

**Department of Health Children's Medical Services  
Early Hearing Detection & Intervention (EHDI) Program**

**HOSPITAL TRAINING AND DISCUSSION**

# New Mexico Newborn Hearing Screening Program Early Hearing Detection and Intervention (EHDI)

- The New Mexico Department of Health, Children's Medical Services, administers the New Mexico EHDI Program.
- The EDHI Program promotes and supports statewide newborn hearing screening and follow-up services.
- The EHDI Program works in collaboration with birthing hospitals, licensed midwives, parents, primary care physicians (medical home), Indian Health Services, audiologists, ENTs, and the Family Infant Toddler (FIT) Program early intervention system to assure that ***all infants with hearing loss are identified as early as possible and provided with timely and appropriate audiological, medical, and early intervention services.***

# NM EHDI Program

- Reanna Garcia, EHDI Coordinator: Responsible for policy, contractors, operations, CDC and HRSA grants, stakeholders' group, system's improvement work, required reports, and connection to national EHDI network.
- Jolynn Gallegos, Management Analyst: Works with New Mexico hospitals, licensed midwives, staff and contractors to obtain and manage hearing screening data.
- Jim Beavers, Consultant: Provides quality assurance and data analysis.
- 4 Follow-up Coordinators Provide Statewide Hearing Follow-up:
  - ❑ Ann Swanson – Metro Hospitals/Monolingual Spanish Families
  - ❑ Gayle Mohorcich – Southern Hospitals
  - ❑ Suzanne Pope – Northern Hospitals/Statewide Midwife Births. Assists the EHDI Program with policy development, forms, website, newsletters, and training for hospitals, staff, and partners.
  - ❑ Amy Rose – 1 Metro Hospital/1 Northern Hospital/1 Southwestern Hospital

# Screening Reporting Requirements

## NMAC 7.30.6.6

- NMAC 7.30.6.6...Objective: The purpose of these regulations is to establish standards and procedures to assure congenital metabolic conditions and other **genetic disorders** which can cause significant mental or physical retardation or significant morbidity or mortality **can be detected by screening newborn infants**. Early detection and **prompt referral for treatment** may help **prevent death and alleviate the effects** of these disorders. These rules provide for screening tests to be performed on every newborn except where, in accordance with these rules, the parents or guardians waive this requirement in writing.
- 7.30.6.8 A (14) hearing deficiency
- 7.30.6.12 B Follow-up Procedures:...positive or questionable screening results...immediately contact and inform the PCP of the need for further **testing**. The PCP will be responsible for contacting and informing the parents or guardians of the need for further testing. And 7.30.6.12 C...if no PCP is named...the NHS Program will pursue follow-up with the parents directly.

# National 1 - 3 – 6 Goals

- 1** – All infants have their hearing screened shortly after birth, or by 1 month of age.
- 3** – Hearing loss in infants is identified before 3 months of age.
- 6** – Infants who are deaf or hard of hearing receive timely and appropriate early intervention services before 6 months of age.

# **Lifelong Impact of Meeting 1 -3 -6 For Children who are Deaf or Hard of Hearing**

- Early identification significantly decreases the amount of time families spend in the grieving process so they are able to move forward with critical next steps for their baby (i.e., early intervention, hearing aids, cochlear implants).
- Babies who are identified, referred to and receive appropriate early intervention services by 6 months of age are more likely to make communication and language gains commensurate with hearing peers and avoid preventable developmental delays.
- Late identification is a neurological emergency and a developmental emergency.
- Any delay in a child's language acquisition, not only has negative effects on cognitive development and school success, but also on the child's mental and emotional health. (Szagun, 2006).
- Language is critical for thinking, problem-solving, and supporting children in forming relationships with other people.

# Screening Procedures

- Screen the newborn no sooner than 12 hours after birth as false positive rates **decrease** 12-24 hours after birth.
- Screen when the newborn is medically stable and not being seen by other health care professionals.
- Screen when newborn is quiet or sleeping. Optimum time is one hour after feeding.
- Swaddle the newborn and dim the lights before screening, especially if newborn is restless.
- Ensure a quiet screening environment, away from background noise.
- Screen both ears with a **maximum of 2 screenings** per ear. **Only do a 3<sup>rd</sup> screen if the infant passed in different ears in the first two screens or if the second screen was incomplete.**
- Rescreen both ears if one ear passes and the other ear refers. **Infant must pass screen in both ears during the same screening session for it to be a pass.**
- Incomplete screenings due to infant being fussy or moving **do not** count as a screening.
- Follow standard and/or COVID precautions for infection control.



