Indiana State
Department of Health

Early Hearing Detection and Intervention Program

Birthing Facility/Hospital Policy Manual for Universal Newborn Hearing Screening (UNHS)

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INDIANA

(UNHS/EHDI)

UNIVERSAL NEWBORN HEARING SCREENING AND EARLY HEARING DETECTION AND INTERVENTION PROGRAM

Legal Mandate

- Indiana Code 16-41-17-2 states that "… every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing loss."
- Under Public Law 91-1999, screening for hearing loss began on July 1, 2000;
- Hospitals/birthing institutions required to report screening results and referral information to the Indiana State Department of Health each month.

Mission

- Screen all newborns with state mandated physiologic screening prior to discharge;
- Monitor infants through the EHDI process;
- Provide surveillance on the incidence and prevalence of hearing loss in the state of Indiana;
- Promote public awareness and education about hearing loss.

Goals

- Screen all infants prior to discharge, preferably before ***one*** month of age;
- Complete a diagnostic assessment of infants who do not pass before ***three*** months of age;
- Enroll all infants diagnosed with permanent hearing loss in appropriate early intervention before six months of age;
- Ensure that every infant with a hearing loss has a Medical Home.

HOSPITAL AND BIRTHING INSTITUTIONS RESPONSIBILITIES

- Educate parents about the screening and provide the handout "*The Who, What and Why of the Program*".
- Determine if any risk factors are present (See TIPS Appendix B);
- If parents have a religious objection to the screening, have them sign the Religious Objection form. A copy of this form must be sent to ISDH with the Monthly Summary Report (See MSR Appendix E);
- Perform the screening in both ears following hospital protocols;
- Document the results of the screening in the chart, including date, result, name of screener, and referrals made, if any;
- Re-screen prior to discharge any infant not passing the initial screen in one or both ears**. Re-screen both ears even if one ear passed on initial screen;**
- Discuss the results of the screening with the parents (see TIPS Appendix B);
- Distribute the Hearing Screening Results (on back of Who, What, Why brochure) to parents following the screening with the results and risk factors documented (see TIPS Appendix B);
- Provide the language and hearing developmental milestones to the parents so they can monitor their child's progress (See Milestones Appendix C);
- For any infant who did not pass the second screening, distribute the brochure "*What If Your Baby Needs More Hearing Tests?"* (see MSR Appendix E for order form);
- Complete the UNHS portion of the blood spot card. If hearing screening is delayed for any reason, pull out the pink copy and put in the infant's medical chart. Send the blood spot card in promptly to IU Labs. When hearing screening is completed, fill out the UNHS area on the pink copy and send to IU Labs for data entry (See TIPS Appendix B);
- Document on the EHDI Alert Response System (EARS) all infants who:
  were not screened for any reason;
  who did not pass the repeat screening or;
  who pass but have risk factors for delayed onset hearing loss
  (See MSR Appendix E).
  - Birthing facilities, in collaboration with a baby's Primary Care Provider (PCP), should arrange for follow-up testing of babies who do not pass UNHS prior to discharge. These babies should be reported to the EHDI Program within five business days of UNHS and to the child's PCP.
  - Birthing facilities should refer babies who pass UNHS but present with one or more risk factors for acquired hearing loss to the baby's PCP and to EHDI for follow-up at 9-12 months of age.

If infant PASSES screening and has NO RISK FACTORS:

- Inform parents of the results;
- Give parents the completed UNHS Results (on the back of the Who, What Why brochure) and provide a copy of the hearing and language milestones;
- Complete the blood spot card;
- Document the results of the screening in the chart, including date, result, name of screener;
- Provide results to PCP.

If infant PASSES screening, but HAS RISK FACTORS:

- Inform parents and PCP of screening results;
- Give parents the completed Hearing Screening Results (on the back of the Who, What Why brochure) noting the specified risk factor, and provide the language and hearing milestones;
- Explain to parents that a referral to the PCP will be made for continued monitoring for late onset or progressive hearing loss due to the presence of one or more risk factors: a) family history of permanent childhood hearing loss b) exposure to infection in-utero and c) hyperbilirubinemia that required an exchange transfusion and d) cranio-facial disorders. Ear anomalies may be referred directly for diagnostic testing and do not need to be screened.(See TIPS Appendix B);
- Diagnostic testing should occur when the baby is 9-12 months of age or sooner if there is parental concern;
- Inform PCP **if other risk factors are present** so that the physician can monitor and refer for testing at 9-12 months of age (i.e. spent more than five days in the Neonatal Intensive Care Unit, has a genetic syndrome/condition known to be associated with hearing loss, bacterial meningitis, parent or care giver concern regarding the development of hearing and language);
- Document the results of the screening in the chart, including date, result, name of screener and referrals made;
- Complete the blood spot card;
- Report these infants on the Monthly Summary Report through EARS;

- See the TIPS for Risk Factor Referral for complete instructions.

If baby DOES NOT PASS screening (refers):

- If the infant does not pass the initial screening, a second screening must be completed prior to discharge;
- If the infant passes the second screening, proceed as outlined in the section titled "If Infant Passes Screening and Has No Risk Factors";
- If the infant does not pass the second screening, inform parents verbally and in writing
- Complete the Hearing Screening Results (on the back of the Who, What Why brochure);
- Give them a copy of the brochure "*What If Your Baby Needs More Hearing Tests?"*
- Emphasize that a referral does not necessarily mean that the infant has permanent hearing loss, but that further evaluation is needed (**See section on Communicating Results to Parents)**;
- Explain to parents that their baby will be scheduled for an appointment for diagnostic audiology follow-up at a Level 1 audiology center;
- Note screening results and recommendation for diagnostic follow-up in infant's chart for PCP and hospital staff;
- Schedule the follow-up appointment prior to the baby's discharge from the hospital and provide the appointment date to the family verbally and in writing on the Hearing Screening Results (on the back of the Who, What Why brochure);
- Document the results of the screening in the chart, including date, result, name of screener and referrals made;
- Enter this baby into the Monthly Summary Report in EARS as soon as possible (within 5 days) to alert ISDH EHDI staff of need for follow
- Enter the appointment date, time and location in the comments section of EARS
- Complete the blood spot card.

COMMUNICATING RESULTS TO PARENTS

- Follow your hospital's policies regarding who discusses the results with the family;
- Parents need to be informed of results prior to discharge;
- For infants who pass, encourage parents to monitor hearing and language developmental milestones and contact their PCP if concerns arise;
- For infants who do not pass, give parents the brochure "*What If Your Baby Needs More Hearing Tests?"*
- See "Tip Sheet" in Appendix B.

  Keep what you say simple

  Avoid using anxiety provoking words like "failed" and "deaf"

  Reassure the family there are several reasons why the baby might not pass and that diagnostic testing will clarify how the infant is hearing. Follow up should be completed in a timely manner, ideally before 3 months of age

  Early detection of hearing loss is important for language development

  Inform parents that the hospital will schedule their baby for follow-up testing prior to the baby's discharge.

- If you are concerned that a parent has more questions than you are comfortable addressing, provide them with the name of the Regional Audiology Consultant for their area (*See Regional Consultant Appendix A) or contact the EHDI Program;*

If parents refuse screening:

- Explain that hearing screening is mandated by state law;
- The only acceptable refusal is one based on religious objection;
- Provide family with written material on the importance of screening (See TIPS Appendix B);
- Provide family with hearing and language developmental milestones so they can monitor language development (See Milestones Appendix C);
- The *Sound Beginnings* video can also be used to help educate parents;
- Have parents sign the religious objection form and include a copy with the Monthly Summary Report to ISDH;
- Document refusal of the screening in the chart;
- Complete the blood spot card;
- Inform PCP of religious objection/refusal;
- Ask the PCP for assistance in educating the family regarding the importance of the screening.

If infant is not screened prior to hospital discharge for any reason, except religious refusal :

- Contact family and have them return for the screening as soon as possible, preferably before one month of age;
- Have a standard letter ready and mail to the infant's family and the infant's physician stating the importance of the screening and the need for the family to return to the hospital for this screening;
- If the family does not return for follow-up, contact the Nurse Consultant at ISDH for assistance. This will allow for quicker intervention for the babies who did not receive a screen prior to discharge;
- If the hearing screening equipment malfunctions a back-up plan needs to be in place so that infants can be screened promptly (See TIPS Appendix B).

Sensitivity to Deaf Culture

Hospital personnel need to be aware of parents who may have a perspective from a cultural model, meaning they do not view being deaf as a disability. Members of the Deaf community, which may include individuals with family members who are Deaf, may not be concerned about the hearing status of their infant. In these cases, hospital personnel should be respectful of their view. Families with this perspective are fully capable providing the child with language, i.e. American Sign Language, and may not see a need to pursue intervention.

However, state law mandates newborn hearing screening. If the baby does not pass the screening, inform the parents of the result and refer as you would for any other baby for follow-up testing.

Transferred Babies

- The birthing hospital transfers the infant without a hearing screening;
- The receiving hospital screens hearing when infant is medically stable;
- The receiving hospital notifies the birthing hospital of screening results and/or birthing hospital contacts the receiving hospital to obtain screening results;
- <u>This is to be a shared responsibility;</u>
- Both hospitals should report results on the MSR EARS on the Exceptions page;
- Establish a contact with the area hospitals with which your hospital most often shares babies;
- If specific hospital contact information is needed, contact your regional audiology consultant (See Regional Consultant Appendix A).

