Call to Action for Hearing Screen Referrals

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As a pediatric nurse and seasoned mother of one, when my second child referred on his hearing screen, I was only slightly concerned. The referral, I thought, was excess fluid in his ear canals. My concern was further diminished when I spoke to other moms whose children, like mine, referred on their hearing screens and had normal hearing. My son startled to the dog barking and to his older brother’s noise and mayhem which eradicated any remaining worry.

An astute and educated discharge nurse emphasized the need for a follow up diagnostic evaluation from a pediatric audiologist and scheduled the appointment for me. This education was further underscored by our pediatrician who encouraged and explained the importance of follow up. Hearing loss education had not become a part of nursing school education during my time. This dearth of knowledge was magnified and underscored when my son was diagnosed with bilateral moderate-severe sensorineural hearing loss.

My son received hearing aids at six weeks of age and was enrolled in early intervention by 3 months of age. Had his referral been minimized, admonished or scoffed at by any of the players in the healthcare system, we might have delayed not only his diagnosis and intervention, but the diagnosis and intervention of the same hearing loss in his younger sister a couple years later. My kids with hearing loss are part of the 92% of children born with permanent hearing loss who have parents with no hearing loss.

Children make sense of the world by physically reacting to and interacting with the world through the senses. An undiagnosed hearing loss plays a large detrimental effect at this sensitive and critical period. Last year, in Idaho (2013) there were approximately 19,935 births; 19,711 infants were screened for hearing loss, 721 referred, 256 were loss to follow up, and 48 were diagnosed with a hearing loss—we can do better in ensuring that no children are lost after referring on their hearing screen. This is accomplished by taking hearing screen referrals seriously, educating parents on the importance of a diagnostic evaluation and risk factors associated with late onset hearing loss and knowing where to send parents in a timely manner. Utah recently passed legislation mandating CMV education for pregnant women and mandatory CMV testing after a baby refers on their newborn hearing screen! http://www.stopcmv.org/signing_of_landmark_legislation_makes_cmos_history

A directory can be found at www.ehdipals.org that can be used to locate a pediatric audiologist near your patient. Attached is a pdf checklist to ensure your patients’ needs are met in regards to newborn hearing screening. For more information please contact Idaho Sound Beginnings at 334-0983 or email us at idahosoundbeginnings@dhw.idaho.gov