

# Parent Education Pages

## Medical Home



The Joint Committee on Infant Hearing (JCIH) has representatives from Pediatrics, Otolaryngology, Speech Language Pathology, Audiology, Deaf Education and State Early Hearing Detection and Intervention (EHDI) programs. JCIH published a position statement in 2019 that provides guidance on the roles and responsibilities of the providers you may encounter on your journey with your newly identified child who is Deaf or Hard of Hearing (DHH).

### What is a Medical Home?

The first principle of medical home is an ongoing relationship with a personal physician (pediatrician) for continuous comprehensive care. Every baby should have a "medical home" who can help coordinate the care your baby receives.

#### Medical Home Role After the Hearing Screening

Your medical home should check to see if your baby passed the newborn hearing screening at their first appointment. If you need a referral to a qualified pediatric audiologist, your medical home should be able to make that referral by one month of age or earlier.

If you missed or declined the newborn hearing screening at birth, your medical home providers will be able to either screen your child in the office or make a referral to another facility to have your baby screened as soon as possible.

If your child failed a hearing screening after being in the NICU or has had both an inpatient and an outpatient hearing screening no further screening should be done but a referral should be made to a qualified pediatric audiologist for a diagnostic hearing test (see [www.ehdipals.org](http://www.ehdipals.org)).

Your medical home should check periodically to make sure that your child is developing communication normally during all of your well child visits. If speech/language is a concern they should refer for a speech-language evaluation and a pediatric audiology evaluation.

### Hearing Screening Results

- A pass result means it is likely that your baby does not have a hearing loss right now.
- A refer/fail result means that your baby needs further testing to find out if a hearing loss is present.
- A screening can't tell you for sure if your baby has a loss or how much of a loss they may have. It also can't tell you if your baby is at risk for hearing loss that may show up later.

### Guidelines

The information shared here is simplified language of the guidelines set forth by the JCIH.

The guidelines were written for professionals and families to set standards of care for children through the hearing screening, diagnosis and early intervention process. Parents should consider these overall recommendations and timelines may vary based on family circumstances.



[Questions to ask your  
Medical Provider](#)



[Questions to ask  
your Genetics Team](#)



[Questions to ask your  
Ear, Nose & Throat Doctor](#)



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### After Hearing Loss is Confirmed

A complete medical evaluation should be completed as soon as a hearing loss is confirmed. The purpose of this evaluation is to possibly identify the cause of the hearing loss (etiology). This will help in identifying any related conditions associated with some types of hearing loss. The medical evaluation will also provide information about recommendations for medical or surgical treatments and possible referrals to other specialists.

The comprehensive medical evaluation should include:

- Details of your pregnancy
- A complete family history
- How you think your child responds to sound
- Any syndromes that have been identified that are associated with children who are deaf or hard of hearing
- Review of any screening and audiology evaluations that have been completed

#### Recommended Tests After a Hearing Loss Diagnosis

Every infant confirmed as deaf or hard of hearing, with or without middle ear dysfunction, should be referred by the medical home for specialty evaluations including:

- Otologic evaluation (evaluation of the ear)
- Ophthalmologic evaluation (vision test)
- Genetics evaluation which can help determine the
  - Etiology (cause)
  - Risk of progression
  - Chance of recurrence in other children
  - Other associated medical conditions
- Additional medical evaluations as indicated

It is important to point out that these referrals can happen at the same time as hearing technology/amplification is fit (hearing aids).

### What's Next for My Family?

It is important that your family receive family support as well as mental health care or counseling if needed. Therefore, every family should be referred for parent-to-parent support as soon as possible.

Families often report that talking with other parents is supportive and helpful. In fact, many report that family support promotes family well-being, adjustment, and hopefulness for the child's future.

Many types of supports are available, but it is best if they fit what the individual family needs. Both informal (e.g., family, community, friends) and formal (e.g., support groups, parent-to-parent contacts, meeting deaf or hard of hearing adults, websites, and national organizations) are important.