Hospital General Guidelines

Screening Equipment

- Two different screening methods are acceptable. Some hospitals use a combination of both. Otoacoustic Emissions (OAE) measure the sound waves generated in the inner ear (cochlea). Automated Auditory Brainstem Response (AABR) measures the response of the entire system up to the brainstem. Both tests are accurate and reliable. Your hospital has selected a method based on resources, available personnel, cost, and the number of babies born
- New recommendation from the Joint Committee on Infant Hearing recommend that all infants in the intensive care nursery (NICU) be screened using AABR

Quality Assurance

- Referral rates should be approximately 1.5 to 4 percent or less;
- Assure infants with risk factors are identified;
- Ensure appropriate and timely referrals;
- Follow hospital policies regarding infection control;
- Ensure documentation of results;
- Monitor screener competency in administration of screening;
- Monitor hospital staff's competency in communicating results to parents.

Screener Responsibilities

Evaluate infants to be screened based on established hospital protocol. Factors to consider include: time of birth, estimated discharge time, need for second screen prior to discharge, and infant's activity level. (See TIPS Appendix B)

- Inform parents of the hearing screening and answer any questions;
- Identify any risk factors for hearing loss (See TIPS Appendix B);
- Perform the screening using the equipment and following established protocols and procedures;
- Inform parents of the results of the hearing screening and answer any questions they may have;
- Provide parents with the Hearing Screening Results (certificate) and provide the hearing and language milestones;
- Report any infants who <u>do not pass</u> as recommended (See TIPS Appendix B);

- Report any infants who pass but have risk factors as recommended (See TIPS Appendix B);
- Report any "problem" cases to the supervisor;
- Document UNHS results and risk factors in medical record, hearing screening log, as per your facility's protocol;
- Complete blood spot card;
- Follow established infection control procedures;
- Use appropriate baby handling skills;
- Recognize problems with screening equipment. Troubleshoot and report unresolved problems to the supervisor immediately;
- Recognize potential problems with the infant that may interfere with the screening;
- Monitor inventory of supplies and report needs to program supervisor.

The birthing facilities have the responsibility to make certain all staff providing the newborn hearing screening are trained and competent to provide services. All screeners should have an annual review. (See Screener Guidelines Appendix D for guidelines)

Documentation/EARS/Monthly Summary Report

Information from EHDI Alert Response System (EARS) or the MSR report allows ISDH to provide follow-up on all infants who were referred for follow-up or who were not screened for any reason. The method of reporting is the web-based EARS reporting system.

- Results of all newborn hearing screenings, attempts, and/or refusals must be documented in the hospital chart;
- If a religious waiver is signed, a copy should be kept in the hospital chart and a copy sent to ISDH for documentation when using EARS and/or with the MSR;
- The blood spot card should be completed and sent to IU labs.

EARS Reporting

- When using the EARS system, daily entry of screening results is encouraged;
- ISDH follow-up can begin as soon the infant is entered into the system;
- This allows more timely reporting and improved outcomes for families;
- Daily reporting will facilitate follow-up;
- Daily reporting will lessen the burden on the MSR reporter at the end of the month;
- The Monthly Summary Report must be completed by the 15th of the month following the end of the month the infants are screened.

Please see MSR Appendix E for complete instructions

FYI: What happens after the hospital refers a baby?

- Upon referral, a designated hospital representative will assist parents by scheduling an appointment, preferably at a Level 1 audiology facility;
- Diagnostic audiological testing should ideally be completed before the infant is 3 months of age;
- Results of the diagnostic evaluation are reported to ISDH and/or Indiana Birth Defect and Problem Registry by the audiologist and/or PCP;
- Infants with diagnosed hearing loss will be enrolled in early intervention services;
- Infants identified with a hearing loss should have referrals to other medical professionals such as the pediatrician, an otolaryngologist (ENT physician), geneticist, and opthamologist.

Referral Procedures:

Hospital Procedure for Follow-up of Babies from Universal Newborn Hearing Screening (UNHS)

1) For babies who do not pass two UNHS screenings:

   a. Prior to discharge, facility informs mother of screening results, need for follow-up diagnostic audiology testing, and location(s) of Level 1 Audiology Center(s).
   b. Facility obtains physician referral (unless "standing orders" exists).
   c. Facility contacts audiologist to schedule the follow-up testing.
   d. Facility faxes physician's referral and hospital referral form to audiologist.
   e. Facility notifies mother of appointment date and time verbally and in writing and documents follow-up appointment on the discharge summary.*
   f. Facility enters child into EARS within 5 business days of second screening and indicates diagnostic audiology appointment location, date and time in the comments section on the Monthly Summary Report (MSR) Exceptions page of EARS.

*If a child is not scheduled for diagnostic audiology testing prior to discharge (i.e.child is discharged on a weekend when audiology office is not open), the facility should contact the parent to schedule an appointment. If the facility is unable to reach the family by phone *and* schedule the baby within three days of discharge, the facility should fax a referral form (a sample template, Indiana Audiology Referral Form, is attached) to the child's PCP with "Need assistance in scheduling this child for audiology follow-up" written on the form. The facility should maintain a copy of the faxed document.

2) For babies who pass UNHS, but are at risk for delayed onset hearing loss because of an identified risk factor:

   a. Prior to discharge, facility notifies mother of UNHS results, the identified risk factor, and the need for follow-up diagnostic audiology testing at 9-12 months of age.
   b. Facility enters child into EARS as an exception within 5 days of UNHS.
   c. Facility notifies PCP of need for follow-up diagnostic audiology testing at 9-12 months of age (or earlier if concerns arise).

Medical Home for Children Identified With Hearing Loss

One of the goals of the UNHS/EHDI program is that children identified with hearing loss have a medical home where health care services are accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally-competent.

According to American Academy of Pediatrics, a Medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician (pediatric health care professional) whom they trust. The pediatric health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

Accessible

- Care is provided in the child's community
- All insurance, including Medicaid, is accepted and changes are accommodated

Family-Centered

- Recognition that the family is the principle caregiver and the center of strength and support for children
- Unbiased and complete information is shared on an ongoing basis

Continuous

- Same primary pediatric health care professionals are available from infancy through adolescence
- Assistance with transitions (to school, home, adult services)

Comprehensive

- Health care is available 24 hours a day, 7 days a week
- Preventive, primary, and tertiary care needs are addressed

Coordinated

- Families are linked to support, educational, and community-based services
- Information is centralized

Compassionate

- Concern for well-being of child and family is expressed and demonstrated

Culturally Effective

- Family's cultural background is recognized, valued, and respected

APPENDIX A

Regional Consultant Information

Indiana State Department of Health
EHDI Staff & Regional Consultants 2009

The role of the Audiology Regional Consultant is to provide local technical assistance, training and consultation to hospitals and families concerning hearing screening, intervention and practice issues

EHDI Program Director
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EHDI Follow-up Coordinator
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Email: juschulte@isdh.in.gov

Central Regional Audiology Consultant (Region 4)
Lead Regional Consultant, Indiana State Department of Health
Molly L. Pope, MAT., CCC-A
Phone: (317) 233-1264 (Mondays)
Home Phone: (317) 272-3837
E-mail: mpope@isdh.IN.gov

Northwest Regional Audiology Consultant (Region 1)

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Ear, Nose, Throat Associates, PC
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West Central Regional Audiology Consultant (Region 3)

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Southwest Regional Audiology Consultants (Region 5)

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The Easter Seals Rehabilitation Center
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Phone: (812) 479-1411
E-mail: jfields@evansvillerehab.com

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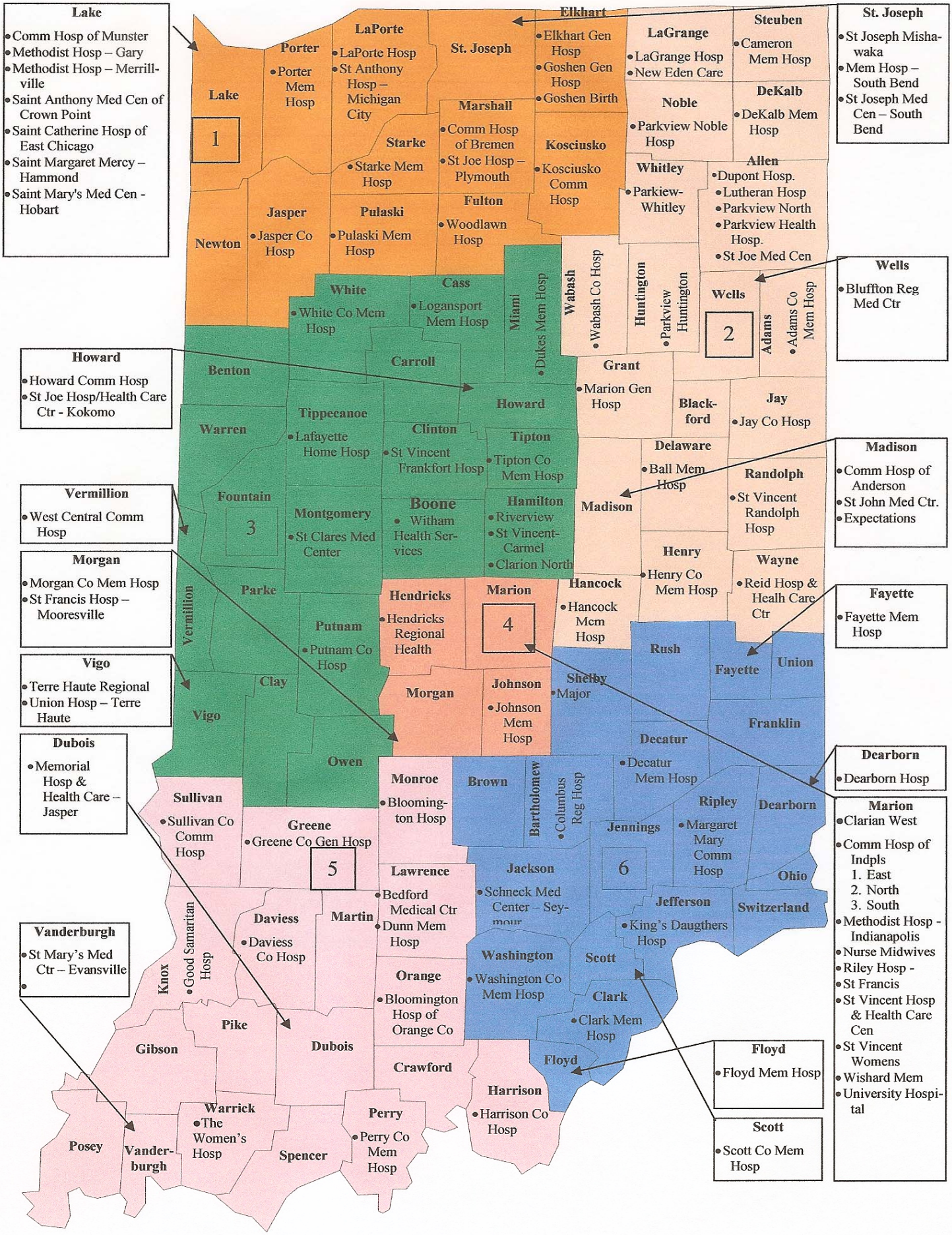
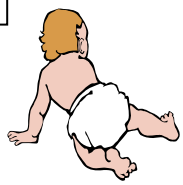

