



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of the Secretary

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Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

December 13, 2011

The Honorable Jeffrey Kessler, Senate President
West Virginia Senate
Room 227M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

The Honorable Richard Thompson, Speaker
West Virginia House of Delegates
Room 228M, Building 1
State Capitol Complex
Charleston, West Virginia 25305

Dear President Kessler and Speaker Thompson:

As required by West Virginia Code §16-22A-1, regarding Newborn Hearing Screening, please find enclosed the "Newborn Hearing Screening Project Annual Report for 2010." This report is provided by the Office of Maternal, Child and Family Health Newborn Hearing Screening Project.

If you have any questions or concerns, please feel free to call or e-mail Jeannie Clark, R.N., Director, Perinatal Programs, Office of Maternal, Child and Family Health, via telephone at (304) 558-5388 or e-mail at jeannie.m.clark@wv.gov.

Sincerely,

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

MJL/djh

Enclosure

cc: Dr. Marian Swinker
Anne Williams
Denise Smith
Gregory M. Gray
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Legislative Library

West Virginia Newborn Hearing Screening Project



Annual Report 2010



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**Newborn Hearing Screening Project
Annual Report
January 1, 2010 – December 31, 2010**

Estimates indicate that two to three babies per 1,000 live births will have a congenital hearing loss, making it the most common birth defect¹. Delaying diagnosis is significant in terms of time lost for rehabilitation and unique brain development opportunities for acquiring language skills. In response, West Virginia Legislature amended Chapter 16 of the Code of WV by adding Article 22A requiring the testing of newborn infants for hearing loss in the year 2000. West Virginia is one of 45 states and territories, plus the District of Columbia and Puerto Rico, that legislates newborn hearing screening be performed before hospital discharge.²

The Newborn Hearing Screening (NHS) Project has adopted the goals set forth by Healthy People 2010 and the Centers for Disease Control and Prevention (CDC), which recommend that all newborns should be screened for hearing loss prior to one month of age, have an audiological evaluation by three (3) months of age and, if needed, have appropriate intervention services by six (6) months of age. Without these steps, children with hearing loss may be delayed in their development of language, cognitive and social skills that could prevent success in academic and occupational achievement. This 1-3-6 Plan is supported by several major organizations: National Institutes of Health, Maternal and Child Health Bureau, Joint Commission on Infant Hearing, American Speech-Language-Hearing Association, American Academy of Pediatrics and the American Academy of Audiology.³

The reporting period for this report is January 1, 2010 through December 31, 2010. The data in this report is provisional and subject to change as information is received and follow-up completed.

- According to data from the West Virginia Office of Vital Statistics, there were 19,752 occurrence births in 2010. In Calendar Year 2010 the Birth Score Office received 20,778 Birth Score Cards (BSC), which include information on hearing screening, from 33 hospitals for births in West Virginia. Of the BSCs completed, only 437 (2.1%) were returned to the appropriate hospitals for completion of missing information.
- Of the 20,778 results received for newborn hearing screens, 19,187 (97%) were screened and passed the initial hearing screen. West Virginia birthing facilities have been increasingly consistent in completing hearing screens and providing opportunities for screening infants who are missed before discharge. Infants who are transferred to Neonatal Intensive Care Units (NICU) are generally reported as not screened by the birthing facility but are later screened within the NICU at the time of discharge.
- West Virginia's high rate of newborn hearing screening is attributed to birthing facilities having a minimum of two trained staff with competence in screening and referral; five handheld screeners purchased with NHS Project money available to birthing facilities as loaner equipment in times of equipment failure; the Birth Score Program's continuing support and training on tracking project expectations and processes; and a NHS Project Coordinator housed within the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Perinatal Program's Right From The Start Program (RFTS).
- The other 1,364 (3%) infants who failed the newborn hearing screen or were not screened due to parental refusal, equipment failure, death or being transferred to another facility, were

referred to RFTS for follow-up home visitation services. Of the referrals made, 1,283 (93%), are currently known to have received RFTS follow-up services provided by registered nurses and licensed social workers.

- Of those infants received by RFTS for newborn hearing screening follow-up, 958 (74.6%) were reported as tracking complete, 11 (.9%) infant deaths, 54 (4.2%) refused, 12 (.9%) moved, 7 (.5%) transferred to another region and 241 (18.9%) were lost to follow-up due to the inability to establish contact, the inability to meet protocol, or there was no case disposition listed.
- The availability of home visiting and follow-up services provided by the RFTS provider network is made possible by federal monies provided by the Health Resources and Services Administration (HRSA), U. S. Department of Health and Human Services, WV Medicaid and the WV NHS Project Grant through the CDC.
- All infants diagnosed with hearing loss are referred to Birth to Three (BTT), WV School for the Deaf and Blind Ski*Hi Preschool Program and the Children with Special Health Care Needs Program (CSHCN). Ski*Hi, a program of the West Virginia School for the Deaf and Blind, provides home-based family education and support for deaf and hard of hearing children and their families. CSHCN purchases hearing aids for under/uninsured infants. Recently, a new resource was made available to CSHCN through a grant of \$300,000 funded by Mountain State Blue Cross Blue Shield entitled Kids First. The Kids First funding may provide payment for hearing services for those clients that are not eligible for CSHCN. Clients with any third party payer must first bill that payment source for the provision of hearing services and aids. Once payment has been provided by the primary payment source, Kids First may provide additional funds for the services, contingent on fund availability.
- Of the total RFTS NHS referrals, 14 failed the diagnostic exam, and were referred to early intervention services before the infants were 6 months old. Ten (71%) of the 14 infants who failed the audiological exam had diagnostic testing by age 3 months. Of those failing the diagnostic exam, 5 were diagnosed with permanent hearing loss and referred for appropriate services. Four (80%) of the infants diagnosed with hearing loss were referred to BTT before age 6 months, 3 were referred to Ski*Hi and 2 were referred to CSHCN. Two (2) of the referrals to Ski*Hi and CSHCN were made before the infant reached age 6 months.

References:

¹ Healthy People 2010

U. S. Department of Health and Human Services. *Healthy People 2010*, Second Edition *With Understanding and Improving Health and Objectives for Improving Health*, 2 Vols. Washington, DC: U. S. Government Printing Office, November 2000.

² National Center for Hearing Assessment and Management (NCHAM), 2009
Available online at: <http://www.infanthearing.org>.

³ Centers for Disease Control and Prevention (CDC), 2007
Available online at: <http://www.cdc.gov/ncbddd/ehdi/default.htm>.