

THE CENTER FOR HEARING LOSS IN CHILDREN  
PROFESSIONAL INFORMATION SERIES

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## HIGH RISK FACTORS FOR HEARING LOSS IN INFANTS AND YOUNG CHILDREN

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In 1994, the Joint Committee on Infant Hearing published revised risk factors for identifying infants and young children at high risk for hearing loss. This committee includes representatives from the American Speech, Language and Hearing Association, the American Academy of Audiology, the American Academy of Pediatrics, the American Academy of Otolaryngology and the Directors of Speech and Hearing Programs in State Health and Welfare Agencies.

### NEONATES (0-28 Days)

Following are the risk factors for neonates (0-28 days) from the Joint Committee Position Statement. Audiological evaluation is recommended for neonates manifesting any risk factor when universal screening is not available.

- **Family history** of hereditary childhood sensorineural hearing loss.
  - **Congenital infection** known or suspected to be associated with sensorineural hearing impairment, such as toxoplasmosis, syphilis, rubella, cytomegalovirus and herpes.
  - **Craniofacial anomalies**, including morphologic abnormalities of the pinna and ear canal.
  - **Low birth weight** - less than 1500 grams (approx. 3.3 lbs.).
  - **Hyperbilirubinemia** at a level requiring exchange transfusion.
  - **Ototoxic medications**, including but not limited to the aminoglycosides (e.g., gentamicin, tobramycin, kanamycin, streptomycin), used in multiple courses or in combination with loop diuretics.
  - **Bacterial meningitis**.
  - **Apgar scores** of 0-4 at one minute or 0-6 at five minutes.
  - **Prolonged mechanical ventilation** for a duration of five days or longer (e.g., persistent pulmonary hypertension).
  - **Stigmata** or other findings associated with a syndrome known to include sensorineural and/or conductive hearing loss (e.g., Waardenburg or Usher's Syndrome).
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### INFANTS (29 Days - 2 Years)

Following are additional risk factors for infants (29 days - 2 years) from the Joint Committee Position Statement. For infants manifesting any of these health conditions, audiological evaluation is recommended.

- **Parent/caregiver concern** regarding hearing, speech, language and/or development delay.
- **Bacterial meningitis** and other infections associated with sensorineural hearing loss.
- **Head trauma** associated with loss of consciousness or skull fracture.
- **Stigmata** or other findings associated with syndromes known to include sensorineural and/or conductive hearing loss (e.g., Waardenburg or Usher's Syndrome).
- **Ototoxic medications**, including but not limited to chemotherapeutic agents or aminoglycosides, used in multiple courses or in combination with loop diuretics.