Lake
• Comm Hosp of Munster
• Methodist Hosp – Gary
• Methodist Hosp – Merrillville
• Saint Anthony Med Cen of Crown Point
• Saint Catherine Hosp of East Chicago
• Saint Margaret Mercy – Hammond
• Saint Mary's Med Cen - Hobart
Lake
1
Porter
• Porter Mem Hosp
LaPorte
• LaPorte Hosp
• St Anthony Hosp – Michigan City
St. Joseph
Elkhart
• Elkhart Gen Hosp
• Goshen Gen Hosp
• Goshen Birth
LaGrange
• LaGrange Hosp
• New Eden Care
Steuben
• Cameron Mem Hosp
St. Joseph
• St Joseph Mishawaka
• Mem Hosp – South Bend
• St Joseph Med Cen – South Bend
Noble
• Parkview Noble Hosp
DeKalb
• DeKalb Mem Hosp
Marshall
• Comm Hosp of Bremen
• St Joe Hosp – Plymouth
Starke
• Starke Mem Hosp
Kosciusko
• Kosciusko Comm Hosp
Whitley
• Parkiew-Whitley
Allen
• Dupont Hosp.
• Lutheran Hosp
• Parkview North
• Parkview Health Hosp.
• St Joe Med Cen
Newton
Jasper
• Jasper Co Hosp
Pulaski
• Pulaski Mem Hosp
Fulton
• Woodlawn Hosp
Wells
• Bluffton Reg Med Ctr
White
• White Co Mem Hosp
Cass
• Logansport Mem Hosp
Miami
• Dukes Mem Hosp
Wabash
• Wabash Co Hosp
Huntington
• Parkview Huntington
Wells
2
Adams
• Adams Co Mem Hosp
Howard
• Howard Comm Hosp
• St Joe Hosp/Health Care Ctr - Kokomo
Benton
Carroll
Howard
Grant
• Marion Gen Hosp
Black-ford
Jay
• Jay Co Hosp
Warren
Tippecanoe
• Lafayette Home Hosp
Clinton
• St Vincent Frankfort Hosp
Tipton
• Tipton Co Mem Hosp
Madison
• Comm Hosp of Anderson
• St John Med Ctr.
• Expectations
Delaware
• Ball Mem Hosp
Randolph
• St Vincent Randolph Hosp
Madison
Vermillion
• West Central Comm Hosp
Fountain
3
Montgomery
• St Clares Med Center
Boone
• Witham Health Services
Hamilton
• Riverview
• St Vincent-Carmel
• Clarion North
Morgan
• Morgan Co Mem Hosp
• St Francis Hosp – Mooresville
Henry
• Henry Co Mem Hosp
Wayne
• Reid Hosp & Healh Care Ctr
Hancock
• Hancock Mcm Hosp
Parke
Vermillion
Hendricks
• Hendricks Regional Health
Marion
4
Fayette
• Fayette Mem Hosp
Putnam
• Putnam Co Hosp
Vigo
• Terre Haute Regional
• Union Hosp – Terre Haute
Clay
Vigo
Morgan
Johnson
• Johnson Mem Hosp
Shelby
• Major
Rush
Fayette
Union
Franklin
Decatur
• Decatur Mem Hosp
Dubois
• Memorial Hosp & Health Care – Jasper
Owen
Monroe
• Bloomington Hosp
Brown
Bartholomew
• Columbus Reg Hosp
Ripley
• Margaret Mary Comm Hosp
Dearborn
• Dearborn Hosp
Sullivan
• Sullivan Co Comm Hosp
Greene
• Greene Co Gen Hosp
5
Jennings
6
Marion
• Clarian West
• Comm Hosp of Indpls
1. East
2. North
3. South
• Methodist Hosp - Indianapolis
• Nurse Midwives
• Riley Hosp -
• St Francis
• St Vincent Hosp & Health Care Cen
• St Vincent Womens
• Wishard Mem
• University Hospital
Lawrence
• Bedford Medical Ctr
• Dunn Mem Hosp
Jackson
• Schneck Med Center – Seymour
Ohio
Jefferson
• King's Daugthers Hosp
Switzerland
Vanderburgh
• St Mary's Med Ctr – Evansville
Knox
• Good Samaritan Hosp
Daviess
• Daviess Co Hosp
Martin
Washington
• Washington Co Mem Hosp
Scott
Orange
• Bloomington Hosp of Orange Co
Clark
• Clark Mem Hosp
Pike
Gibson
Dubois
Floyd
Floyd
• Floyd Mem Hosp
Crawford
Harrison
• Harrison Co Hosp
Warrick
• The Women's Hosp
Perry
• Perry Co Mem Hosp
Scott
• Scott Co Mem Hosp
Posey
Vander-burgh
Spencer

APPENDIX B

TIPS

Universal Newborn Hearing Screening Best Practice



1st Screen

Pass – both ears
Parent receives Hearing Screening Results certificate – passed

Did not pass – one or both ears
2nd Screen is done for both ears

Pass-with risk indicators
Parent receives Hearing Screening Results and referral for testing at 9-12 months

Pass both ears

Refer in one or both ears

Did not pass – one or both ears
Parent receives certificate – referral
What to tell parent – *"Your child did not pass hearing screening. This does not mean he has a hearing loss. We do a hearing screening. We are referring your baby for a diagnostic test. The diagnostic test will clarify how your baby is hearing. It is important that you follow up as soon as possible with the hearing diagnostic test. Early detection of hearing loss is important for language development."*

Refer per hospital policy to: ISDH, Audiologist (Level 1) and/or Physician,

Complete blood spot card for all babies
Report to ISDH on the Monthly Summary Report (MSR):

1. Any baby not receiving UNHS
2. Babies that don't pass UNHS
3. Babies that pass but are at risk for delayed onset of hearing loss
    a. Family history of permanent childhood hearing loss.
    b. Congenital infection (CMV, rubella, herpes, syphilis, toxoplasmosis).
    c. Hyperbilirubenemia requiring exchange transfusion.
    d. Ear malformations/cranio-facial anomalies

Contact ISDH @ 1-888- 815-0006 Fax #: 317 234-2995

Why Universal Newborn Hearing Screening?

- UNHS has become the standard of care with all states and territories participating in this program. The American Academy of Pediatrics, as well as other hearing health organizations, advocate for universal newborn hearing screening.
- Technology now exists to provide safe, cost effective and reliable methods to assess hearing in newborns, making UNHS possible and practical. Screening involves the use of non-invasive, objective physiologic measures.
- Screening procedures for newborns can lead to detection of significant bilateral or unilateral hearing loss. **All children can be evaluated for hearing loss, regardless of their age.**
- Hearing loss is invisible, but the effects can lead to lack of exposure to language and can cause lifelong cognitive, educational and vocational challenges. **This is preventable with early intervention and family education.**
- With one out of every 300 infants born with significant hearing loss, it is one of the most common health conditions found in newborns. In Indiana approximately 250-300 babies will be identified annually.
- If only high-risk babies were screened, half of all babies with hearing loss would be missed.
- The incidence of congenital hearing loss is greater than the sum total of all other conditions detected by newborn metabolic blood screening tests.
- More than 90 percent of infants who are born with or develop early onset hearing loss have parents and families with normal hearing.
- Without universal newborn hearing screening, the average age of diagnosis is over two years of age.
- Recent research indicates that children identified with hearing loss, who receive intervention before six months of age, develop language (spoken or signed) comparable with their hearing peers.
- **Don't wait for signs of hearing loss to appear**. Many children with hearing loss will not have an obvious speech/language delay until 2, 3, or even 4 years of age.

