

The 2007 Joint Committee on Infant Hearing (JCIH) recommends an inclusive strategy of surveillance of all children within the medical home based on the pediatric periodicity schedule. This protocol will permit the detection of children with either missed neonatal or delayed-onset hearing loss irrespective of the presence or absence of a high-risk indicator.

The JCIH (www.jcih.org) recognizes that an optimal surveillance and screening program within the medical home would include the following:

- At each visit, consistent with the American Academy of Pediatrics periodicity schedule, infants should be monitored for auditory skills, middle-ear status, and developmental milestones (surveillance). Concerns elicited during surveillance should be followed by administration of a validated global screening tool. A validated global screening tool is administered to all infants at 9, 18, and 24 to 30 months or, if there is physician or parental concern about hearing or language, sooner.
- If an infant does not pass the speech-language portion of the global screening in the medical home or if there is physician or caregiver concern about hearing or spoken-language development, the child should be referred immediately for further evaluation by an audiologist and a speech-language pathologist for a speech and language evaluation with validated tools. Once hearing loss is diagnosed in an infant, siblings who are at increased risk of having hearing loss should be referred for audiological evaluation. All infants with a risk indicator for hearing loss, regardless of surveillance findings, should be referred for an audiological assessment at least once by 24 to 30 months of age. Children with risk indicators that are highly associated with delayed-onset hearing loss, such as having received ECMO or having CMV infection, should have more frequent audiological assessments.
- All infants for whom the family has significant concerns regarding hearing or communication should be promptly referred for an audiological and speech-language assessment.
- A careful assessment of middle-ear status (using pneumatic otoscopy and/or tympanometry) should be completed at all well-child visits, and children with persistent middle-ear effusion that last for 3 months or longer should be referred for otologic evaluation.