



**EHDI (Early
Hearing Detection
and Information)
National Goals**

Screening by 1
month

Diagnosis by 3
months

Early Intervention by
6 months



1-3-6

Physiological Screening Procedures for Babies



- 1. EVOKED OTOACOUSTIC EMISSIONS**
- 2. AUDITORY BRAINSTEM RESPONSE**

Bio-logic AuDx is OAE Equipment NOT AABR



AuDx OAE

AABR





OAEs:

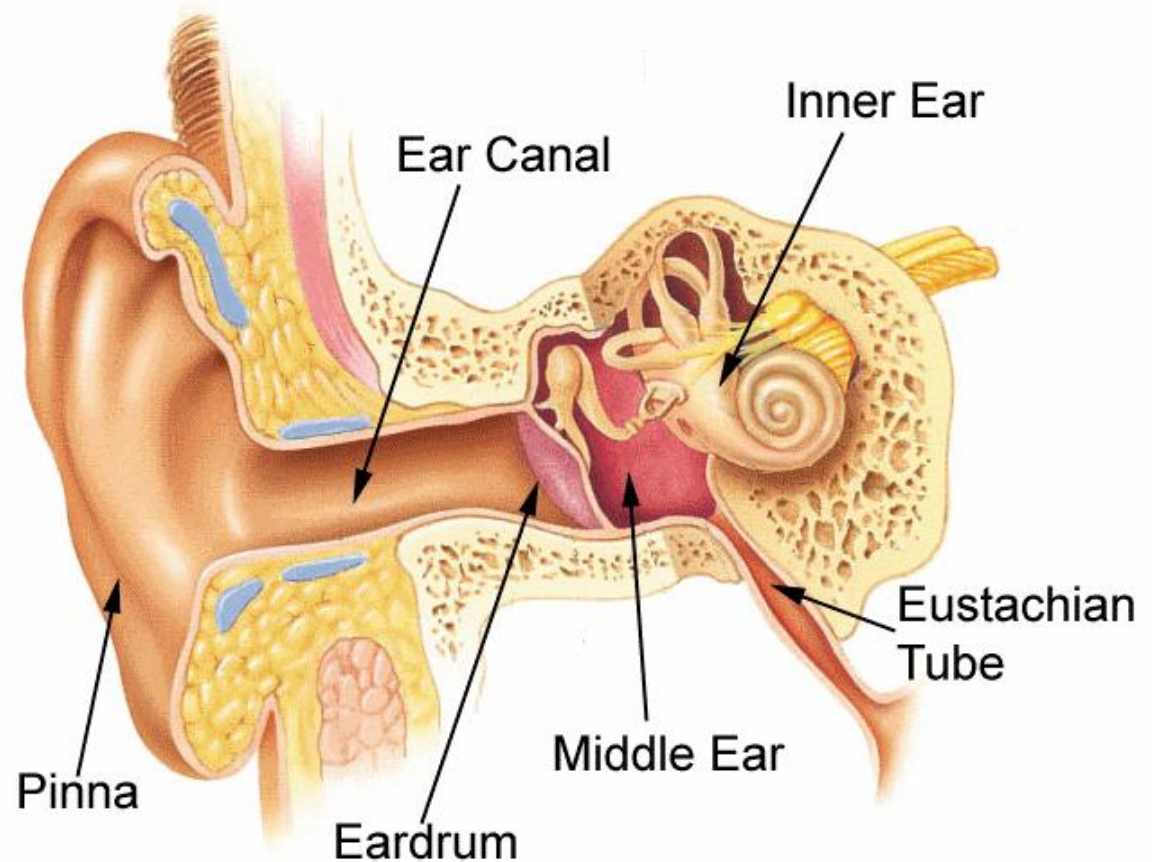
Recording echos generated from the inner ear, the cochlea.

Stimulus is loud.

ABR:

Recording brain activity in response to sound.

Stimulus is soft, 30 dB nHL



Best Practices



SCREEN INPATIENT:

**12 HOURS AFTER BIRTH
CLOSEST TO DISCHARGE**

OAES:

**CHECK PROBE FOR DEBRIS
MAKE TWO ATTEMPTS**

SECOND SCREEN:

**BEFORE DISCHARGE
PERFORM BOTH EARS**

OAE:

SECOND SCREEN WITH OAE/ABR

ABR:

SECOND SCREEN ONLY ABR



Risk Factors

Babies born with risk factors that PASS newborn hearing screen need follow up screen at 6 months of age.

Hearing loss can develop or worsen later in infancy and childhood.

1. Family history of congenital hearing loss
2. Congenital Perinatal Infection (rubella/CMV)
3. Birth weight less than 1500 grams
4. Ototoxic medication 7 or more days (Gentamycin, Tobramycin, Furosemide/Lasix)
5. Head and Neck Deformity
6. Hyperbilirubinemia with Blood Exchange
7. Meningitis
8. Mechanical Ventilation
9. Asphyxia/Anoxia
10. NICU more than 5 days
11. Syndrome (CHARGE, Down Syndrome, etc.)
12. Other: head trauma, familial concern, chemotherapy, etc.)

Thank You!

