



Spring 2011

# Child & Teen Checkups SE MN Provider Newsletter

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*Improving the health of  
eligible children and teens from  
birth to age 21.*

## Beyond Newborn Hearing Screenings

With more than 95% of newborns receiving universal newborn hearing screening (UNHS) it would be easy to assume that the identification of permanent childhood hearing loss is guaranteed. Yet, the fact is late-onset hearing loss will not be identified through newborn hearing screening, which picks up moderate to profound loss.

Late onset or progressive hearing loss can be due to hereditary factors, infection, trauma, noise exposure or teratogens. Studies also vary in how “significant hearing loss” is defined. As a result, the prevalence of late onset hearing loss is not well defined. In general there is a trend toward increasing rates of hearing loss as children get older.

### What are the most common causes of late-onset hearing loss?

The major categories of late-onset loss are acquired, structural, and genetic.

- Acquired—examples include CMV, Meningitis, Mumps, and other infections that cause high fever, head trauma (especially with basal or temporal bone fracture), and chemotherapy
- Structural—for example cochlear malformations
- Genetic—for example family history of late-onset hearing loss, some syndromes

### How can Primary Care Providers monitor for late-onset loss?

Performing surveillance and screenings within the medical home is the best way to monitor infants and young children for

late-onset hearing loss. *An immediate referral for audiological evaluation is warranted if parents express concerns about a child’s hearing responsiveness or speech and language development.* For young children and infants under 3 years of age, typical in-office hearing screening methods are not effective and referral to a pediatric audiologist is recommended. All children with an identified risk factor for late-onset hearing loss should receive a comprehensive audiological assessment as soon as behavioral testing can be completed.

Early identification of hearing loss leads to better speech, language, and learning outcomes for children. The goal is to insure that the listening and learning needs of all children are met.

Source: Eiten, L. (n.d.). *Beyond newborn hearing and screening.* Unpublished manuscript, Boys Town National Research Hospital

### Resources:

- [Road Map to Help Parents of Children with a Hearing Loss](#)
- [Boys Town National Research Hospital Parent Resource Website](#)
- [Immunization Schedule for Children age 0-6](#)

NOTE: Recommended pneumococcal vaccine for children with cochlear implants.