# Early Detection Intervention Program in Republic of the Marshall Islands

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# **Highlights of EHDI**

- Appreciation, recognition of the Program by MOH Leaders, Nursing Staff and Mothers of RMI
  Extra skilled gained for the Nurses
  Has been approved by Nursing Administration that Newborn Hearing testing should be included in Maternity Policy & Manual Procedures
- Categorized as one of the Nursing Standards
- The eagerness, willingness and curiosity of the Mothers towards the program
- Completion of Hearing Booth

## DATA for 2010

EHDI started in May 4, 2010
Total births for 2010 - 655
At least maximum of 8 deliveries a day
At least minimum of 2 deliveries a day

# Number of Newborns Screened-Inpatients

- Total screened 652 (99.5%)
  Passed Screening 489 (75%)
  Referred 136 (20.9%) non-dedication of Screeners, - too early for screening e.g less than 24hours (demands for beds)
  Inconclusive (missed) – 27 (4.1%)
  Mothers left Ward without beign probably
- discharged Deceased – 2 (0.3%) - NICU

#### **Outpatient Screening**

- Passed 59 (36.2%)
- Referred 27 (16.6%)
- Inconclusive (absent, missed, immigration, deceased)
   67% (41.1%)
- Missed sometimes Screeners missed the appointments busy doing other jobs
   Total recommended for evaluation 95

### Outcomes

- Pass without risk (refer to Newborn Hearing Screening Protocol)
- Pass with Risk
- Fail (no running nose or congestion)
- Fail (with running nose or congestion)
- Average Age 3 months

# Number of Children Received **Diagnostics & The Outcomes**

 Total of 16 children had Auditory Brainstem Response (ABR) test by Audiologist, Dr. Yusnita Weirather (August 2010) Outcomes:

Repeat of ABR for next Audiologist visit

- Refer for Visiting ENT Specialists (Taiwan, Australia)
- For Behavioral Testing at one year old
- Hearing evaluation at one year old
- For early Intervention program Combination of "Teaching The Youngest Deaf & Hard of Hearing Children" by Nancy Rushmer
- Lip and Cleft palate For Off Island Referral to Tripler, Philippines. (Tripler requirements – children needs to reach 1 year old)
- Average diagnostic age is 3 months

## RMI EHDI Vision - 2011

- Full time Staff for the Program or
- To hire 2 more screeners for efficient running of the program
- The availability of needed Equipments
- Calibration OAE Machines training for the screeners
- Screeners to be involved in data inputting (Hi-Track Software)
- Regularity Visits of Audiologists
- Allocated Vehicle for the program or home visits

#### NEWBORN HEARING SCREENING PROTOCOL - RMI Newborn Hearing Screening Before Discharge Pass Without Fail Risk Pass With Risk Give Schedule Rescreen in **Give Brochure** Audio logical Brochure 6 weeks Evaluation at 8 months Fail Fail **OPD** Rescreen **OPD** Rescreen No running nose or With running nose & Pass with Risk Pass without congestion congestion Risk **Give Brochure** Results Rescreen by Diagnostic Refer 2 out of 3 Audio logical Agnes or Nora Give ABR evaluation at frequencies Brochure Refer 3 out of 3 8 months frequencies Pass Rescreen by Fail **Risk Factors** Give Agnes or Nora Diagnos Family history of deafness 1. Brochure tic ABR 2. Down Syndrome 3. Cleft Palate Fail Pass 4. NICU children with neurological disorder or **Give Brochure Diagnostic ABR** infections 5. Children born with one ear opening

