<https://www.infanthearing.org>

- Takes approximately two hours to complete
- User-friendly, web-based course, participants learn at their own pace
- Eligible for a Certificate of Completion from National Center for Hearing Assessment and Management (NCHAM), and
- If eligible, continuing education credits provided by The American Academy of Audiology (AAA) and the National Association of Pediatric Nurse Practitioners (NAPNAP)
- No charge for the course



## Newborns Who Refer & Incomplete Screens

1. Communicate results by informing parent(s) that their baby referred (did not pass) the hearing screen, or the screening was incomplete, which means their baby needs additional hearing testing as soon as possible.
2. Make certain screening results (pass in both ears, refer in one or both ears, incomplete hearing screen) are included in the discharge paper work.



# Hospital Reporting Requirements

1. Hospital uploads are due on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Report all births within each month.
2. The *Newborn Hearing Screening Report & Referral Form* must be completed and faxed, securely emailed, or mailed to the EHDI Program within 48 hours of the infant's discharge for infants who:
  - Refer (did not pass) in one or both ears
  - Have an incomplete screen
  - Are transferred
  - Are not screened for any reason (i.e., medical reason, parent refusal, broken machine, no screening supplies)
  - Are deceased



**NEWBORN HEARING SCREENING REPORT AND REFERRAL FORM**  
 EARLY HEARING DETECTION AND INTERVENTION PROGRAM  
 Children's Medical Services, Family Health Bureau  
*Birth Hospital/Birth Center is required to report hearing screen results for every birth.*

Date Faxed / Mailed: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_  
 Phone Number of Person Completing Referral Form: \_\_\_\_\_  
 Medical Record #: \_\_\_\_\_ Birth Center/Hospital: \_\_\_\_\_  
 Hospital Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Baby's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Baby's Sex: \_\_\_ Male \_\_\_ Female Baby's Date of Birth: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
**Doctor Who Will Follow Baby Post Discharge:**  
 Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
 Address, City, State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
**Parent Contact Information:**  
 Mother's Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_  
 Mother's Primary Language: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_  
 \*Mailing Address: \_\_\_\_\_  
\*Please include apartment #, trailer space #, etc.  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_  
 Baby Has Hearing Loss Risk Factor(s): \_\_\_ Ototoxic Drugs \_\_\_ Prematurity \_\_\_ NICU  
 \_\_\_ Atresia/Microtia \_\_\_ Craniofacial Anomalies \_\_\_ Family History of Hearing Loss \_\_\_ Syndrome  
 Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing Loss: \_\_\_\_\_  
**Hearing Screen Results:**  
 Date(s) of Screen(s): \_\_\_\_\_ Right Ear: PASS / REFER / INCOMPLETE Left Ear: PASS / REFER / INCOMPLETE  
 \_\_\_\_\_ Right Ear: PASS / REFER / INCOMPLETE Left Ear: PASS / REFER / INCOMPLETE  
 \_\_\_\_\_ Right Ear: PASS / REFER / INCOMPLETE Left Ear: PASS / REFER / INCOMPLETE  
*Baby must pass screen in both ears during the same screen for it to be a pass.*  
 Total # of Screens: \_\_\_\_\_ (Screen No More than 2 times unless 2<sup>nd</sup> screen was incomplete)  
 \_\_\_\_\_ Discharged Without Screen Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_ Transferred Date: \_\_\_\_\_ Transferred to: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's signature for release: \_\_\_\_\_ Date: \_\_\_\_\_

**All Fields on Form Must Be Completed. Send Completed Form to DOH Newborn Hearing Screening Program:**  
 Securely Email to: newborn.hearing@doh.nm.gov Fax to: (505) 827-5095 or (505) 476-8896, or  
 Mail to: DOH/PHD/CMS Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505  
 Questions call: (505) 476-8817 or Toll Free at 1 (877) 890-4692 *Form version February 2022*

## Hospital Referral Form

Faxed, securely emailed,  
 or mailed within 48  
 hours of newborn's  
 discharge or transfer



*Investing for tomorrow, delivering today.*

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org





**NEWBORN HEARING SCREENING REPORT AND REFERRAL FORM**  
EARLY HEARING DETECTION AND INTERVENTION PROGRAM  
Children's Medical Services, Family Health Bureau  
*Birth Hospital/Birth Center is required to report hearing screen results for every birth.*

Date Faxed / Mailed: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_  
Phone Number of Person Completing Referral Form: \_\_\_\_\_  
Medical Record #: \_\_\_\_\_ Birth Center/Hospital: \_\_\_\_\_  
Hospital Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Baby's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Baby's Sex:  Male  Female    Baby's Date of Birth: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Why EHDl Program needs this information:**

- To begin follow-up as soon as possible without waiting for the hospital upload.
- To contact the person who filled out the form if information is missing or inaccurate.
- To have baby's first and last name (if named), date of birth and date of discharge.