Tips for UNHS Screeners
Referral for Delayed Onset Risk Factors

Indiana's UNHS Policy Manual identifies four risk factors for delayed onset hearing loss that require referral to Indiana State Department of Health. Babies who pass the screening but have one of the following risk factors need to be referred. Risk factors include:

1. A family history of permanent childhood hearing loss
2. Exposure to in-utero infection (See Newborn Risk Criteria)
3. Bad jaundice (hyperbilirubinemia) that needed a special procedure (exchange transfusion)
4. Ears that are formed in a different way than usual (no ear, partial ear or no ear canal opening).These babies should not be screened but referred immediately to audiology for diagnostic testing. Babies with other craniofacial anomalies who are screened and pass, should be referred to the Primary Care Provider (PCP) for follow-up diagnostic testing at 9-12 months of age.

Families of babies who pass the screening, but are identified as having one of the above risk factors, should:

1. Be informed about the risk factors identified
2. Be provided a copy of the hearing and language developmental milestones and told to monitor the child's progress
3. Be referred to their PCP on the discharge summary
4. Be referred to ISDH on the Monthly Summary Report and to the PCP for follow-up evaluation at 9-12 months of age with further testing as recommended by the audiologist
5. Be informed of the results and the importance of follow-up testing

Tips for UNHS Screeners
Referral for Other Risk Indicators

Other risk factors do exist (as identified below) and may be present. Babies who pass the screen but have one of these additional risk factors, should be referred to their PCP. A referral to the child's primary care physician should be completed on the discharge summary.

1. Spent more than five days in the Neonatal Intensive Care Unit (NICU)
2. A condition known to be associated with hearing loss (genetic/syndrome)
3. An infection around the brain and spinal cord caused by bacteria (bacterial meningitis)
4. Parent or care giver concern regarding the development of hearing and language

Families of babies who pass the screening, but are identified as having one of the above risk factors, should:

1. Be informed about the risk factors identified
2. Be referred to their PCP on the discharge summary for follow-up testing
3. Be made aware of the hearing and language developmental milestones on the screening certificate that is given to the family and told to monitor the child's progress
4. Be informed of the results and the importance of follow-up testing

Newborn At-Risk Criteria for Delayed Onset/Progressive Hearing Loss

State Recommended Follow-up

- **Family History of Congenital Childhood Hearing Loss**
  - Does not include history of middle ear infections/tubes;
  - Does not include family members with know causes of hearing loss like Rubella, Meningitis, or loud noise exposure & trauma;
  - Does include family members with hearing loss in one or both ears since childhood from unknown cause or history of genetic hearing loss.

- **In-utero Infection (TORCH)** includes:
  - **Toxoplasmosis –** infected during or just before pregnancy, especially 1st trimester;
  - **Group Beta Strep (GBS) –** sick infant with positive GBS culture;
  - **Syphilis –** infected during pregnancy, baby can be treated prior to delivery;
  - **Rubella –** infected primarily during the first trimester;
  - **Cytomegalovirus (CMV) –** can be transmitted through the placenta, birth canal or postnatally through breast milk;
  - **Herpes Simplex Virus (HSV) –** active infection during pregnancy, primarily active during vaginal delivery.

- **Hyperbilirubinemia (Jaundice)**
  - At levels exceeding indication for exchange transfusion.

- **Ear Malformations/Cranio-facial Anomalies**
  - Babies who cannot be screened at the hospital due to no ear, partial ear or no ear canal opening should be immediately referred to an audiologist (Level1) and to their physician (PCP).
  - Babies with craniofacial anomalies who can be screened and pass should be referred for follow-up at 9-12 months of age.

Other at-risk factors for hearing loss in infants exist and would routinely be investigated by the infant's primary care physician. These factors include:

- Syndromes that are commonly associated with hearing loss, such as, Down's Syndrome, Usher Syndrome, Waardenburg Syndrome, and Neurofibromatosis Type 2, to name a few;
- Low birth weight below 3.3 lbs.
- Prolonged ventilation (> 10 days);
- Aminoglycosides (>5 days) and loop diuretics used in combination with aminoglycosides;
- Apgar scores of 0-3 at 5 minutes or those who fail to initiate spontaneous respiration by 10 minutes or those w/ hypotonia persisting to 2 hrs. of age;
- Any infant not passing two newborn hearing screenings;
- Parental concern.

Tips For UNHS Screeners
Minimizing Referral Rates

Test while the baby is quiet, relaxed (preferably sleeping), well fed and comfortable. Swaddling the infant often helps.

If a second screen is necessary, wait a few hours. This can significantly reduce the referral rates. Always re-screen both ears.

Screening will be faster and more effective if you minimize noise and distraction before screening. Testing area should be quiet (avoid talking, ringing phones, running water, etc.).

It is important to have a backup equipment plan in the event of a breakdown. *See Tips for Screeners / Back-up Equipment for suggestions on a plan.

OAE specific tips:
For OAE screening, the single most important factor in reducing referral rates is achieving a good probe fit:

- Visually inspect the ear canal for debris (wax, blood, vernix);
- Seat the earphone probe by gently pulling the ear up and out: this will open up the canal;
- Begin the test once the probe is placed and baby has quieted;
- If the baby does not pass on the first try,
    - Remove the probe and check for debris
    - Replace the tip if needed
    - Clean probe if needed
    - Reposition the probe and repeat the screen

Adapted from UNHS sources.

TIPS FOR SCREENERS

Back-up Equipment

If the equipment malfunctions, have a plan in place for a back-up unit. Babies who miss the screening due to equipment problems must be brought back for screening when the equipment is repaired. Being prepared for equipment problems will decrease the delays in screening all of your newborns.

Possible suggestions include:

1. Many hospitals have "sister" facilities that may be able to loan equipment to each other.

2. Some manufacturers offer loaner equipment—arrangements can be made for equipment to be sent immediately for loan until repairs are completed. Check with your manufacturer's sales representative regarding this possibility.

3. Check with local audiologists or ENT practices to see if they have equipment that they could loan or contract the service for a fee.

TIPS for Sharing Hearing Screening Results with Parents

Why do we screen babies?
Parents need to know that the UNHS screening is designed to find babies who may have a hearing loss, and therefore, need further testing. It is a screening only, not a definitive test.

Communication of Results
Your words matter.

- The importance of communicating the results to both families and physicians is often underestimated.
- Results need to be conveyed in a manner that is respectful, thoughtful, sensitive and consistent.
- The person conveying this result should be able to discuss the screening and answer questions that parents may have or know who to refer them to if they don't know the answers to the family's questions.
- Screeners should provide information on normal hearing development, risk factors and screening results. This information is available on the hearing screening certificate provided by ISDH.

Give results both verbally and in written form.

Babies who pass: Use the Hearing Screening Results (on back of Who, What Why brochure) to discuss the results. Provide the hearing/speech/language milestones that parents may use to monitor progress.

Babies who pass, but have risk factors: Provide the Hearing Screening Results and Hearing/Speech milestones. Note the risk factors and the hearing/speech/language milestones. Tell parents their baby needs to be seen for a hearing evaluation by an audiologist at 9 to 12 months of age.

Babies who do not pass: Common reasons babies do not pass include an ear canal blocked with debris, the presence of fluid in the middle ear, or permanent hearing loss (approximately 1 to 3 per 1000 births).

Provide the brochure "What if your Baby Needs More Hearing Tests". Choose your words carefully. Inappropriate communication of screening results may cause stress and anxiety for families. Do not use the word "fail" or "deaf". If the baby doesn't pass, use the word "refer" or "did not pass". Be careful to not minimize the screen while at the same time not unduly worrying the family.

Further audiological testing will confirm if the baby has normal hearing or a hearing loss. If a hearing loss is found, testing will determine the degree and type of loss and the next steps in follow-up.

You can also have the family contact the Indiana State Department of Health's (ISDH) Early Hearing Detection and Intervention Program (EHDI). Parents may contact Gayla Hutsell Guignard, Indiana State EHDI Coordinator (317) 234-3358 or the EHDI Parent Consultant (317) 233-1269 or call toll free (888) 815-0006.

Tips for Blood Spot Card Completion

Instructions for UNHS Portion of Blood Spot Card

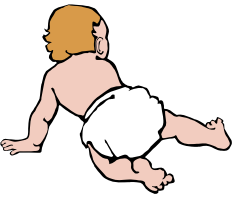
1. **Every effort should be made to have the UNHS results as well as the blood spot sample entered on the blood spot card before it is sent to the lab**
   (A complete set of data will be entered into the system for each infant).
2. To facilitate data entry, the UNHS screening should be completed and entered on to the blood spot card immediately upon completion Complete the information requested:
   a. Check the appropriate box for initial (one screen and passes both ears) or re-screen (if the baby requires a second test for one or both ears);
   b. Enter the date of reported screen;
   c. Indicate whether pass or refer for each ear;
   d. If risk factors are present please indicate the risk factor (Risk factors include: family history/congenital infection/hyperbilirubinemia requiring exchange transfusion, cranio-facial anomolies);
   e. If not screened, check the appropriate box; (Deceased/Transferred/Hospital error/NICU/Unauthorized Refusal/Religious Refusal/Equipment Problems/ Other).
3. **Do not delay in sending the blood spot card** if hearing screening is not completed. All newborn screen blood samples should be sent within 24 hours of collection, even if the UNHS screen has not been done. A delay in sending the blood spot info could result in a delay in diagnosis.
4. If hearing screening has not been completed (due to transfer/NICU/etc.) retain the pink "hearing" pull out sheet and keep until hearing screen is completed. When the hearing screening has been completed, enter the information on the copy and forward to the IU lab for data entry. Newborn Screening Laboratory, P. O. Box 770, Indianapolis, IN 46206.
5. Continue to report the results to ISDH through EARS.

