



# The New York Early Hearing Detection and Intervention

Program Goals



Department  
of Health

# The NY EHDI Program supports the 1-3-6 National EHDI Goals in which:

- “1” - All infants are screened for hearing loss no later than 1 month of age, preferably before hospital discharge.
- “3” - All infants who do not pass the screening will have a diagnostic audiologic evaluation no later than 3 months of age.
- “6” - All infants with a hearing loss are enrolled in early intervention services no later than 6 months of age.

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*“1” – Hearing screenings, and when necessary, a rescreening, for all newborns should be completed by 1 month of age*

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The first goal (1 Month) is to ensure all newborns receive a hearing screening before hospital discharge. New York’s newborn hearing screening regulations, found at Subpart 69-8 of Title 10 (Health) of the New York Codes, Rules and Regulations (NYCRR), [were developed pursuant to NY Public Health Law \(PHL\) Section 2500-g](#) require all maternity hospitals and birthing centers to conduct infant hearing screening prior to discharge to identify infants at risk for hearing loss. After the screening, parents must be given the results of the screening and written materials consistent with the screening outcome. In addition, the primary health care provider may receive information about hearing screening results through documentation in the infant’s discharge summary.

- **Initial Screening (inpatient):** If the infant **fails** the initial inpatient hearing screening, a repeat hearing screening shall be conducted before discharge.
- **Second Screening:** If the infant **fails** the second hearing screening, the birth hospital is required to schedule the infant for re-screening or diagnostic audiological evaluation as appropriate.
- Also, the NY PHL Section 2500-a requires institutions caring for infants 28 days of age or less to administer a urine polymerase chain reaction (PCR) test for Cytomegalovirus (CMV), or a diagnostically equivalent test, to any such infant who is identified as, or suspected of, having a hearing impairment as a result of a screening conducted pursuant to section 2500-g, unless the parent of the infant objects.

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<sup>1</sup> The NY EHDI program use the Joint Committee on Infant Hearing (JCIH) 2019 recommendations as guidelines for best practices. The JCIH 2019 Position Statement is available at <http://www.jcih.org/posstatemts.htm>.

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***“3” – A diagnostic audiologic evaluation by an audiologist should be completed by 3 months of age if the newborn did not pass the newborn hearing screening***

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The second goal (3 Months) is to ensure all infants who do not pass their most recent hearing screening are seen by an audiologist for a diagnostic audiologic evaluation before 3 months of age. The diagnostic audiologic evaluation is more detailed testing that uses several tests to confirm hearing loss in each ear. Regardless of the infant’s screening results, any infant whose parent is concerned about their hearing or speech should be diagnosed as soon as possible. For example, infants who had Extracorporeal membrane oxygenation (ECMO), who have CMV, infections associated with sensorineural hearing loss, head trauma or chemotherapy should be diagnosed within 3 months. Infants with a family history of hearing loss, Neonatal intensive care (NICU) of more than 5 days, hyperbilirubinemia with exchange transfusion, aminoglycoside administration (more than 5 days), asphyxia or hypoxic ischemic encephalopathy, in utero infections, craniofacial malformations, congenital microcephaly, hydrocephalus should be diagnosed within 9 months<sup>1</sup>. Detailed information is available in table 1 about risk factors and diagnostic follow-up recommendations, including the conditions above and Zika virus.

