



Non-Permanent Hearing Loss Recommendations



- The following recommendations were approved by the Universal Newborn Hearing Screening, Tracking and Intervention Advisory Board to promote consistent practices amongst primary care physicians, audiologist and otolaryngologists (ENTs) treating infants that do not pass the newborn hearing screening due to middle ear concerns, are diagnosed with a non-permanent hearing condition and/or are receiving audiological monitoring after pressure equalizer tubes are placed. These recommendations support early hearing detection and intervention guidelines that promote optimal language development for all children.
- A hearing test may be conducted before tubes are placed or during surgery if the child cannot complete testing in the booth and requires a sedated Auditory Brainstem Response (ABR) test.

When should an infant that does not pass the hearing screening, due to middle ear concerns, receive a diagnostic evaluation?

- All infants that do not pass the newborn hearing screening before 1 month of age or have two abnormal screens should receive a diagnostic evaluation by 3 months of age in accordance with the Joint Committee on Infant Hearing's best practice recommendations.
- Infants that do not pass the hearing screening due to middle ear concerns are generally scheduled for evaluation by an ENT and/or audiologist within 6-8 weeks. However, infants that have had multiple ear infections or have other risk factors for a hearing condition should be scheduled more urgently, due to an increased risk for hearing issues.

When should children be reevaluated after pressure equalizer (PE) tubes are placed?

- A hearing test may be conducted before tubes are placed or during the surgery if the child cannot complete testing in the booth and requires a sedated ABR.
- Children should be reevaluated 2-3 months after tubes are placed to identify if a permanent hearing condition exist. This evaluation should include tympanometry testing to ensure tubes are open and an audiogram to confirm hearing is sufficient for the development of speech and language skills.

When should children with non-permanent hearing loss caused by fluid/infections be reevaluated?

- Children should be reevaluated by an ENT and/or audiologist 2-3 months after the initial diagnosis of a non-permanent hearing condition caused by fluid/infection. Follow up should occur sooner if the child has had multiple ear infections or has other risk factors for a hearing condition then follow up may be sooner.
- Reevaluation will determine if a permanent hearing condition exist or if tubes are required to address fluid. A hearing test may be conducted before tubes are placed or during the surgery if the child cannot complete testing in the booth and requires a sedated ABR. Children should be reevaluated 2-3 months after tubes are placed to determine if a permanent hearing condition exist.

When should children with non-permanent loss not caused by fluid/infections be reevaluated?

- Children should be reevaluated by an ENT and/or audiologist 2-3 months after the initial diagnosis of a non-permanent hearing condition not caused by fluid/infection to determine if a permanent hearing condition exist. Reevaluation should occur sooner if the child has risk factors for a hearing condition.

When should children with non-permanent hearing loss be referred to early intervention (EI) services?

- Children that are identified with a non-permanent hearing condition lasting longer than 3 months should be referred to EI services such as speech language and developmental services. Referral to EI services should occur sooner if the hearing condition presents a risk for delays in the development of speech and language skills.
- Children with PE tubes that continue to exhibit a non-permanent hearing condition lasting 2-3 months after placement should be referred for EI services such as speech language and developmental services.
- Children identified with a non-permanent hearing condition should be talked to, played with, and exposed to various communication strategies often to promote language acquisition. They should also continue to follow up with their pediatrician, audiologists and/or ENT as needed, and a speech evaluation should be requested if the child is not meeting the hearing, speech and language milestones.

