficient running of the program
- The availability of needed Equipments
- Calibration OAE Machines training for the screeners
- Screeners to be involved in data inputting (Hi-Track Software)
- Regularity Visits of Audiologists
- Allocated Vehicle for the program or home visits
NEWBORN HEARING SCREENING PROTOCOL - RMI

Newborn Hearing Screening Before Discharge

Pass With Risk
- Give Brochure
- Audio logical Evaluation at 8 months

Pass Without Risk
- Give Brochure

Fail
- Schedule Rescreen in 6 weeks

OPD Rescreen
- Pass without Risk
  - Give Brochure
- Pass with Risk
  - Give Brochure
  - Audio logical evaluation at 8 months

Fail
- No running nose or congestion
  - Give Brochure
  - Audio logical evaluation at 8 months
  - Diagnostic ABR
    - Refer 3 out of 3 frequencies
  - Rescreen by Agnes or Nora

Fail
- With running nose & congestion
  - Give Brochure
  - Results
    - Refer 2 out of 3 frequencies
  - Rescreen by Agnes or Nora

Fail
- Diagnostic ABR
  - Pass
    - Give Brochure
  - Fail
    - Diagnostic ABR

Risk Factors
1. Family history of deafness
2. Down Syndrome
3. Cleft Palate
4. NICU children with neurological disorder or infections
5. Children born with one ear opening
ANY QUESTIONS?
THANK YOU