



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Earl Ray Tomblin  
Governor

Rocco S. Fucillo  
Cabinet Secretary

December 1, 2012

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 2011." This report is provided by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health, Newborn Hearing Screening Project.

If you have any questions or concerns, you may contact 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](mailto:jeannie.m.clark@wv.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Rocco S. Fucillo".

Rocco S. Fucillo  
Cabinet Secretary

RSF/js

Enclosure

cc: Marian Swinker, M.D., M.P.H., FACOEM  
Anne Williams  
Denise Smith  
Gregory M. Gray  
Darrell Holmes  
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# West Virginia Newborn Hearing Screening Project



## Annual Report 2011



*Maternal, Child and Family Health  
Bureau for Public Health  
350 Capitol Street, Room 427  
Charleston, WV 25301*

*Earl Ray Tomblin, Governor  
Rocco S. Fucillo, Cabinet Secretary*

**Newborn Hearing Screening Project  
Annual Report  
January 1, 2011 – December 31, 2011**

Estimates indicate that two to three babies per 1,000 live births will have a congenital hearing loss, making it the most common birth defect<sup>1</sup>. Delaying diagnosis is significant in terms of time lost for rehabilitation and unique brain development opportunities for acquiring language skills. In response, West Virginia approved H.B. 2388 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.<sup>2</sup>

The Newborn Hearing Screening (NHS) Project has adopted the goals set forth by Healthy People 2020 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.<sup>3</sup>

The reporting period for this report is January 1, 2011 through December 31, 2011. 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 Health Statistics Center, there were 20,959 occurrence births in 2011. In Calendar Year 2011, the Birth Score Office received 20,833 Birth Score Cards (BSC), which include information on hearing screening, from 32 hospitals for births in West Virginia.
- Of the 20,833 results received for newborn hearing screens, 19,512 (94%) 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 1,321 (6%) infants, who failed the newborn hearing screen or were not screened due to equipment failure, or being transferred to another facility, were referred to RFTS for follow-up home visitation services. Of the referrals made, 1,224 (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, 829 (68%) were reported as tracking complete, 9 (.7%) infant deaths, 28 (2%) refused, 5 (.4%) moved, 6 (.4%) transferred to another region and 344 (28%) 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). BTT and CSHCN purchase 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, 7 were diagnosed with hearing loss and referred for appropriate services. Five (71%) were diagnosed prior to 3 months of age, and 2 were diagnosed before 9 months of age. Four were referred to BTT, 3 to Ski\*Hi, and 1 to CSHCN prior to 6 months of age.

References:

<sup>1</sup> Healthy People 2020

U. S. Department of Health and Human Services, 2010

Available online at <http://www.healthypeople.gov>.

<sup>2</sup> National Center for Hearing Assessment and Management (NCHAM), 2009

Available online at: <http://www.infanthearing.org>.

<sup>3</sup> Centers for Disease Control and Prevention (CDC), 2007

Available online at: <http://www.cdc.gov/ncbddd/ehdi/default.htm>.