

## Risk Factors for Early Childhood Hearing Loss

### Recommended Follow-up Schedule for Infants Who Pass the Newborn Hearing Screen

<b>RISK FACTOR</b>	<b>FOLLOW-UP HEARING EVALUATION</b>	<b>MONITORING</b>
Family history of early, progressive, or delayed onset permanent hearing loss in childhood; not including hearing loss due to old age, injury, noise exposure, or ear infections	By 9 months	Yearly
Admission to the neonatal intensive care unit (NICU) for more than 5 days	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
Hyperbilirubinemia (jaundice) with exchange transfusion	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
Ototoxic medications given to baby such as, gentamicin, vancomycin, Lasix for more than 5 days	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
Asphyxia or Hypoxic Ischemic Encephalopathy	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
In utero infections, such as herpes, rubella, syphilis and toxoplasmosis	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
Cytomegalovirus (CMV) Extracorporeal membrane oxygenation (ECMO)	By 3 months	Yearly
Zika	AABR by 1 month	ABR by 4-6 months or VRA by 9 months
Craniofacial malformations-cleft lip/palate; ear pits/tags; atresia/microtia; microcephaly/hydrocephaly; temporal bone abnormalities	By 9 months	2 years; then as per concern of on-going surveillance of speech and hearing
Syndromes that include hearing loss such as, Down Syndrome, Usher's Syndrome, neurofibromatosis type 2, Waardenburg Syndrome, Alport Syndrome	By 9 months	According to natural history of syndrome or concerns
Culture-positive infections-meningitis (bacterial and viral) or encephalitis Significant head trauma, chemotherapy	No later than 3 months after occurrence	Yearly
Parental/caregiver concern about hearing, speech, or language development	Immediate	

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