TIPS FOR COMPLETING THE UNHS/EHDI Hearing Screening Results

1. Complete the child's name, birth date, date of screen and facility on the certificate.
2. Circle the correct screening result for that child.
3. If passed but has a risk factor, check the appropriate risk factor.
4. If did not pass. Put an* next to the "did not pass" box and write the referral information (i.e. audiology appointment date, time and place) at the bottom of the page.

Appendix C

Milestones



Language and Hearing Developmental Milestones

From the Indiana State Department of Health UNHS Certificate

Birth to 3 Months
- Startles to loud noises
- Soothed by familiar voices
- Makes vowel sounds—ooh, ahh
- Squeals, coos, laughs, gurgles

Three to Six Months
- Makes a variety of sounds such as “ba-ba” or “ga-ga”
- Seems to enjoy babbling
- Uses a variety of pitches
- Likes sound-making toys
- Turns eyes and head to sounds, including your voice

Six to Nine Months
- Responds to his/her name
- Imitates speech by making non-speech sounds, coughing, clicking tongue, smacking lips
- Plays with sound through repetition “la-la-la”
- Understands “no” and “bye-bye”
- Says “da-da” or “ma-ma”
- Listens to music or singing

Nine to Twelve Months
- Responds differently to happy or angry talking
- Turns head toward loud or soft sounds
- Jabbers in response to human voice
- Uses two or three words in addition to “da-da” or “ma-ma”
- Gives toys when asked
- Stops in response to “no”
- Follow simple directions

Twelve to Eighteen Months
- Identifies people, body parts and toys on request
- Locates sounds in all directions
- Names what he/she wants
- Talks in what sounds like sentences, with few understandable words
- Gestures with speech
- Bounces to music
- Repeats some words you say

Eighteen to Twenty-four Months
- Follows simple commands
- Speaks in two word phrases, somewhat understandable
- Recognizes sounds in the environment (car, dog, vacuum, doorbell)
- Has a vocabulary of 20 words or more

General Developmental Milestones

All babies are unique and will develop at their own pace. Some will walk and talk at an early age and others will start a little later. It is common for parents to have questions about their child's development during the first few years, especially if they are new parents. The following is a general development checklist, developed by Marion County First Steps that will help you evaluate your child's progress. Remember, this is only a guide and not every child may reach every goal at the exact same time. If you do feel that your child is not making progress, please talk with your child's physician or contact your local First Steps office for assistance.

1-2 Months
- Turns head in direction that cheek is touched
- Startles to loud noises
- Turns head from side to side when lying on stomach
- Shows gains in height and weight
- Able to suck/swallow easily

3-4 Months
- Rolls from stomach to back
- Makes sounds other than crying
- Holds a rattle and smiles
- Shows gains in height and weight
- Turns towards bright light and color

4-6 Months
- Rolls from stomach to back and back to stomach
- Reaches for and grasps objects
- Moves toys from hand to hand
- Balances for a few seconds while sitting
- Makes sounds in response to adult smiles and talk

6-9 Months
- Creeps or crawls forward on tummy by moving arms and legs
- Plays pat-a-cake and peek-a-boo
- Sits independently
- Shows gains in height and weight
- Babbles and laughs out loud
- Waves bye-bye

9-12 Months
- Pulls to a stand
- Picks up small objects
- Walks with both hands held
- Twists to pick up objects while sitting
- Imitates simple sounds
- Plays with parents/siblings
- Walks holding on to furniture
- Crawls or creeps on hands and knees

12-15 Months

- Says words besides “ma-ma” or “da-da”
- Walks without help
- Drinks from a cup or glass
- Picks up small objects
- Takes turns rolling a bal
- Responds to a simple request

15-18 Months

- Looks at picture books/turns pages
- Feeds self with spoon
- Likes to push, pull or dump things
- Walks without support
- Tries to talk and repeat words
- Identifies self in mirror
- Shows needs by grunting and pointing
- Uses spoon but spills

18-24 Months

- Uses two and three-word sentences
- Carries objects when walking
- Shows affection, offers hugs and kisses
- Says “no” often
- Chews small bites of food
- Actively plays with toys
- Understands simple directions
- Points to nose, eyes, hair and mouth
- Kicks a large ball
- Has about 20 words/signs in vocabulary

25-30 Months

- Eats with utensils
- Runs well and stops well
- Engages in simple pretend play
- Recognizes familiar adult in photo
- Enjoys playing with other children
- Follows a 2 part direction
- Understands size words like “big” or “little”
- Enjoys being read to
- Tries to stand on one foot
- Uses a crayon or pencil to imitate lines or circles
- May be shy with strangers

30-36 Months

- Repeats common rhymes
- Plays house
- Copies a circle

- Washes and dries hands
- Helps tell a favorite story
- Climbs playground equipment
- Resists transitions and other changes
- Pedals a tricycle

Auditory and Visual Language Milestones

Early detection of hearing loss can make a big difference in a child's development. If your baby is behind in some of these milestones, talk to your child's doctor, provider, or contact your local First Steps office for assistance. With early intervention children with hearing loss may acquire language skills at the same rate as their same aged peers in the sequences listed below.

Birth – 3 Months

- Is startled by loud noises
- Is soothed by familiar voices
- Makes vowel sounds – ooh, ahh
- Squeals, coos, laughs, gurgles
- Facial expressions begin showing pleasure, discomfort etc.
- Tracks people with her/his eyes
- Uses limb movements (legs/arms) to indicate need/want
- Looks at person when touched

3-6 Months

- Makes a variety of sounds, such as "ba-ba", "gaba", "ma"
- Seems to enjoy babbling (with sounds and/or hands/fingers)
- Uses a variety of pitches
- Likes toys that make sounds, lights blinking, and/or vibrates
- Turns eyes and head to sounds, including parent's voice or hands, gestures or signs

6-9 Months

- Plays with sound/hand movements/rhymes through repetition: "la-la-la"
- Understands "no" and "bye-bye", daily words or signs – milk, sleep, eat, p
- Says "da-da" or "ma-ma"
- Uses index finger for "mom/dad"
- Listens to music or singing and/or observes-watches signing (rhythms)
- First true signs are used for food, clothes, or greeting (8 months)

8-12 Months

- Recognize signs for daily words – milk, sleep, hurt,
- Responds differently to happy/angry talking/signs
- Turns head toward loud/soft sounds or any visual signalers/movements
- "Jabbers" in response to human voice/facial expressions
- Gives toys when asked
- Uses two-three words in addition to "da-da" or "ma-ma"
- Stops in response to "no" (voice/sign)
- Follows simple directions (voice/sign)

12-18 Months

- Identifies people, body parts, and toys on request
- Locates sound in all directions
- Uses facial grammar with signs
- Shakes head (no, don't want)
- Signs "what"/"where"

- Marks “yes” and “no” with eyebrows
- Points with an index finger, adding a sign(s)
- Begins to use “7 Simple Hand Shapes”
- Names what s/he wants
- Talks/signs in what sounds/looks like sentences, with a few understandable words and or signs
- Gestures with speech/body language
- Bounces to music (visually and auditory)
- Repeats some words and or signs

18-24 Months

- Follows simple commands
- Speaks/signs in two-word phrases, somewhat understandable
- Recognizes sounds in the environment (car, dog, vacuum, doorbell)
- Has a vocabulary of 50 words/signs or more
- Turn taking skills begin

24-36 Months

- Engages in short dialogues
- Expresses emotions
- Begins to use language in imaginative ways
- Begins to use sign classifiers
- Talks/signs about what she/he has scribbled
- Asks simple questions

ESTADOS DE DESARROLLO

1-2 MESES
Mueve la cabeza en la dirección donde le tocan la mejella
Se asusta fácilmente cuando eschucha ruido fuerte
Mueve la cabeza de un lado al otro cuando está acostado boca abajo
Muestra aumentos en altura y peso
Capaz de chupar y/o tragar fácilmente

3-4 MESES
Se mueve del estómago a la espalda
Hace ruidos que no son creados cuando Ilora
Sostiene una sonaja y sonrie
Muestra aumentos en altura y peso
Mueve la cabeza hacia el color y luz brillante

4-6 MESES
Se mueve del estómago a la espalda y de la espalda al estómago
Extiende la mano para agarrar objectos
Mueve jugetes do mano en mano
Se balancea él mismo cuando se sienta por unos segundos
Sonrie en reacción a otros

6-9 MESES
Se arrastra o gatea hacia delante en el estómago por medio de mover los brazos y las piernas
Juega las escondidas
Se sienta por si mismo
Muestra aumentos en altura y peso
Mueve la cabeza para encontrar los ruidos
Balbucea y rie

9-12 MESES
Se levanta él mismo hasta que se pone de pie
Recoge objetos pequeños
Camina mientras alguien soporta ambas manos
Dice “adios” con la mano
Imita ruidos simples
Juega con su familiaCapaz de sentarse solo
Se arrastra o gatea en las manos y las rodillas

12-15 MESES
Dice palabras además de “mami” y “papi”
Camina sin ayuda
Toma de una taza con ayuda
Recoge objetos pequeños

