



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

Dear Dr. _____

The Infant Hearing Program at the Arkansas Department of Health continues to monitor the progress of timely early hearing detection and intervention (EHDI) activities statewide. Birthing hospitals are doing a great job screening 98% of Arkansas babies for hearing deficits at birth. Unfortunately, there is still a great deal of room for improvement in meeting the recommended guideline of having timely diagnostic audiology evaluations by three months. Currently, only about 7% of babies who screened positive meet the standard of being evaluated by three months of age. This leads to delays in getting all Deaf and Hard of Hearing (D/HH) babies enrolled in early intervention services before six months of age, adversely impacting their language development.

We need your help to meet Joint Committee on Infant Hearing guidelines! A copy of the Arkansas Department of Health's *Otolaryngologists' Guide for Infant Hearing Screenings* is enclosed as a resource to assist in navigating the EHDI process in accordance with current guidelines.

A failed hearing screen should be viewed as a potential **"Developmental Emergency"** until normal hearing is documented, or an audiological diagnosis is made. **Most importantly, repeat screening should *only* be performed in babies less than one month of age, regardless of the physical exam.** Please refer all infants who fail the screen for a pediatric audiological diagnostic evaluation without repeating further screening test if they are older than one month of age as well as **any** infant with two abnormal screens. Patients with middle ear fluid may still have permanent conductive or sensorineural hearing loss. Delays in the diagnostic process resulting in delayed diagnosis of hearing loss and enrollment in appropriate intervention services can increase risk for delayed speech and language development. Parents may suggest delaying evaluation due to the presence of middle ear fluid, but it is vital for parents to understand the importance of completing this evaluation before 3 months of age.

After a diagnosis of D/HH is made, these babies need re-evaluation by a pediatric audiologist every 6 months and enhanced developmental screening by the primary care physician. We hope timely evaluation will increase the percentage of D/HH babies receiving early intervention by six months of age, and ultimately improve developmental outcomes for children in Arkansas. For further information visit: www.jcjh.org.

If you would like the ADH team to visit your practice to do a presentation/training for you and/or your staff please let us know. The team can provide such training by real time video as well. I am available to address any questions by email.

Best regards,

Charles Bower, MD
Chair, Universal Newborn Hearing Screening,
Tracking and Intervention Advisory Board
Bowercharlesm@uams.edu

Steve Schexnayder, MD
Medical Director for Child and Adolescent Health
steve.schexnayder@arkansas.gov