

# What YOU Need to Know About Providing Health Care for Infants & Young Children with Hearing Loss

□ All CT newborns should be screened for hearing loss **before hospital discharge.**

- Ensure that all infants are screened at birth
- Confirm that all infants who do not pass the 1<sup>st</sup> screening or those at “*high risk*” are screened with Auditory Brainstem Response (ABR) equipment
- Be aware of risk indicators associated with hearing loss that require more frequent audiological monitoring, even if the infant passes screening at birth

□ Children who do not pass newborn hearing screening should have diagnostic audiological testing started as soon as possible and **completed by 3 months** of age.

- Refer to an audiology center that specializes in infants and has the necessary equipment to conduct the recommended battery of tests (see other side for centers)

□ More than half of all permanent hearing loss is **late onset** or progressive in nature and will not be detected through newborn hearing screening.

□ “**At risk**” children should have their hearing tested by an audiologist at least every 6 months until age 3, regardless of whether or not they passed the hearing screen at birth.

### Risk Indicators Associated with Hearing Loss in Childhood

- |   |  |
|---|--|
| 1) Caregiver concern                                  | 7) In utero infections (i.e. CMV, herpes, rubella, syphilis)   |
| 2) NICU > 5 days                                      | 8) Neurodegenerative disorders or sensory motor neuropathies   |
| 3) Craniofacial anomalies                             | 9) Culture-positive postnatal infections associated with sensorineural hearing loss  |
| 4) Head trauma  | 10) Syndromes associated with hearing loss or progressive or late-onset hearing loss or physical findings associated with a syndrome known to include a sensorineural or permanent conductive hearing loss |
| 5) Chemotherapy                                       |  |
| 6) Family history of permanent childhood hearing loss |  |

(2007 JOINT COMMITTEE ON INFANT HEARING POSITION STATEMENT)

**If there are ever any concerns about a child’s hearing, speech and/or language development, REFER the child for an audiological evaluation, as soon as possible.**

□ Children’s hearing should be evaluated subjectively at all well-child preventive care visits throughout the first 5 years of life as part of overall developmental surveillance.

□ All children should have an objective hearing test at *age 4* or sooner if there are any parent or physician concerns.

(AAP: Recommendations for Preventive Pediatric Health Care)

□ Refer children with hearing loss or for whom there are any developmental concerns to Child Development Infoline, **1-800-505-7000**

- The earlier a child with a hearing loss is identified and interventions are started, the less impact the hearing loss will have on the child’s speech and language development.
- Children with permanent hearing loss of 25 dB or greater in *either* ear OR persistent middle ear effusion that is documented for six months or more with a hearing loss of 30 dB or greater are automatically eligible for Birth to Three services.
- Any child referred to Birth to Three/Child Development Infoline because of a speech/language delay should have an audiological evaluation, including those children suspected of being on the autism spectrum.



For more information about hearing screening for infants & children and other related services contact the:

Connecticut Department of Public Health  
Early Hearing Detection & Intervention (EHDI) Program  
Telephone: (860) 509-8074  
[www.ct.gov/dph/ehdi](http://www.ct.gov/dph/ehdi)

## CONNECTICUT EARLY HEARING DETECTION AND INTERVENTION (EHDI) INFANT DIAGNOSTIC TESTING LOCATIONS

The following audiologists have indicated that they conduct the test battery recommended by the CT Early Hearing Detection and Intervention Task Force, for the diagnostic hearing testing of infants who do not pass the hearing screening conducted at birth.

### **BRIDGEPORT**

**Hearing Center of Bridgeport**  
515 North Ridgefield Avenue  
Bridgeport, CT 06610  
(203) 330-9100  
Medical facility affiliation  
for sedation: Bridgeport  
Hospital

### **HAMDEN**

**Hearing, Balance & Speech  
Center**  
2661 Dixwell Avenue  
Hamden, CT 06518  
(203) 287-9915  
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**Yale New Haven Hospital,  
Yale Hearing & Balance Center**  
800 Howard Ave, 4th Floor  
New Haven, CT 06519  
(203) 785-2467  
Medical facility affiliation  
for sedation: Yale New  
Haven Hospital

### **FARMINGTON**

**UConn Health Center**  
263 Farmington Avenue  
Dowling South  
Mail Code 6228  
Farmington, CT 06030-6228  
(860) 679-2804  
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### **HARTFORD**

**Connecticut Children's  
Medical Center**  
282 Washington Street  
Hartford, CT 06106  
(860) 545-9642  
Medical facility affiliation  
for sedation: CT Children's  
Medical Center

### **STORRS**

**University of Connecticut  
Speech & Hearing Clinic**  
850 Bolton Road  
Unit 1085  
Storrs, CT 06269-1085  
(860) 486-2629  
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### **Connecticut Children's Medical Center**

Audiology Department  
11 South Road, Suite 120  
Farmington, CT 06032  
(860) 545-9642  
Medical facility affiliation for  
sedation: CT Children's Medical  
Center - Hartford

### **St. Francis Hospital & Medical Center**

Rehabilitation Medicine  
114 Woodland Street  
MS #20904  
Hartford, CT 06105  
(860) 714-6591  
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### **WATERFORD**

**Lawrence & Memorial at  
Waterford, Outpatient  
Rehabilitation Services**  
40 Boston Post Road  
Waterford, CT 06385  
(860) 271-4900  
Medical facility affiliation  
for sedation: Lawrence &  
Memorial Hospital

### **GLASTONBURY**

**Connecticut Children's  
Medical Center,  
Glastonbury Satellite Office**  
310 Western Blvd.  
Glastonbury, CT 06033-1236  
(860) 545-9642  
Medical facility affiliation for  
sedation: CT Children's Medical  
Center - Hartford

### **NEW HAVEN**

**ENT Medical & Surgical Group**  
46 Prince Street  
New Haven, CT 06519  
(203) 752-1726  
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\*\* = Does not perform sedation

For more information, contact the  
Connecticut Department of Public Health  
Early Hearing Detection and Intervention Program at  
(860) 509-8074  
or visit our web site: <http://www.ct.gov/dph/ehdi>.