Puede tomar turnos rodando una pelota

15-18 MESES
Mira los libros con cuadros y cambia las páginas
Come solo con una cuchara
Le gusta empujar, palear y vertir cosas
Camina sin apoyo
Trata de hablar y repite palabras
Muestra emociones – contenta o triste
Muestra necesidades por medio de gruñir y señalar
Usa una cuchara pero derrama

18-24 MESES
Usa frases con 2 y 3 palabras
Lleva objetos cuando camina
Muestra cariño, ofrece besos y abrazos
Dice "no" frecuentemente

25-30 MESES
Come solo
Corre bien
Dice su nombre cuando alguien pregunta
Le gusta hacer garabatos
Le gusta jugar con otros niños
Usa frases como "más jugo"
Da la vuelta a un tirador o destornilla las tapas
Le gusta escuchar un cuento
Tira una pelota hacia adelante

30-36 MESES
Repite las canciónes infantiles comunes
Da brincos
Copia un circulo
Lava y seca las manos
Dice su nombre cuando alguien le pregunta
Usa frases de 3 palabras

Appendix D

Screener Guidelines and Scripts

UNHS/EHDI Screener Responsibilities

Evaluate infants to be screened prior to discharge based on established hospital protocol. Factors to consider include: time of birth, estimated discharge time, need for second screening prior to discharge, baby state

Perform hearing screening tests

1. Inform parents of the test and answer any questions
2. Identify any risk factors for hearing loss (See TIPS)
3. Perform the screen using the equipment and following established protocols and procedures
4. Inform parents of the results of hearing screen and answer any questions they might have
5. Provide parents with the hearing screen results and provide the hearing and language milestones
6. Refer any infants who do not pass to an audiologist (Level 1), ISDH and the family physician/pediatrician
7. Refer any infants who pass but have risk factors as recommended (See TIPS)
8. Refer any "problem" cases to the supervisor

Document UNHS results and risk factors in medical record, hearing screening log, as per hospital protocol/Complete blood spot card

Follow established infection control procedures

Utilize appropriate baby handling skills

Recognize problems with screening equipment. Troubleshoot and report unresolved problems to the supervisory immediately

Recognize potential problems with the infant and/or major medical equipment and report to appropriate personnel

Monitor inventory of supplies and report needs to program supervisor/maintain supply levels

Screener Evaluation Form:

Screener: _____
Date: _____

General:

- ☐ Demonstrates knowledge of UNHS.
- ☐ Demonstrates competency in hospital infection control procedures
- ☐ Demonstrates competency in patient confidentiality procedures
- ☐ Demonstrates good baby handling skills (calming)
- ☐ Demonstrates ability to explain the test to parents and answers commonly asked questions
- ☐ Demonstrates competency in entering information into the screening equipment
- ☐ Demonstrates competency in setting up equipment
- ☐ Demonstrates competency in administering the screening test, storing results, printing results and logging results
- ☐ Demonstrates ability to communicate results to parents in a sensitive manner
- ☐ Demonstrates ability to address common questions asked by parents and knowledge of where to refer if unable to answer questions
- ☐ Demonstrates competency in prioritizing infants to be screened based on age, estimated discharge time and infant's activity level.
- ☐ Demonstrates basic troubleshooting ability with the screening equipment

Communication Competency Evaluation:

- ☐ Demonstrates understanding of and importance of newborn hearing screening
- ☐ Explains how the screening equipment works using proper terminology
  - ☐ OAE
  - ☐ AABR
- ☐ Demonstrates knowledge of and ability to explain results
- ☐ Can list common reasons an infant might not pass the screen
- ☐ Can list common risk factors for hearing loss
- ☐ Demonstrate knowledge of proper terminology when giving results to parents (pass/did not pass)
- ☐ Demonstrates the ability to address the need for further testing without alarming parents
- ☐ Demonstrates ability to answer questions frequently asked by parents or physicians

Adapted from materials from Seattle Children's Hospital

Newborn Hearing Screening Training Scripts

Informing Parents of the Screen:

Hi! Congratulations on the birth of your baby. You have received information that we provide hearing screening to all babies born. We are going to screen your baby now.

Informing Parents of the Screen (Spanish):

¡Hola! Felicitaciones por el nacimiento de su bebé. Usted recibió información sobre la prueba auditiva que le hacemos a todos los recién nacidos. Ahora vamos a hacerle la prueba auditiva a su bebé.

Passing:

Congratulations on the birth of your baby. We just completed the hearing screen; the results are a pass. Here is a brochure that talks about development of speech and language. It is always important to monitor the progress of your baby's development, especially their speech and language because your baby's hearing can change any time. If you are ever worried that your baby can't hear, talk to your baby's doctor right away and ask for a referral to an audiologist that is skilled at testing infants and young children.

Passing (Spanish) Pasó:

Felicitaciones por el nacimiento de su bebé. Acabamos de finalizar la prueba auditiva de su bebé y él/ella la pasó. Este es un folleto que trata sobre el desarrollo del habla y del lenguaje. Es importante observar el desarrollo de su bebé especialmente de su habla y lenguaje ya que la audición de su bebé puede cambiar en cualquier momento. Si usted está preocupado de que su bebé no pueda oír, hable con el médico pediatra inmediatamente y pídale que lo envíe a donde un audiólogo especializado en hacer pruebas a bebés y niños pequeños.

Pass with Risk Factors:

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby passed the screening today, but has a risk factor that could cause a hearing loss to develop over time. Here is a brochure that talks about development of speech and language. It is always important to check the progress of your baby's development, especially their speech and language because your baby's hearing can change any time. It is recommended that your baby be tested again by an audiologist who is skilled at testing infants and young children at about 9-12 months of age. If you are worried before this time that your baby can't hear, talk to your baby's doctor right away and ask for a referral to an audiologist immediately.

Pass with Risk Factors (Spanish) Pasó con Factores de Riesgo:

Felicitaciones por el nacimiento de su bebé. Acabamos de finalizar la prueba auditiva de su bebé. Su bebé pasó la prueba hoy, pero tiene un factor de riesgo que podría causar con el tiempo que se le desarrolle pérdida del oído. Este es un folleto que trata sobre el desarrollo del habla y del lenguaje. Siempre es importante observar el desarrollo de su bebé especialmente de su habla y lenguaje ya que la audición de su bebé puede cambiar en cualquier momento. Es recomendable que su bebé sea examinado otra vez a los 9-12 meses de edad por un audiólogo especializado en hacer pruebas a bebés y niños pequeños. Si antes de este tiempo usted está preocupado de que su bebé no pueda oír,

hable lo más pronto posible con el médico pediatra y pídale que lo envíe inmediatamente a donde un audiólogo especializado en hacer pruebas a bebés y niños pequeños.

Not Passing:

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass the second screen today. This does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can't be sure. The screening results will be provided to your baby's doctor and your child will be scheduled with an audiologist to complete follow-up testing. Please be sure you make or keep (depending on your hospital's protocol) the appointment for further hearing testing.

Not Passing (Spanish) No Pasó:

Felicitaciones por el nacimiento de su bebé. Acabamos de finalizar la prueba auditiva de su bebé. Los resultados de la segunda prueba auditiva que le hicimos hoy a su bebé indican que él/ella no la pasó. Esto no necesariamente significa que su bebé tenga una pérdida auditiva permanente, pero sin hacer pruebas adicionales no podemos estar seguros. Los resultados de la prueba le serán enviados al médico de su bebé, además su niño será referido al audiólogo para programar una prueba auditiva de seguimiento. Por favor asegúrese de hacer o mantener la cita para hacer más exámenes auditivos (dependiendo del protocolo de su hospital).

Adapted from materials from:

NCHAM
National Center for Hearing Assessment and Management
Utah State University™
2800 Old Main Hill
Logan, UT 84321-9981

Appendix E

MSR Reports and Order forms

Request for Administrative Forms & Information Materials

Early Hearing Detection & Intervention
Universal Newborn Hearing Screening

Date: _____
Hospital/ Birthing Facility_____
Address _____
_____
Contact Person _____
Phone # _____
Email _____

Please send the requested items listed below to the address indicated above.

Items	**# of Copies**
The Who, What, and Why of the Program /Hearing Screening Results(English)	
The Who, What, and Why of the Program/ Hearing Screening Results(Spanish)	
What If Your Baby Needs More Hearing Tests? (English)	
What If Your Baby Needs More Hearing Tests? (Spanish)	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (English - 3 copies max.)	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (Spanish - 3 copies max.)	
Hands & Voices Loss & Found DVD (includes English and Spanish on one DVD)	

If you need assistance, please call 317-233-1254 or 888-815-0006.
or
Mail or fax your request to:
Indiana State Department of Health
Early Hearing Detection & Intervention Program
2 North Meridian Street, 7F
Indianapolis, IN 46204
Fax: 317-234-2995

ISDH Office Use

Order received _____
Order filled _____

RELIGIOUS WAIVER FOR THE NEWBORN SCREENING PROGRAM
State Form 54102 (10-09)
INDIANA STATE DEPARTMENT OF HEALTH

I have been informed about the Newborn Screening Program for the State of Indiana and have received and read information about the screening tests required by law.

I object to the following being done on my child for reasons pertaining to my religious beliefs:

☐ **Hearing Screening**

☐ **Heel-Stick**

Name of child: _____

Birth date of child: _____

Location and Address of birth:

_____

_____

_____

_____

_____ _____
Signature of parent **Date *(month, day, year)***

_____
Address *(number, street and apartment number if applicable)*

_____
City **State** **ZIP code**

_____ _____
Signature of witness **Date *(month, day, year)***

EARS MSR Reporting

GENERAL RULES FOR SUCCESSFUL MSR DATA ENTRY

1. The reporting birth facility should START a new MSR on or very near the first day of each month.
2. The reporting birth facility should UPDATE the MSR for each new exception as soon as the exception occurs.
3. The reporting birth facility should CLOSE the MSR on or very near the first day of the next reporting period.

