

Newborn Hearing Screening Best Practice Recommendations

- **Initial hearing screening method:**
 - Infants in the well-baby nursery may be screened via AABR or OAE at or after twelve (12) hours of age
 - **Infants in the NICU nursery must be screened via AABR at a minimum**, no earlier than thirty-four (34) weeks gestational age and at or after twelve (12) hours of age
 - If the infant fails the initial screen, a rescreen may be attempted prior to discharge, ideally 8-12 hours after the initial screen
- **Initial hearing screening results should be reported within seven (7) days of screening:**
 - Paper Reporting
 - Document on dried blood spot specimen filter card. Ship via courier service.
 - If hearing screening is delayed, document results on green slip found in the filter paper card or complete the Hearing Only form (link below). Ship via courier service.
 - Sending dried blood spot specimens/forms **should not be delayed** awaiting hearing results.
 - Electronic Reporting
 - Hearing Device Upload (HDU)
 - Remote Diagnostic Portal (RDx)
- **Families should be informed in writing and in their preferred language about newborn hearing screening, the results of the hearing screening (pass/fail), any recommendations for follow-up, and developmental milestones.**
- **If an infant fails an inpatient hearing screening, one outpatient rescreen is acceptable, ideally one to two weeks following the initial hearing screening, and no later than one month of age.**
 - Infants discharged from a NICU should be considered for direct referral for diagnostic testing, forgoing outpatient rescreening, due to risk factors for hearing loss.
- **If an infant fails the hearing screening via AABR method, the infant should be rescreened via AABR.**
 - Rescreen via OAE after AABR for infants discharged from a well-baby nursery or out of hospital birth is acceptable per JCIH 2019 guidelines but is not considered best practice.
 - **Screen/rescreen via OAE alone for infants discharged from a NICU is not acceptable.**
- **Both ears should be rescreened even if only one ear fails the initial screen.**
 - The same technology (AABR or OAE) should be used for screening of both ears.
 - Both ears must pass the same screening attempt. Results from successive screens cannot be combined for opposite ears to be considered an overall pass.
- **If an infant fails one outpatient rescreen, regardless of the method (AABR or OAE), then referral for diagnostic testing via ABR or ABR/ASSR is required.**
 - It is not acceptable to rescreen in the outpatient setting more than once, **even when middle ear dysfunction is suspected.**
 - Please see the TDH Infant Provider Directory Level III for a list of providers capable of performing infant diagnostic evaluations.
- **Rescreen results should be reported within 7 days of screening on the “Hearing Screening Only” form available at <https://www.tn.gov/content/dam/tn/health/program-areas/newborn-screening/Hearing-Only-Form.pdf>**
- **Audiologists performing rescreening or diagnostic testing should report results online via the RDx portal at <https://newborn.health.tn.gov/toolbar/login.aspx>**

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