PARAMETERS OF HIGH RISK INDICATORS
Maine Newborn Hearing Program
Assessment Key

- **Family History of Hearing Loss**
  Answer yes (Y) if any of the following conditions are present:
  - Baby has a blood relative with permanent childhood hearing impairment
  - Baby has a blood relative with hearing loss before the age of 30.

- **Perinatal Infection**
  Answer yes (Y) if any of the following infections have been diagnosed during the mother’s pregnancy:
  - Cytomegalovirus (CMV)
  - Herpes Simplex Virus (genital)
  - Toxoplasmosis
  - Rubella
  - Syphilis

- **Craniofacial Anomalies**
  Answer yes (Y) if the following abnormalities are present at birth:
  - Cleft lip or palate
  - Choanal atresia
  - Abnormalities of the pinna (outer ear) or the ear canal, pre-auricular tags

- **Very Low Birth Weight**
  Answer yes (Y) if the baby’s weight at birth is less than the following:
  - 1500 grams or 3.3 pounds

- **Hyperbilirubinemia**
  Answer yes (Y) if any of the following parameters have been met:
  - The newborn has required blood exchange transfusion.
  - Term newborn (>37 weeks gest.) with onset of jaundice in the first 24 hours of life.
  - Serum Bilirubin level greater than the following values:

<table>
<thead>
<tr>
<th>BIRTH WEIGHT</th>
<th>BILI LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= 1000 gms</td>
<td>10.0</td>
</tr>
<tr>
<td>1001 – 1250 gms</td>
<td>10.0</td>
</tr>
<tr>
<td>1251 – 1500 gms</td>
<td>13.0</td>
</tr>
<tr>
<td>1501 – 2000 gms</td>
<td>15.0</td>
</tr>
<tr>
<td>2001 – 2500 gms</td>
<td>17.0</td>
</tr>
<tr>
<td>&gt;= 2501 gms</td>
<td>18.0</td>
</tr>
</tbody>
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Maine Newborn Hearing Program
207-287-6879
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• **Bacterial Meningitis**
  Answer yes (Y) if the following infection has been diagnosed in the newborn:
  • Bacterial meningitis, especially H. Influenza

• **Ototoxic Medications**
  Answer yes (Y) if any of the following medications have been given to the newborn:
  (Please repeat the hearing screening if the medications have been administered after the initial screen.)
  • Aminoglycosides given to the newborn for more than 5 days (Gentamycin, Tobramycin, Kanamycin, Streptomycin, Vancomycin)
  • Diuretics given in combination with aminoglycosides to the newborn (Lasix, Bumex, Demedex, Edecrine, Mannitol)
  • Chemotherapeutic drugs given to the mother prenatally (Cisplatin, Bleomycin, Vinceristine, Vinblastine)

• **Syndrome Associated with Hearing Loss**
  Answer yes (Y) if any of the following syndromes have been diagnosed:
  • Down Syndrome (Trisomy 21)
  • Pierre Robin Syndrome
  • CHARGE Syndrome
  • Usher’s syndrome
  • Waardenburg’s syndrome
  • Neurofibromatosis
  • Osteopetrosis (excessive calcification of the bones)
  • Stigmata or other findings associated with sensorineural or conductive hearing loss or Eustachian tube dysfunction.

• **Prolonged Ventilation**
  Answer yes (Y) if the newborn has met any of the following criteria:
  • Prolonged mechanical ventilation for duration equal to or greater than 5 days.
  • Persistent pulmonary hypertension of the newborn associated with mechanical ventilation.
  • Infant has required the use of extracorporeal membrane oxygenation (ECMO)

• **Severe Asphyxia at Birth**
  Answer yes (Y) if any of the following APGAR scores have been given:
  • 0 to 4 at one minute
  • 0 to 6 at five minutes

• **Admission to NICU**
  Answer yes (Y) if the following criteria have been met:
  • The newborn has had an illness or condition requiring admission of 5 days or greater to a NICU.