Universal Screening for Hearing Loss in Newborns

Clinical Summary of U.S. Preventive Services Task Force Recommendation

This document is a summary of the 2008 recommendation of the U.S. Preventive Services Task Force (USPSTF) on universal screening for hearing loss in newborns. This summary is intended for use by primary care clinicians.

Population	**All Newborns**
Recommendation	**Screen for hearing loss in all newborn infants** **Grade: B**
Risk Assessment	The prevalence of hearing loss in newborn infants with specific risk indicators is 10 to 20 times higher than in the general population of newborns. Risk indicators associated with permanent bilateral congenital hearing loss include: • Neonatal intensive care unit admission for 2 or more days. • Family history of hereditary childhood sensorineural hearing loss. • Craniofacial abnormalities. • Certain congenital syndromes and infections. Approximately 50% of newborns with permanent bilateral congenital hearing loss do not have any known risk indicators.
Screening Tests	Screening programs should be conducted using a one-step or two-step validated protocol. A frequently-used 2-step screening process involves otoacoustic emissions followed by auditory brain stem response in newborns who fail the first test. Infants with positive screening tests should receive appropriate audiologic evaluation and follow-up after discharge.

	Procedures for screening and follow-up should be in place for newborns delivered at home, birthing centers, or hospitals without hearing screening facilities.
Timing of Screening	All infants should have hearing screening before one month of age. Infants who do not pass the newborn screening should undergo audiologic and medical evaluation before 3 months of age.
Treatment	Early intervention services for hearing-impaired infants should meet the individualized needs of the infant and family, including acquisition of communication competence, social skills, emotional well-being, and positive self-esteem. Early intervention comprises evaluation for amplification or sensory devices, surgical and medical evaluation, and communication assessment and therapy. Cochlear implants are usually considered for children with severe-to-profound hearing loss only after inadequate response to hearing aids.
Other Relevant USPSTF Recommendations	Additional USPSTF recommendations regarding screening tests for newborns can be accessed at http://www.ahrq.gov/clinic/cps3dix.htm#pediatric.

For the full recommendation statement and supporting documents (including a summary of the evidence) please go to http://www.preventiveservices.ahrq.gov.

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