

High Risk Indicators for Hearing Loss in Infants

Birth through age 28 days:

- An illness or condition requiring admission of 48 hours or greater to a neonatal intensive care unit (NICU).
- Stigmata or other findings associated with a syndrome known to include a sensorineural and or conductive hearing loss.
- Family history of permanent childhood sensorineural hearing loss.
- Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
- In utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella.
- ***Late onset hearing loss indicators:*** Low birthweight, respiratory distress syndrome, bronchio-pulmonary dysplasia, and 36 days of mechanical ventilations.

29 days through 2 years:

- Parental or caregiver concern regarding hearing, speech, language, and or developmental delay.
- Family history of permanent childhood hearing loss.
- Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.
- Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
- In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
- ***Neonatal indicators:*** Hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).
- ***Syndromes:*** Neurofibromatosis, osteopetrosis, and Usher's syndrome.
- ***Neurodegenerative disorders:*** Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.
- Head trauma.
- Recurrent or persistent otitis media with effusion for at least 3 months.