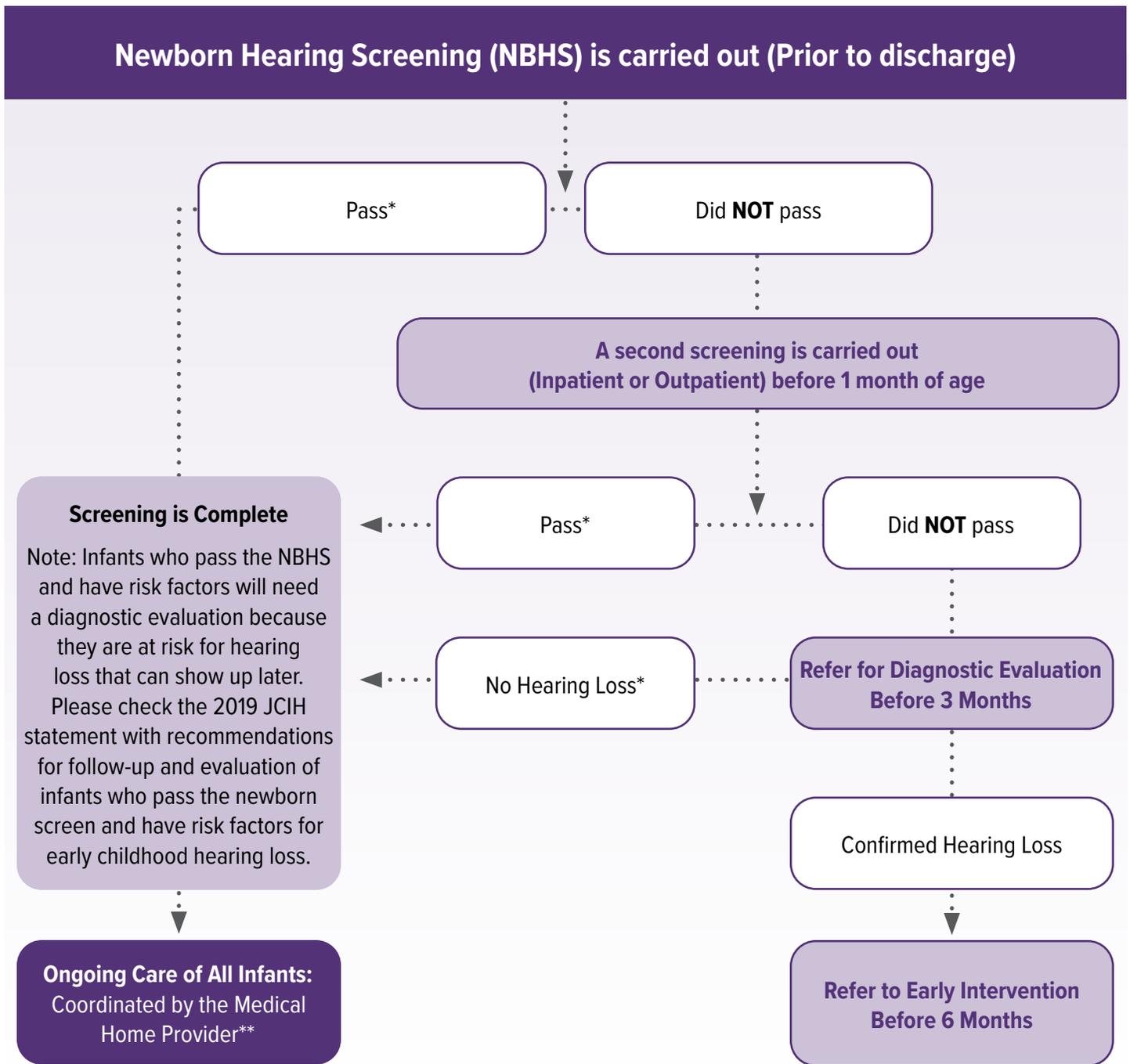
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***“6” – All infants with hearing loss are enrolled in Early Intervention services no later than 6 months of age***

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The final goal (6 Months) is to ensure all infants identified with hearing loss or deafness are enrolled in the Early Intervention Program (EIP) by 6 months of age or sooner. Families are offered EI services to help with the development of communication and language as well as social-emotional, cognitive, physical, and self-help domains.

# Hearing Screening Follow-Up Process



\*Regardless of previous hearing-screening outcomes, if the infant has a risk factor for progressive or late-onset hearing loss, the audiologist should notify the child's primary care provider of the need for ongoing follow-up and discuss implications with the parents. However, it is recognized that within certain medical settings audiologists may not be available. Under those circumstances, the professionals (such as nurses, technicians, or physicians) can communicate next follow-up steps with the parent(s). Use the recommendations provided in the JCIH 2019 statement table 1 to determine the next steps for babies with risk factors for hearing loss. The JCIH 2019 recommendations are available at <http://www.jcih.org/posstatemts.htm>.

\*\*Continue ongoing care of communication development and refer for audiological assessment if there is a concern regarding hearing or language.

