

- Once hearing loss is confirmed, medical clearance for hearing aids and enrollment into Birth to Three should be initiated as soon as possible. Amplification and early intervention should not be delayed pending the outcome of the diagnostic process.
- The otolaryngologist should conduct careful longitudinal monitoring to detect and promptly treat any coexisting middle-ear effusions.

MEDICAL GENETICIST

A referral to the Medical Geneticist can provide families with information on the etiology of the hearing loss, prognosis for progression, associated disorders (e.g., renal, vision, cardiac), and the likelihood of recurrence in future offspring. This information may influence the parents' decision-making regarding intervention options for their child. All families of children with confirmed hearing loss should be offered a genetics evaluation and counseling. The medical geneticist is responsible for the following:

- Interpreting family history data.
- Clinically evaluating and diagnosing inherited disorders, if present.
- Performing and assessing genetic tests.
- Providing genetic counseling to the family.

OTHER MEDICAL SPECIALISTS

Every infant with a confirmed hearing loss should have an evaluation by an ophthalmologist to document visual acuity and rule out concomitant or late-onset vision disorders such as Usher syndrome. Indicated referrals to other medical subspecialists, including developmental pediatricians, neurologists, cardiologists, and nephrologists, should be facilitated and coordinated by the primary health care professional.

EARLY INTERVENTION

Before newborn hearing screening was instituted universally, children with severe-to-profound hearing loss, on average, completed the 12th grade with a 3rd- to 4th-grade reading level and language levels of a 9- to 10-year-old hearing child. In contrast, infants and children with mild-to-profound hearing loss who are identified in the first 6 months of life and provided with immediate and appropriate early intervention services have significantly better outcomes than later-identified infants and children in vocabulary development, receptive and expressive language, syntax, speech production, and social-emotional development.

According to federal guidelines and CT State law (C.G.S. 19a-59), once any degree of hearing loss is confirmed in a child, a referral should be initiated to the CT Birth to Three System, Connecticut's early intervention program, within 2 days of confirmation of hearing loss. Referrals are made to Birth to Three by calling the Child Development Infoline at 1-800-505-7000. More information about the CT Birth to Three System can be obtained by visiting their website at: <http://www.birth23.org>

- The family should be referred to Birth to Three by the diagnosing audiologist at the time of diagnosis and EI services should be initiated as soon as possible, and no later than 6 months of age.
- CT has three EI centers that specialize in infants and children who are deaf or hard of hearing: American School for the Deaf, CREC/Soundbridge and New England Center for Hearing Rehabilitation (NECHEAR). **See Appendix H, Birth to Three Centers.** Upon referral to Early Intervention the family will receive information about each of the three programs. Although the audiologist and PCP should be available to answer any questions that the family may have about the three programs, the choice as to which program is selected, should be made by the family.
- Children with other medical conditions in which hearing loss is not the primary disability, should have access to intervention with a provider who is knowledgeable about hearing loss.