Early Hearing Detection and Intervention: Issues and Trends

INTRODUCTION

For many years, states have been following national guidelines for universal newborn hearing screenings to help identify children with hearing loss and coordinate follow-up. Yet there are still significant numbers of children who are lost to follow-up and do not receive timely care. This journal self-study explores issues related to early hearing detection and intervention (EHDI), including what data are collected, how process changes may affect follow-up, which factors appear to most influence follow-up after the identification of hearing loss, and whether or not adding genetic testing to the newborn hearing screening process will aid in the detection of at-risk children. The self-study also looks at what can be done to support parents of children with hearing loss and how identification after the newborn period influences the timeliness of service delivery. Clinicians who work with newborns with hearing loss will benefit from learning more about the obstacles that prevent families from obtaining timely services and ways to assist other professionals and parents to ensure optimal care.

LEARNING OUTCOMES

You will be able to:

- list factors that are barriers to follow-up after hearing loss is identified
- describe possible changes to EHDI policies and procedures to improve service delivery
- explain what parents of children with hearing loss need to support each other and participate in follow-up for their child
- describe the impact of later identification of hearing loss on a child’s development and access to services

CONTENTS

State and Territory EHDI Databases: What We Do and Don’t Know About the Hearing or Audiological Data From Identified Children, by Kristin Uhler, Vickie Thomson, Nicole Cyr, Sandra Abbott Gabbard, and Christine Yoshinaga-Itano ............................................................................................................................................CE-1

Effects of Policy Changes to Universal Newborn Hearing Screening Follow-Up in a University Clinic, by Lata A. Krishnan and Shannon Van Hyfte ........CE-11

Parent-to-Parent Support for Parents With Children Who are Deaf or Hard of Hearing: A Conceptual Framework, by Rebecca J. Henderson, Andrew Johnson, and Sheila Moodie ..........................................................................................................................CE-22

Supplemental Materials ...........................................................................................................................................(2 pages)
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Timeliness of Service Delivery for Children With Later-Identified Mild-to-Severe Hearing Loss, by Elizabeth A. Walker, Lenore Holte, Meredith Spratford, Jacob Oleson, Anne Welhaven, and Melody Harrison .........................CE-36


PROGRAM HISTORY and IMPORTANT INFORMATION

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To earn continuing education credit, you must complete the test with a passing score on or before December 2, 2019.

To see if this program has been renewed after this date, please search by title in ASHA’s online store at www.asha.org/shop.

This course is offered for 0.45 ASHA CEUs (Intermediate level, Professional area).

STATEMENT ON EVIDENCE-BASED PRACTICE

It is the position of the American Speech-Language-Hearing Association that audiologists and speech-language pathologists incorporate the principles of evidence-based practice in clinical decision making to provide high-quality clinical care. The term evidence-based practice refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.

Participants are encouraged to actively seek and critically evaluate the evidence basis for clinical procedures presented in this and other educational programs.

Adopted by the Scientific and Professional Education Board, April 2006

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