The Role of the Physician or Healthcare Professional

- Make sure you know the results of the newborn hearing screen.
- Discuss the results with the family.
- Encourage timely follow-up hearing testing.
- Know which audiologists in your area have the equipment and experience needed for the complete diagnostic evaluation of an infant’s hearing.
- Report the results of all follow-up hearing testing to the EHDI Program so that the infant’s hearing status and progress through the 1-3-6 Plan can be tracked.
- Refer those infants and toddlers with confirmed hearing loss to an early intervention program for a complete medical evaluation by an otologist.
- Provide information on the full range of intervention options. It is the family’s right to choose the option best for them.
- Be on the look out for late-onset hearing loss. Monitor all children’s auditory, speech, and language development.
- Finally, be sure to contact the Nevada EHDI Program if you have any questions, whether general or regarding a specific infant.
Every day, 33 babies are born in the United States with permanent hearing loss. Three of every 1,000 newborns screened have an identified hearing loss; therefore, hearing loss is the most frequently occurring congenital condition. About half of the newborns with hearing loss have no known signs or risk factors. Nationally, the average age of identification of hearing loss has been reduced from 2.5 years to approximately six months of age since implementation of universal newborn hearing screening. Recent studies have shown that infants who are identified with hearing loss before six months of age, and who receive appropriate intervention demonstrate significantly better receptive and expressive language skills than children whose hearing loss is identified later.

The goal of state EHDI programs is to ensure that all infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, medical, and educational intervention. EHDI has become a national public health initiative endorsed by such groups as the AAP, HRSA, CDC, and the National Institutes of Health. Healthy People 2010 also includes EHDI objectives.

### The 1-3-6 Plan

**Screening**  
… before 1 month of age

**Evaluation**  
… before 3 months of age

**Intervention**  
… before 6 months of age

**Screening:** There are two types of screening tests used to evaluate infant hearing. Each test is safe, painless and takes only a few minutes. Ideally, all infants should be screened prior to hospital discharge or at least by one month of age.

**Evaluation:** Before three months of age, all infants who do not pass the hearing screen should receive a complete hearing evaluation by an audiologist experienced in testing the very young.

**Intervention:** All infants with confirmed hearing loss should be referred for intervention services by six months of age. These services should include medical, audiological, educational, and support services. Families should receive unbiased information about the full range of intervention options so they can make informed choices.

### EHDI Program Activities

- Training and support to local hospitals to help them provide accurate and efficient hearing screens for every newborn.
- Tracking and Surveillance to ensure that all infants are screened for hearing loss and receive timely and appropriate follow-up testing and early intervention services.
- Audiological consultation and training to families, physicians, audiologists and community agencies regarding hearing and its assessment, hearing loss, and educational planning.
- Assisting with identification of local resources to meet the needs of individual infants with potential or confirmed hearing loss.
- Promoting public awareness regarding the EHDI Program, hearing loss, and communication development.
- Developing and distribute culturally sensitive parent education materials.
- Promoting non-biased parent-to-parent support services.
- Monitoring statewide performance of the goals identified in the 1-3-6 Plan.