Consult the EARS User's Guide (word document icon on EARS toolbar) for specific instructions

The user guide will focus primarily on the "how to" of using the EARS system. To a lesser extent, the documentation has also explained the EHDI program goals. The EARS application is important to meet these goals and standards. Accordingly, ISDH has tried to make EARS beneficial to the birthing facilities as well. There at least three major benefits.

First, NO MORE PAPER FORMS! Use of the EARS system will eliminate the need for the paper MSR to be completed and faxed or mailed to the EHDI office. In today's work environment, everyone is being asked to accomplish more work with less help; EARS is one solution to this. Simply log into the system, enter your data and be done.

Second, through the use of EARS, there will be fewer follow-up calls from the EHDI office to the birthing facilities. The system is designed to be very user friendly and to require a minimal amount of data entry. Less data is asked for in the new system than was previously asked for in the old paper forms. The system has consolidated over ten paper forms into one simple to use interface. This consolidation and the reduction in requested data should:

1. make submission of the data easier,
2. make submission less time consuming, and
3. make submission more accurate.

Third, because EARS keeps track of the 'hold-overs' , birthing facilities will no longer have a need to review previous month's paperwork to find children who need to be reported again this month. Historically, some of the most time consuming efforts have been keeping track of these children. This will no longer be an issue. EARS will do the work for you. Not only will this accomplish all three of the benefits listed above but it will also help birthing facilities comply with submission requirements.

Appendix F

Direct Referral Forms

Early Hearing Detection and Intervention Direct Referral Form
for Diagnostic Audiology Evaluation

Communicating Did Not Pass Results

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass two hearing screenings. This does not necessarily mean that your baby has a hearing loss, but without additional testing we can't be sure. Funding for follow-up testing can be found through private insurance, Medicaid, Children's with Special Healthcare Services (CSHCS), or private pay. If you would like to use Medicaid, private insurance, or pay for the services yourself, we will help you make the follow-up appointment before you leave the hospital. If you are interested in applying for CSHCS, we will assist you in getting the appropriate paperwork. If this form is being provided after hours or on the weekend, the hospital staff will be contacting you at home with the time and date of the appointment.

Central Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Methodist Hospital
1701 N Senate Blvd AGO45
Indianapolis, IN 46202
Phone: (317) 962-9830
Fax: (317) 962-9834

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350

☐ Pediatric Ear Nose & Throat Center Peyton Manning Children's Hospital at St. Vincent
86th St. Campus
8402 Harcourt Rd, Suite 732
Indianapolis, IN 46260
Phone: (317) 338-6815
Fax: (317) 338-6582

Pediatric ENT Center
Medical Center Northeast
13914 E State Rd 238,
Suite 108
Fishers, IN 46037
(317) 338-6815
Medicaid/Unsedated/Awake

☐ Riley Hospital for Children
702 Barnhill Dr #0860
Indianapolis, IN 46202
Phone: (317) 944-8868
Fax: (317) 944-6680

☐ St. Vincent Hospital
2001 West 86th Street
Indianapolis, IN 46260
Phone: (317) 338-3224
Fax: (317) 338-2366

Zionsville office:
(317) 344-1290
The Northeast Office:
(317) 415-9260
(317) 415-9264 Fax

Appointment: ☐ Scheduled ☐ Needs to be Scheduled

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____
Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer
Funding for follow-up: ☐ Medicaid ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Phone #: _____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Physician Authorizing Diagnostic Audiology Evaluation As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

Early Hearing Detection and Intervention Direct Referral Form
for Diagnostic Audiology Evaluation

Communicating Did Not Pass Results

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Northeast Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Advanced Hearing Care
1827 N Madison Ave Suite C
Anderson, IN 46011
Phone: (765) 608 3277
Fax: (765) 608-3278

☐ Ball State University
AC 104
Muncie, IN 47306
Phone: (765) 285-8160
Fax: (765) 285-5623

☐ ENT Associates
10021 Dupont Circle Ct.
Fort Wayne, IN 46825
Phone: (260) 426-8117
X1626
Fax: (260) 416-0347

☐ MCHA Hearing Solutions
442 W High St
Bryan, OH 43506
Phone: (419) 636-4517
Fax: (419) 636-6438

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350

☐ Parkview Hospital
2200 Randallia
Fort Wayne, IN 46805
Phone: (260) 373-4527
Fax: (260) 373-2479

☐ St John's Health System
2015 Jackson St
Anderson, IN 46016
Phone: (765) 646-8172
Fax: (765) 608-3909

Appointment: ☐ Scheduled ☐ Needs to be Scheduled

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer

Funding for follow-up: ☐ Medicaid ☐ CSHCS ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home:_____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Address: _____

Phone #:_____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Physician Authorizing Diagnostic Audiology Evaluation – As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

www.hearing.IN.gov

Early Hearing Detection and Intervention Direct Referral Form
for Diagnostic Audiology Evaluation

Communicating Did Not Pass Results

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Northwestern Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Community Hospital Munster
901 MacArthur
Munster, IN 46321
Phone: (219) 836-4527
Fax: (219) 836-6752

☐ Family Hearing Center, Inc.
2134 College Ave
Goshen, IN 46528
Phone: (574) 533-2222
Fax: (574) 533-6868

☐ St Margaret Mercy
5454 Hohman Ave
Hammond, IN 46320
Phone: (219) 933-2094
Fax: (219) 933-2158

☐ ENT of Michiana
100 Navarre Pl Suite 4430
South Bend, IN 46601
Phone: (574) 246-1000
Fax: (574) 246-4000

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350

☐ The Hearing Clinic
Centennial Market Square
621 Memorial Dr Ste 402
PO Box 1916
South Bend, IN 46634
Phone: (574) 232-4040
Fax: (574) 288-7143

Appointment: ☐ Scheduled ☐ Needs to be Scheduled

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer

Funding for follow-up: ☐ Medicaid ☐ CSHCS ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Physician Authorizing Diagnostic Audiology Evaluation – As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

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Southeastern Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Cincinnati Children's Hospital
333 Burnet Ave ML2002
Cincinnati, OH 45229
Phone: (513) 636 4236
Fax: (513) 636-7316

☐ Columbus Regional Hospital
3015 10th St
Columbus, IN 47201
Phone: (812) 376-5319
Fax: (812) 375-3702

☐ Doctor's Hearing Care
4212 Charlestown Rd Suite 3
New Albany, IN 47150
Phone: (812) 949-3272
Fax: (812) 949-3271

☐ Heuser Hearing Institute
117 E Kentucky St
Louisville, KY 40203
Phone: (502) 584-3573
Fax: (502) 583-6364

☐ Kosair Children's Hospital
231 E Chestnut St
Louisville, KY 40202
Phone: (502) 629-6200
Fax: (502) 629-7915

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350

☐ University Audiology Associates
601 S Floyd St # 600
Louisville, KY 40202
Phone: (502) 583-3277 or
(502) 629-7710
Fax: (502) 587-7473

Appointment:

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer

Funding for follow-up: ☐ Medicaid ☐ CSHCS ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Physician Authorizing Diagnostic Audiology Evaluation – As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

Early Hearing Detection and Intervention Direct Referral Form
for Diagnostic Audiology Evaluation

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Southwestern Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Easter Seals Rehabilitation Center
3701 Bellemeade Ave
Evansville, IN 47714
Phone: (812) 479-1411
Fax: (812) 437-2636

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350

Appointment: ☐ Scheduled ☐ Needs to be Scheduled

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer

Funding for follow-up: ☐ Medicaid ☐ CSHCS ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home:_____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Address: _____

Phone #:_____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Physician Authorizing Diagnostic Audiology Evaluation – As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

Early Hearing Detection and Intervention Direct Referral Form
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West Central Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

☐ Purdue University
1353 Heavilon Hall
West Lafayette, In 47907
Phone: (765) 494-3789
Fax: (765) 494-0771

☐ Witham Health Services
2485 North Lebanon St
Lebanon, IN 46052
Phone: (765) 482-8687
Fax: (765) 483-8687

☐ Outreach Services for Deaf and Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-63

Appointment: ☐ Scheduled ☐ Needs to be Scheduled

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right ☐Pass ☐Refer Left ☐Pass ☐Refer

Funding for follow-up: ☐ Medicaid ☐ CSHCS ☐ Self Pay ☐ Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home:_____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____