**Doctor Who Will Follow Baby Post Discharge:**

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Why EHDl Program needs the baby's doctor's name and practice:**

- To work in collaboration with baby's physician to support the hearing follow-up the baby needs.
- To make certain physician knows baby needs hearing follow-up and refers baby for an outpatient hearing screen or an audiological evaluation.
- To have mother's current contact information.

### Parent Contact Information:

Mother's Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Mother's Primary Language: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Please include apartment #, trailer space #, etc.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

### Why EHDI Program needs complete parent contact information:

- Mother may not remember that her baby did not pass the inpatient newborn hearing screen or may not understand the importance of hearing follow-up.
- To work in collaboration with baby's parent/caregiver to support hearing follow-up and stay in contact with parent until hearing follow-up is completed.

# Risk Factors for Hearing Loss

Baby Has Hearing Loss Risk Factor(s):  Ototoxic Drugs  Prematurity  NICU  
 Atresia/Microtia  Craniofacial Anomalies  Family History of Hearing Loss  Syndrome  
Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing

## Why EHDI Program needs to know if infant has risk factors for hearing loss:

- To make needed referrals.
- To support parents and physician in monitoring baby's hearing status.
- To document and report risk factors for hearing loss experienced by NM children birth to 4 years of age

**Loss: Hearing Screen Results (Use dropdown menu)**

Date(s) of Screen(s):	<input type="text"/>	Right Ear: <input type="text" value="Pass"/>	Left Ear: <input type="text" value="Pass"/>
	<input type="text"/>	Right Ear: <input type="text" value="Pass"/>	Left Ear: <input type="text" value="Pass"/>
	<input type="text"/>	Right Ear: <input type="text" value="Pass"/>	Left Ear: <input type="text" value="Pass"/>

*Baby must pass screen in both ears during the same screen for it to be a pass.*

Total # of Screens:  (Screen No More than 2 times unless 2<sup>nd</sup> screen was incomplete)

**Why EHDI Program needs hearing screen results:**

- Delay in receiving these results contributes to EHDI Program not meeting the 1 – 3 – 6 timelines with potential loss to documentation or loss to follow-up.
- Loss to documentation and loss to follow-up may result in late identification of children who are deaf or hard of hearing.
- NM hearing screening results must be reported yearly on all births to Health Resources and Services Administration (HRSA).



Discharged Without Screen Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Transferred Date: \_\_\_\_\_

Transferred to: \_\_\_\_\_

### **Why EHDI Program needs this data:**

- Delay in receiving this information contributes to EHDI Program loss to documentation and follow-up.
- Loss to documentation and loss to follow-up may result in late identification of children who are deaf or hard of hearing.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mother's signature for release: \_\_\_\_\_ Date: \_\_\_\_\_

### Why Needed:

- Comments provide a place to add additional information. Example: *Mother refused hearing screen,*
- Mother's signature alerts mother that her infant will be referred to the NM EHDI Program.

**All Fields on Form Must Be Completed. Send Completed Form to DOH Newborn Hearing Screening**

**Program:**

**Securely Email** to: [newborn.hearing@doh.nm.gov](mailto:newborn.hearing@doh.nm.gov) or **Fax** to: (505) 827-5995 or (505) 476-8896, or

Mail to: DOH/PHD/CMS Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505

Questions call: (505) 476-8817 or Toll Free at 1 (877) 890-4692

*Form version February 2022*

- Where to securely email, fax or mail Hospital Referral Forms
- Phone numbers for Newborn Hearing Screening Program

