



RISK FACTORS FOR PROGRESSIVE HEARING LOSS

www.hearing.in.gov

317-232-0972

Indiana Code for newborn hearing screening identifies four risk factors for delayed onset hearing loss that require reporting to Indiana State Department of Health. **Babies who pass the newborn hearing screening but have one of the following risk factors need to be referred for further hearing testing between 9 and 12 months of age.** Please find a list of pediatric audiology facilities on www.hearing.in.gov

Family History of Congenital Childhood Hearing Loss

- Family members born with hearing loss in one or both ears
- A family member with a hearing loss that was identified in childhood
- Hearing loss not caused by a medical condition like ear infections
- Does not include family members with known causes of hearing loss like rubella, meningitis, loud noise exposure &/or trauma

In-utero Infection (TORCH) for this pregnancy:

- **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)** –
 - Yes if:** Baby is diagnosed with neonatal herpes, Active infection during vaginal delivery
Active infection during cesarean delivery with a premature membrane
 - No if:** Mother had a cesarean delivery with no membrane rupture, No active infection was present at birth

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 who have one normal appearing ear should be screened in that ear
- Babies with craniofacial anomalies (including cleft lip and palate or any physical abnormality of the ear or surrounding area) 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 (Down, Usher, Waardenburg and Neurofibromatosis Type 2)
- All infants with or without risk factors requiring neonatal intensive care for greater than 5 days, including any of the following: ECMO,* assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/lasix). In addition, regardless of length of stay: hyperbilirubinemia requiring exchange transfusion. (If uncertain about the risk, please check with the neonatologist)
- Any infant not passing two newborn hearing screenings
- Parental concern

