Newborn Hearing Screening Best Practice Recommendations

➢ Initial hearing screening method:
  ▪ Infants in the well-baby nursery may be screened via AABR or OAE at or after twelve (12) hours of age
  ▪ **Infants in the NICU nursery must be screened via AABR at a minimum**, no earlier than thirty-four (34) weeks gestational age and at or after twelve (12) hours of age
  ▪ If the infant fails the initial screen, a rescreen may be attempted prior to discharge, ideally 8-12 hours after the initial screen

➢ Initial hearing screening results should be reported within seven (7) days of screening:
  ▪ Paper Reporting
    ▪ Document on dried blood spot specimen filter card. Ship via courier service.
    ▪ If hearing screening is delayed, document results on green slip found in the filter paper card or complete the Hearing Only form (link below). Ship via courier service.
    ▪ Sending dried blood spot specimens/forms should not be delayed awaiting hearing results.
  ▪ Electronic Reporting
    ▪ Hearing Device Upload (HDU)
    ▪ Remote Diagnostic Portal (RDX)

➢ Families should be informed in writing and in their preferred language about newborn hearing screening, the results of the hearing screening (pass/fail), any recommendations for follow-up, and developmental milestones.

➢ If an infant fails an inpatient hearing screening, one outpatient rescreen is acceptable, ideally one to two weeks following the initial hearing screening, and no later than one month of age.
  ▪ Infants discharged from a NICU should be considered for direct referral for diagnostic testing, forgoing outpatient rescreening, due to risk factors for hearing loss.

➢ If an infant fails the hearing screening via AABR method, the infant should be rescreened via AABR.
  ▪ Rescreen via OAE after AABR for infants discharged from a well-baby nursery or out of hospital birth is acceptable per JCIH 2019 guidelines but is not considered best practice.
  ▪ **Screen/rescreen via OAE alone for infants discharged from a NICU is not acceptable.**

➢ Both ears should be rescreened even if only one ear fails the initial screen.
  ▪ The same technology (AABR or OAE) should be used for screening of both ears.
  ▪ Both ears must pass the same screening attempt. Results from successive screens cannot be combined for opposite ears to be considered an overall pass.

➢ If an infant fails one outpatient rescreen, regardless of the method (AABR or OAE), then referral for diagnostic testing via ABR or ABR/ASSR is required.
  ▪ It is not acceptable to rescreen in the outpatient setting more than once, even when middle ear dysfunction is suspected.
  ▪ Please see the TDH Infant Provider Directory Level III for a list of providers capable of performing infant diagnostic evaluations.

➢ Rescreen results should be reported within 7 days of screening on the “Hearing Screening Only” form available at [https://www.tn.gov/content/dam/tn/health/program-areas/newborn-screening/Hearing-Only-Form.pdf](https://www.tn.gov/content/dam/tn/health/program-areas/newborn-screening/Hearing-Only-Form.pdf)

➢ Audiologists performing rescreening or diagnostic testing should report results online via the RDX portal at [https://newborn.health.tn.gov(toolbar/login.aspx](https://newborn.health.tn.gov(toolbar/login.aspx)