

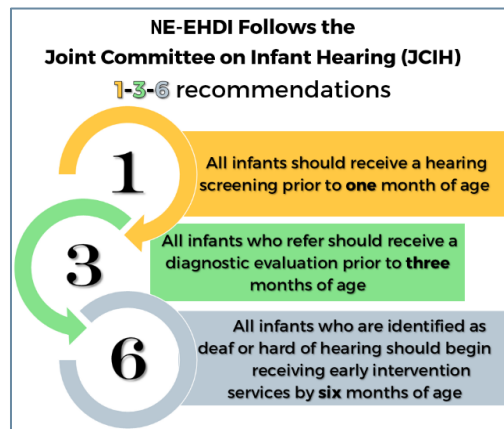
## Nebraska Early Hearing Detection and Intervention (NE-EHDI)

The NE-EHDI Program is located in the Newborn Screening and Genetics Program, Lifespan Health Services Unit, Division of Public Health, Nebraska Department of Health and Human Services.

### 1<sup>st</sup> Step of the EHDI process – Inpatient Screening at Birth Facility *(See page 2 for more details.)*

### 2<sup>nd</sup> Step of the EHDI process – Best Practices for Audiologists

- **Complete the initial diagnostic evaluation, by 1 month of age if possible.**
  - [Per LB741/AM2402](#) - Provide parents information about cCMV
- Complete the confirmatory diagnostic evaluation by 3 months of age.
  - For an infant in the NICU whose duration of stay would impact the 1-3-6 benchmarks, a diagnostic ABR is recommended as best practice for babies to meet milestones.
  - The 1-3-6 benchmarks are based on full term newborns. Should the baby be premature, decisions about timing for diagnostic evaluation should be discussed with the physician and the pediatric audiologist.
  - If the child is identified as D/HH, a referral to Early Intervention – Early Development Network (EDN) should be made by 3 months of age so the child can be enrolled by 6 months of age.



#### These evidence-based guidelines will help to identify most cases of childhood deafness present at birth:

To align with the JCIH guidelines and recommendations from the NE-EHDI Advisory Committee, audiologists seeing infants should conduct a battery of tests that includes a case history, documentation of risk factors for childhood deafness, otoscopic inspection, evoked Otoacoustic Emissions (OAE) assessment, Auditory Brainstem Response (ABR) assessment, and middle ear measures. The following protocols should be used to ensure the child is receiving the most comprehensive care:

- For well-born infants only the JCIH 2019 position statement endorses rescreening babies who do not pass the initial AABR with OAE given the very low incidence of auditory neuropathy in this population.
  - If rescreening with OAE, parents should be informed verbally and in writing that OAE will not rule out all types of hearing loss including auditory neuropathy. (Refer to [OAE/ABR handout](#) for parents)
  - JCIH continues to recommend AABR screening and rescreening protocols in the NICU to allow for detection of auditory neuropathy since it is more prevalent in this population.
- Both ears should always be rescreened, even if one ear may have passed initially.

- If the child is identified as D/HH, the audiologist should discuss the following items with families:
  - [NE-EHDI Parent Resource Guide](#) (PRG), as appropriate. (Available online or in hard copy format.)
  - Information about hearing, childhood deafness, milestones for speech and language, communication options (sign language, listening/spoken language), and education options (EDN and private intervention services).
  - Amplification including hearing aids, cochlear implant candidacy when appropriate or other assistive technology.
  - Connecting to family support including Hands & Voices/Guide By Your Side.
- For family centered care, discuss with family & PCP the need for coordinating services with medical specialties (ophthalmology, genetics, developmental pediatrics, neurology, cardiology, nephrology), and educational professionals.

**REPORT to the child's PCP** results of the diagnostic audiologic hearing evaluation, including information regarding confirmatory testing.

**REPORT to NE-EHDI** testing on all children birth-3 years who received a diagnostic evaluation, and those children who need further testing. (Report results soon as possible, but no later than 5 days after the evaluation.)

- Audiologists can submit their own report or the [EHDI Diagnostic Reporting Form](#).
  - If sending your own report, please make sure to include the following:
    - Next evaluation date, date PRG given, communication and amplification recommendations, referrals made to medical specialties (ENT, ophthalmology, genetics, developmental pediatrics, neurology, cardiology, nephrology), EDN referral date, GBYS discussed, private EI services recommended.

✓ All outpatient screenings, re-screenings, evaluations (diagnostic and behavioral) on newborns/infants.

✓ Late identifications on children ages birth-5 years of age.

✓ ENT evaluations on children birth-3 years who have not passed their newborn hearing screening.