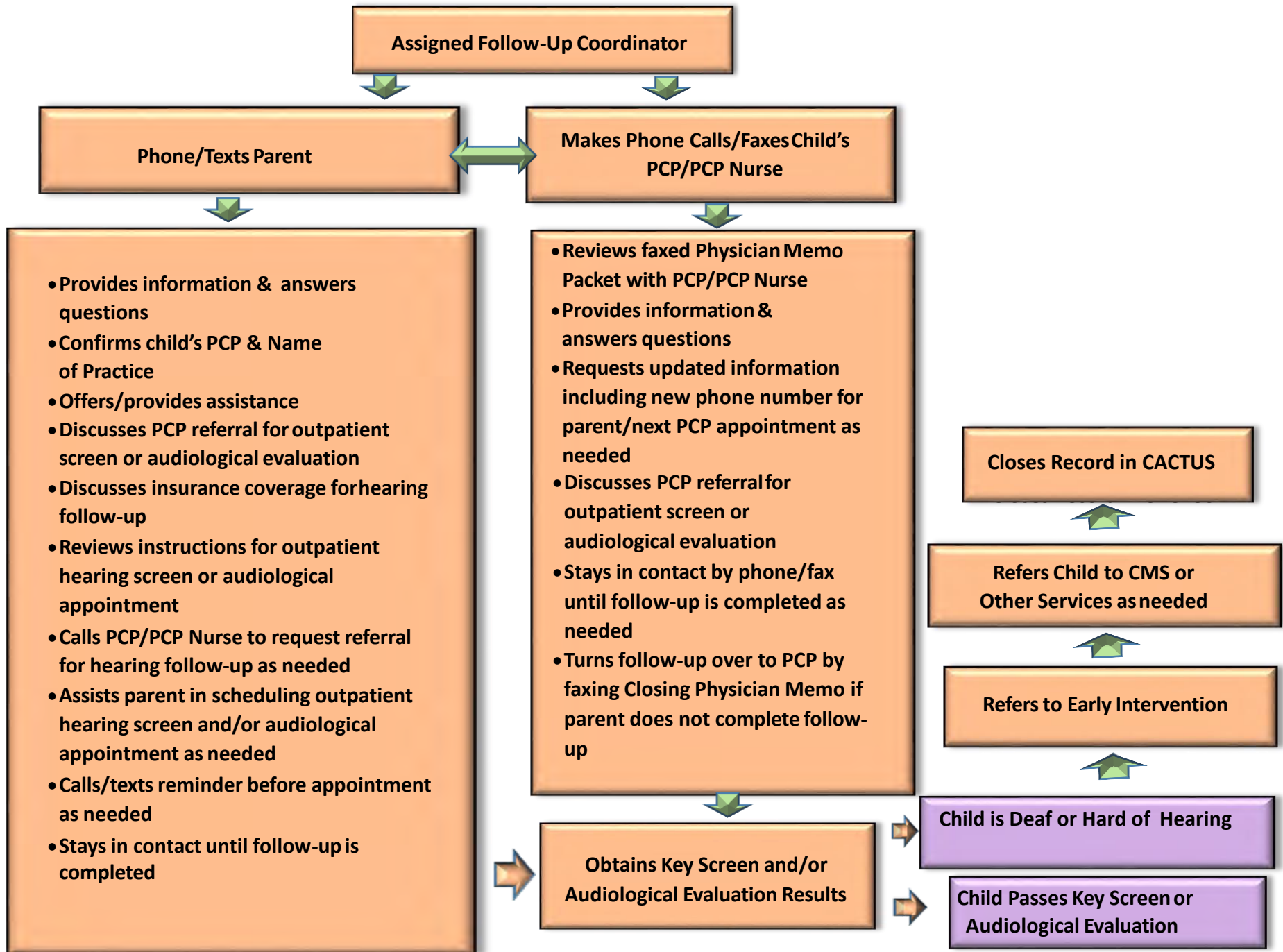
# Hospitals That Provide Outpatient Hearing Screens

For infants who don't pass the inpatient screen:

- Schedule the outpatient screen before discharge.
- Include the date and time of the outpatient screen in the Comment Section at the bottom of the first Newborn Hearing Screening Report & Referral form.
- Fax, or securely email, the first Newborn Hearing Screening Report & Referral form within 48 hours of discharge.
- Provide the results of the outpatient screen, by sending a second Newborn Hearing Screening Report & Referral form, within 48 hours of the date of the outpatient screen.

## **Why needed:**

- To have the inpatient hearing screen results.
- To know when the outpatient screen is scheduled.
- To have the results of the outpatient screen.



# Questions

Questions about Screening or the NM EHDI Program, contact Reanna Garcia, EHDI Coordinator at 505-476-8817 or [reanna.garcia@doh.nm.gov](mailto:reanna.garcia@doh.nm.gov)

Questions about Hospital Uploads or Hospital Referral Forms, contact Jolynn Gallegos, Management Analyst, at 505-476-8918 or [jolynn.gallegos@doh.nm.gov](mailto:jolynn.gallegos@doh.nm.gov)



Thank you for Screening and Reporting Screening  
Results on NM Infants to Support  
Early Identification of Infants Who are Deaf or  
Hard of Hearing!

