

Even when a baby passes his/her newborn hearing screen:

Audiologic monitoring is recommended every 6-12 months until at least 36 months of age when there is:

- In utero infection
- Syndrome associated with hearing loss
- Cleft palate/craniofacial anomalies
- Neurodegenerative disorders and sensory motor neuropathies
- History of head trauma
- Culture positive postnatal infection
- NICU stay greater than 5 days
- Chemotherapy

At least one more hearing evaluation is recommended by 12-18 months of age when there is:

- Family history of permanent childhood hearing loss
- History of exposure to ototoxic medications
- History of mechanical ventilation

Verify the following at 9, 18, 24-30 month well child visits:

- Meeting global developmental milestones using a validated global screening tool (i.e., ASQ), including normal auditory/speech/language development
- Normal pneumatic otoscopy or tympanometry



An audiologic evaluation is recommended when:

- Any infant or child demonstrates delayed auditory and/or speech/language skills.
- There is family or caregiver concern regarding possible hearing, speech, language or developmental delay.

An ENT/audiologic evaluation is recommended when:

- There is persistent middle ear effusion for 3 months or greater.

Note: Insurance coverage for evaluations may vary.

Reference: Joint Committee on Infant Hearing (2007). Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics. 2007; 120(4): 898-921.

Auditory/Speech/Language Developmental Milestones

0-4 months of age:

- Startles to loud sounds.
- Quiets to the sound of a familiar voice.

4-6 months of age:

- Turns toward or looks for a familiar or new sound.
- Likes rattles and toys that make sound.

6-12 months of age:

- Turns or looks up when called by name.
- Imitates sounds and pitches.
- Understands the meaning of “no” and “bye bye.”
- Uses voice to get attention.

12-18 months of age:

- Uses 4-5 words by 18 months.
- Points to at least one body part when asked.
- Understands one-step commands, such as “get me your diaper,” or “close the door.”

18-24 months of age:

- Uses 10-15 words by age 2.
- Likes music.
- Points to familiar objects when you name them.
- Puts two words together by age 2.

24-36 months of age:

- Uses 200 words by age 3.
- Listens to radio or television at the same loudness as other people.
- Hears when called from another room.
- Uses two to three word sentences.
- Strangers understand most of your child’s speech.

Further explanation of risk factors for late onset/progressive hearing loss:

- Examples of in utero infections: CMV, toxoplasmosis, herpes, rubella, syphilis
- Examples of syndromes associated with hearing loss: Down syndrome, Waardenburg syndrome, Alport syndrome, Pendred syndrome, Jervell and Lange-Nielson syndrome, Usher’s syndrome, neurofibromatosis, osteopetrosis
- Craniofacial anomalies include those involving the pinna, ear canal, ear tags, and ear pits
- Examples of neurodegenerative disorders and sensory motor neuropathies: Hunter syndrome, Friedreich’s ataxia, Charcot-Marie-Tooth syndrome
- Head trauma: especially includes basal skull/temporal bone fracture requiring hospitalization
- Examples of culture positive postnatal infections: bacterial and viral meningitis
- ECMO and hyperbilirubinemia requiring exchange transfusion are highly correlated with hearing loss
- Ototoxic medications include: aminoglycosides (~mycin), loop diuretics (i.e., furosemide)



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