✓ Repeat screenings/evaluations on children birth-3 years of age with risk factors for late onset or progressive hearing loss.

### 3<sup>rd</sup> Step of the EHDI process – Refer to the Early Development Network (EDN) for Early Intervention (EI)

- A suspected significant level of developmental delay in one or more developmental area(s): cognitive, adaptive, communication, social/emotional, physical (including vision, hearing).
- A diagnosed physical or mental condition that has a high probability of resulting in a significant developmental delay.
- Referrals and questions regarding services for infants and toddlers birth to 3 years old with disabilities should be made to the local [EDN Referral](#) Agency of the child/family by calling Nebraska ChildFind at 1-888-806-6287 (toll-free) or visiting the [EDN website](#).

### FAMILY SUPPORT

[Nebraska Hands and Voices \(H&V\)](#) is dedicated to supporting families with children who are deaf or hard of hearing (D/HH) without bias around communication modes or methods statewide. It is a parent-driven, non-profit organization providing families with resources, networks, and information that meet their individual needs to improve communication access and educational outcomes for their children. [Guide By Your Side \(GBYS\)](#) is a program within Nebraska H&V. The GBYS Guides are parents of a D/HH child who have been trained to provide support and advocacy for other families. The Guides have real life experience in raising a D/HH child, and are knowledgeable about the issues encompassing the journey. Families who are just beginning the journey can learn from veteran parents about the challenges as well as the joys of raising a child who is D/HH. For many parents, their only regret in the 'early years' is not connecting to other parents sooner!

[PTI Nebraska](#) is a statewide resource for families of children with disabilities and special health care needs. The staff are parent/professionals and are available to talk to parents and professionals about special education, other services and disability-specific information. PTI Nebraska's mission is to provide training, information and support to Nebraska parents and others who have an interest in children from birth through twenty-six and who receive or who might need special education or related services. Enable parents to have the capacity to improve educational outcomes for all children. The vision is that children with disabilities will be prepared to lead productive, independent adult lives to the maximum extent possible.

### 1<sup>st</sup> Step of Newborn Hearing Screening – Best Practices for Birth Facilities

- It is the responsibility of the birthing facility to have an inpatient hearing screening performed on all newborns before discharge. This also includes providing education about the hearing screening and next steps when appropriate.
- If a newborn does not pass (refers) the hearing screening, a rescreen is performed before discharge. If the infant does not pass the inpatient rescreen then an outpatient hearing screening should be completed by one month of age.
- [Per LB741/AM2402](#) If the newborn fails the hearing screening, the birthing facility may provide parents with information about cCMV, including the opportunity to test for cCMV prior to discharge.
- The birthing facility reports the hearing screening results to NE-EHDI and the PCP.
- The birthing facility or PCP should schedule an appointment with the audiologist for infants who do not pass (refers on) the outpatient screening.
- NE-EHDI conducts follow-up on infants who do not pass the hearing screening to assist the families with completing the next steps within the [JCIH](#) recommended timeline.

For more information about the following, please visit the [NE-EHDI Audiologists' Web Page](#)

- List of screening equipment that is used at each of the birthing facilities in Nebraska. This will help you know what type of rescreening a baby will need at your facility.
- List of Pediatric Audiology Clinics in Nebraska
- Infant Hearing Act of 2000
- NE-EHDI Program Advisory Committee
- Relevant Research Articles

Please continue to provide services that are family-centered by promoting family & professional partnerships, responding to individual family needs, building on strengths, and respecting the diversity of families.

### QUESTIONS? Call toll free 888-546-0935 or contact:

Amanda Adams, NE-EHDI Program Manager – [amanda.adams@nebraska.gov](mailto:amanda.adams@nebraska.gov) or 402-471-6770

Melissa Butler, Community Health Educator Senior – [melissa.butler@nebraska.gov](mailto:melissa.butler@nebraska.gov) or 402-471-3579

Jim Beavers, Business Analyst – [jim.beavers@nebraska.gov](mailto:jim.beavers@nebraska.gov) or 531-739-2504

Shelli Janning, Community Outreach Coordinator – [shelli.janning@nebraska.gov](mailto:shelli.janning@nebraska.gov) or 402-237-9007 (part-time)

Brittney Biere, Community Health Educator – [brittney.biere@nebraska.gov](mailto:brittney.biere@nebraska.gov) or 402-471-6746 (part-time)

Thank you for all the work you do to provide quality services to families in Nebraska!

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES  
EARLY HEARING DETECTION & INTERVENTION PROGRAM

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