Address: _____

Phone #:_____ Alternate Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

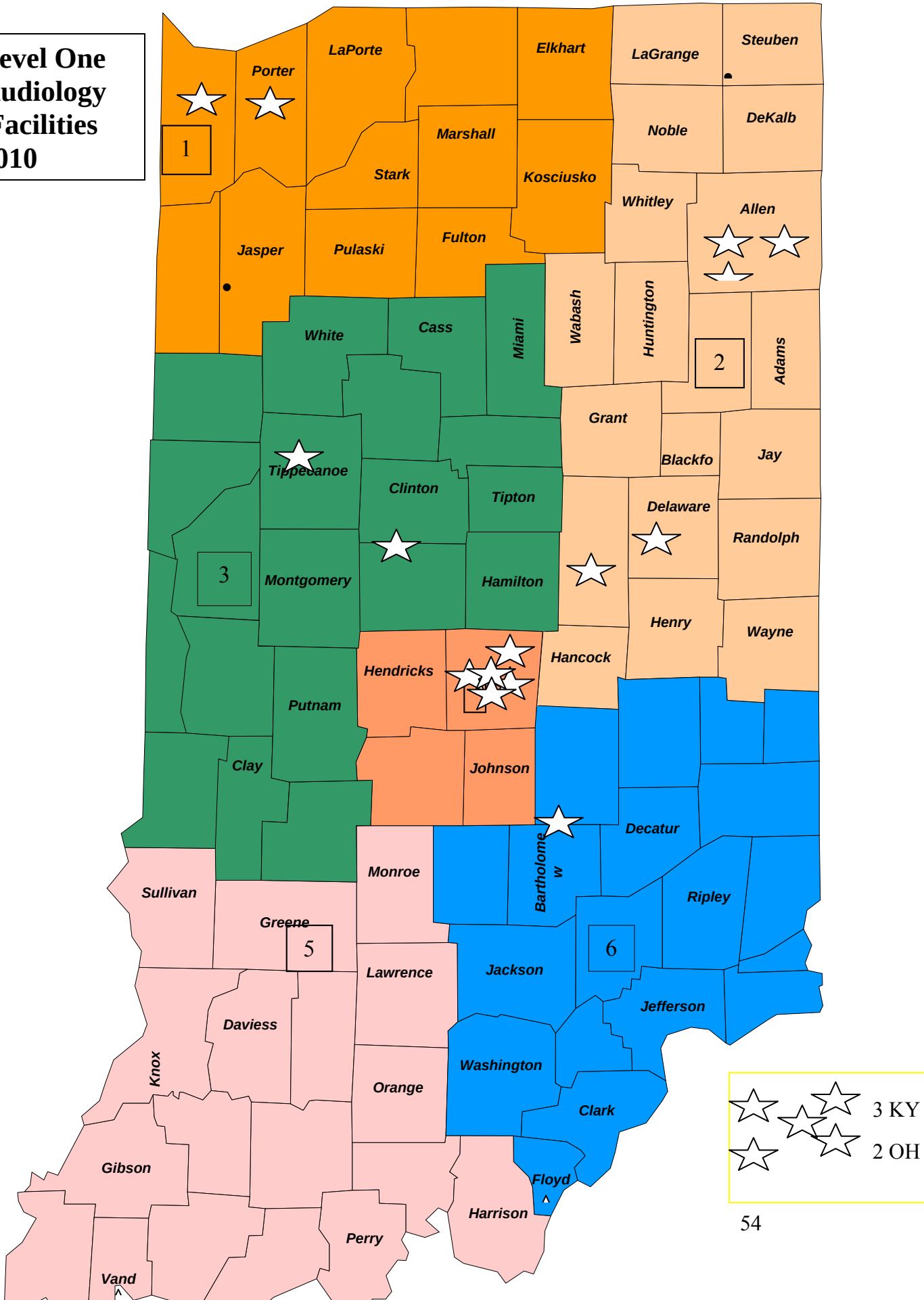
Physician Authorizing Diagnostic Audiology Evaluation – As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled.

Signature: _____ Date: _____

Appendix G

Diagnostic Audiology Facilities

Level One Audiology Facilities 2010



Level One/Two Audiology Provider Facilities Sept 2010

This list was compiled from a survey sent to audiologists by the Early Hearing Detection and Intervention Program (EHDI) to facilitate families and professionals in finding services for children. The facilities were ranked by equipment available for infant audiologic testing as recommended by the Joint Committee on Infant Hearing (JCIH) and the National Center for Hearing Assessment and Management (NCHAM) and reported by survey responses. Level 1 facilities have the recommended equipment to provide comprehensive diagnostic audiology services for newborns and young children to determine hearing status. Level 2 providers also provide comprehensive assessment, but are without one piece of the recommended equipment.*

Level One

Northeast Region

Advanced Hearing Care
1827 N Madison Ave Suite C
Anderson, IN 46011
(765) 608 3277
HA/FS/Medicaid/Unsedated

Ball State University
AC 104
Muncie, IN 47306
(765) 285-8160
HA/Medicaid/Unsedated

Ear Nose and Throat Associates
10021 Dupont Circle Ct
Fort Wayne, IN 46825
(260) 426-8117 X1626
HA/Medicaid/Sedated/Unsedated

MCHA Hearing Solutions
442 W High St
Bryan, OH 43506
(419) 636-4517
HA/Unsedated

Parkview Hospital
2200 Randallia
Fort Wayne, IN 46805
(260) 373-4500
FS/ Medicaid/ Unsedated

Northwest Region

Community Hospital Munster
901 MacArthur
Munster, IN 46321
(219) 836-4527
HA/Medicaid/Sedated/Unsedated

Ear Nose and Throat of Michiana
100 Navarre Pl, Suite 4430
South Bend, IN 46601
(574) 246-1000
HA/FS/ Medicaid/Sedated/Unsedated
Family Hearing Center, Inc.
2134 College Ave
Goshen, IN 46528
(574) 533-2222
HA/FS/Medicaid/Unsedated

St Margaret Mercy
5454 Hohman Ave
Hammond, IN 46320
(219) 933-2094
HA/FS/ Medicaid/Sedated/Unsedated

Central Region

Methodist Hospital Indianapolis
1701 N Senate Blvd, AG045
Indianapolis, IN 46202
(317) 962-9830
FS/ Medicaid/Unsedated

Outreach Services for Deaf and
Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
(317) 920-6347
Toll Free 1-800-724-9550
FS/Unsedated

Pediatric Ear Nose & Throat Center
Peyton Manning Children's Hospital
At St Vincent
8402 Harcourt Rd, Suite 732
Indianapolis, IN 46260
(317) 338-6815
Sedated/ Unsedated /Medicaid/Awake

Pediatric ENT Center
Medical Center Northeast
13914 E State Rd 238, Suite 108
Fishers, IN 46037
(317) 338-6815
Medicaid/Unsedated/Awake

Riley Hospital for Children
702 Barnhill Dr, Suite 0860
Indianapolis, IN 46202
(317) 944-8868
FS/ Medicaid/Sedated/Unsedated
HA through University Otolaryngology
Associates/

St Vincent Hospital
2001 West 86th St
Indianapolis, IN 46260
(317) 338-3224
HA/FS/ Medicaid/Sedated//Unsedated

St Vincent Hospital - Northwest
10801 N Michigan, Suite 200
Zionsville, IN 46077
(317) 344-1290
HA/FS/ Medicaid/Unsedated

St Vincent Hospital – Northeast
13914 E State Rd 238, Suite 206
Fishers, IN 46037
(317) 415-9260
HA/FS/ Medicaid/Unsedated

West Central Region

Purdue University
1353 Heavilon Hall
West Lafayette, IN 47907
(765) 494-3789
HA/FS/ Unsedated

Witham Health Services
2485 North Lebanon St
Lebanon, IN 46052
(765) 482-8687
HA/FS/ Medicaid/Sedated//Unsedated/
Awake

Southeast Region

Cincinnati Children's Hospital
333 Burnet Ave, ML2002
Cincinnati, OH 45229
(513) 636 4236
HA/FS/ Sedated/Unsedated

Columbus Regional Hospital
3015 10th St
Columbus, IN 47201
(812) 376-5311
HA/FS/Medicaid/ Unsedated

Doctor's Hearing Care
4212 Charlestown Rd, Suite 3
New Albany, IN 47150
(812) 949-3272
HA/FS/Medicaid/ Unsedated

Heuser Hearing Institute
117 E Kentucky St
Louisville, KY 40203
(502) 584-3573
HA/FS/ Medicaid/Sedated//Unsedated
Awake

Kosair Children's Hospital
231 E Chestnut St
Louisville, KY 40202
(502) 629-6200
HA/FS/ Medicaid/Sedated/Unsedated

University Audiology Associates
601 S Floyd, Suite 600
Louisville, KY 40202
(502) 583-3277 or (502) 629-7710
HA/FS/Sedated/Unsedated

Southwest Region

Easter Seals Rehabilitation Center
3701 Bellemeade Ave
Evansville, IN 47714
(812) 479-1411
HA/FS/ Medicaid/Unsedated

Level Two

Northeast Region

Saint John's Health System
2015 Jackson St
Anderson, IN 46016
(765) 646-8172
HA/FS/ Medicaid/Sedated/Unsedated

Northwest Region

The Hearing Clinic
Centennial Market Square
621 Memorial Dr, Suite 402
PO Box 1916
South Bend, IN 46634
(574) 232-4040
HA/Unsedated

Southeast Region

Acuear Audiology
208 S Chestnut St
Seymour, IN 47274
(812) 523-6666
HA/FS/ Medicaid/ Unsedated

Advanced Audiology and Hearing Care
3525 Mitchell Rd, Suite B
P O Box 125
Bedford, IN 47421
(812) 275-4479
HA/ Medicaid/Unsedated

Southwest Region

Indiana University Hearing Clinic
200 S Jordan Ave
Bloomington, IN 47405
(812) 855-7439
HA/FS/ Medicaid/Unsedated

Midwest ENT
2841 New Hartford Rd
Owensboro, KY 42303
(270) 691-6161
HA/Medicaid/Unsedated

*The quality of services provided and or the level of experience of providers at Level 1 & 2 facilities were only briefly reviewed and this list is not an endorsement by the EHDI Program.

.