



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

February 10, 2011

The Honorable Jeffrey V. Kessler, Acting President
West Virginia Senate
State Capitol Building, Room 229-M
Charleston, West Virginia 25305

The Honorable Richard Thompson, Speaker
West Virginia House of Delegates
State Capitol Building, Room 234-M
Charleston, West Virginia 25305

Dear Acting President Kessler and Speaker Thompson:

Enclosed is the West Virginia Newborn Hearing Screening Project Annual Report for July 1, 2008 through December 31, 2009.

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) 558-7179 or e-mail at jeannie.m.clark@wv.gov.

Sincerely,

A handwritten signature in blue ink that reads "Michael J. Lewis".

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

MJL/djc

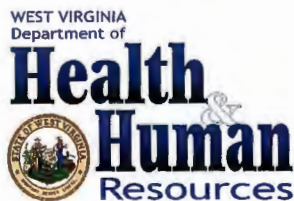
Enclosure

cc: Chris Curtis
Anne Williams
Gregory M. Gray
Darrell Holmes

West Virginia Newborn Hearing Screening Project



December 2010



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Office of Maternal, Child and Family Health
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Charleston, WV 25301*

*Earl Ray Tomblin, Governor
Michael J. Lewis, M.D., Ph.D., Cabinet Secretary*

**Newborn Hearing Screening Project
Annual Report
July 1, 2008 – December 31, 2009**

Estimates indicate that two to three babies per 1,000 live births will have a congenital hearing loss¹, making it the most common birth defect. Delaying diagnosis is significant in terms of time lost for rehabilitation and unique brain development opportunities for acquiring language skills. In response, the West Virginia Legislature approved H.B. 2388 in 1998, now codified at WV Code § 16-22A-1, et seq. 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, which recommend that all newborns should be screened for hearing loss prior to one month of age, have an audiological evaluation by three months of age and, if needed, have appropriate intervention services by six 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

This report is being changed from a fiscal year report to a calendar year report; therefore, the reporting period for this report is eighteen months, July 2008 through December 2009. 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 Statistics Center, 32,193 births occurred in West Virginia between July 1, 2008 and December 31, 2009. The Birth Score Office received 31,966 Birth Score cards, which include information on hearing screening, for births within West Virginia. Fifteen (15) of the cards had no newborn hearing screening information. Of the 31,951 results received for newborn hearing screens, 29,844 (93.4%) were screened and passed the initial hearing screen, 1,160 (3.6%) infants were screened and failed the initial screening, and 962 (3.0%) were not screened due to parental refusal, equipment failure, death or being transferred to another facility. The failures and non-screens are referred to the Bureau for Public Health, Right From The Start (RFTS) program for follow-up services provided by registered nurses and licensed social workers.
- 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 being available to birthing facilities as loaner equipment in times of equipment failure; and the Birth Score's continuing support and training on tracking project expectations and processes.

- West Virginia birthing facilities have been increasingly consistent in completing hearing screens and providing opportunities for screening infants who are missed before discharge. Newborn Hearing Screening Project money is used to purchase loaner equipment for birthing facilities in the event of equipment failure. Infants who are transferred to Neonatal Intensive Care Units (NICU) are generally reported as not screened by the birthing facility; but are then later screened within the NICU at the time of discharge. Of the 713 occurrence births not screened prior to discharge within this reporting period, 14 died; 283 were missed due to equipment failure; 27 refused and 74 were unable to establish contact.
- Two thousand one-hundred twenty-two (2,122) infants either failed or were not screened before discharge at the birthing hospitals and were referred to RFTS. 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), the U. S. Department of Health and Human Services, WV Medicaid and the WV Newborn Hearing Screening Project Grant through the Centers for Disease Control and Prevention (CDC).
- All infants diagnosed with hearing loss are referred to Birth to Three, Ski*Hi and Children with Special Health Care Needs (CSHCN) programs. The latter purchases hearing aids for under/uninsured infants. Recently, a new resource was made available to CSHCN through a grant of \$300,000.00 received from Mountain State Blue Cross Blue Shield to support the Kids First Initiative. 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 referrals, twenty three (23) failed the diagnostic exam, and were referred to early intervention services before the infants were six months old. Upon diagnostic exam failure, referrals are also made to Ski*Hi, a parent/child program which provides home-based family education and support for deaf and hard of hearing children, through the West Virginia School for the Deaf and Blind.

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>.