



Arkansas Department of Health

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Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

2019

To All Physicians,

I am glad to report that our birthing hospitals are doing a great job screening 99% of Arkansas babies for hearing deficits at birth. On average, about 2% of babies fail the screening. Unfortunately, we have a great deal of room for improvement in meeting the recommended guideline of having timely diagnostic audiology evaluations of those infants that screened positive for hearing deficits (See enclosed EHD Guidelines for Pediatric Medical Home Providers). Currently only about 7% of our babies who screened positive meet the standard of being evaluated by 3 months of age. This leads to delays in getting all deaf and hard of hearing (D/HH) babies enrolled in early intervention services before 6 months of age, adversely impacting their development.

In my role I provide medical consultation to the Arkansas Infant Hearing Program, also known as Early Hearing Detection and Intervention (EHD) Arkansas. The EHD team here at ADH and I need the help of all physicians with patients less than three years old to work together to meet these Joint Commission on Infant Hearing and American Academy of Pediatrics guidelines.

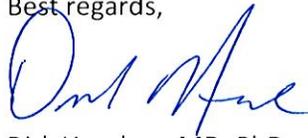
A failed hearing screen should be viewed as a potential **“Developmental Emergency”** until normal hearing is documented or an audiological diagnosis is made. Repeat hearing screenings will only delay the process (See Reducing Loss to Follow-up/Documentation Guideline algorithm and 1-3-6 Newborn Hearing Screening Checklist). Repeat screening should only be performed in babies less than 1 month, regardless of your physical exam. Therefore, please refer all infants 1 month or older who fail the screen for a Pediatric Audiological Evaluation. It is important for parents to understand the importance of doing this before the baby is 3 months of age. The *Just In Time* info graphic is a useful parental education handout that you may wish to distribute (*Just In Time* info graphic available at <https://www.cdc.gov/ncbddd/hearingloss/free-materials/136poster.pdf>).

We hope timely evaluation will increase the percentage of our D/HH babies who get into early intervention by 6 months of age. For further information visit https://www.aap.org/en-us/Documents/ehdi_101_presentation.pdf.

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 you. Parents may appreciate a CDC-developed mobile phone app to help monitor their child's development. This is useful for all parents but especially for those with children at high risk of developmental delay such as D/HH babies. To download the free Milestone Tracker app, go to: <https://www.cdc.gov/ncbddd/actearly/milestones-app.html>.

If you would like for us to visit your practice to do a presentation /training for you and your staff please let me know. I am available by email for any questions.

Best regards,

A handwritten signature in blue ink, appearing to read "Dirk Haselow".

Dirk Haselow, MD, PhD

Interim Medical Director Child & Adolescent Health

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