

## Risk Factors Associated with Childhood Hearing Loss

Children with risk factors related to late onset or progressive hearing loss should be monitored so that if hearing loss develops, it will be detected as early as possible. The Iowa EHDI program developed a high risk monitoring protocol and guidelines based on the Joint Committee on Infant Hearing 2007 position statement, <http://www.jcih.org/posstatemts.htm>.

All children with one of the risk factors below should be seen by an audiologist for a hearing evaluation by six months of age or 24-30 months of age depending on the risk factor(s).



A child should see an audiologist for a hearing evaluation by six months of age if one or more of the following risk factors are present:

- Bacterial and viral meningitis
- Congenital Cytomegalovirus (CMV) confirmed in infant
- Extra-corporeal membrane oxygenation (ECMO)
- Family history of hearing loss (permanent, sensorineural hearing loss since childhood)
- Head injury (especially basal skull/temporal bone fracture requiring hospitalization)
- Neurodegenerative disorder (includes Hunter syndrome, Friedreich's ataxia, Charcot-Marie-Tooth syndrome)
- Parental concern regarding hearing status
- Syndromes (includes: Trisomy 21-Down syndrome, Goldenhar, Pierre Robin, CHARGE association, Rubinstein-Taybi, Stickler, Usher, osteopetrosis, Neurofibromatosis type II, Treacher Collins)

A child should see an audiologist for a hearing evaluation by 24 to 30 months of age if one or more of the following risk factors are present:

- Cranio-facial anomalies (includes cleft lip or palate, microtia (abnormally small ear), atresia (blocked or abnormally small ear canal), choanal atresia)
- Exchange transfusion for elevated bilirubin
- Herpes infection confirmed in infant
- NICU stay longer than five days
- Other congenital infection
- Ototoxic medications administered (includes: Gentamycin, Vacomycin, Kanamycin, Streptomycin, Tobramycin)
- PPHN (persistent pulmonary hypertension) associated with mechanical ventilation
- Rubella infection confirmed in infant
- Syphilis infection confirmed in infant
- Toxoplasmosis infection confirmed in infant