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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES
MATERNAL AND CHILD HEALTH SECTION

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NH Early Hearing Detection and Intervention (EHDI) Program
Pediatric Audiology Diagnostic Centers

These facilities have the specialized equipment and staff to perform a diagnostic audiological evaluation for babies who refer on the newborn hearing screening.

New Hampshire Centers	Address	Phone	Fax
Dartmouth Hitchcock (Lebanon) Audiology Department, 4F	One Medical Center Dr. Lebanon, NH 03756	603-650-8123	603-650-0052
Dartmouth Hitchcock (Keene)	117 Railroad St. Keene, NH 03431	603-354-6673	603-357-9267
Elliot Pediatric Audiology	275 Mammoth Rd. Unit 1 Manchester, NH 03103	603-663-3222	603-663-3229
Professional Audiology Center (sees only Seacoast patients and does not accept Medicaid)	62 Portsmouth Ave. Stratham, NH 03885	603-778-7620	603-778-0009
Mass ENT (Nashua) (sees only SNHMC patients)	10 Prospect St. Nashua, NH 03060	603-594-3024	978-256-1835

Questions about hearing testing or help scheduling an appointment?
Contact the Follow-up Coordinator at (603) 848-9400 or earsnh@picnh.org

The centers listed on the front of this form have been identified by the NH EHDI program as meeting all the requirements that are described below.

If an infant refers on the newborn hearing screening, follow-up should include a comprehensive audiologic evaluation to be performed by audiologists experienced in pediatric hearing assessment. This evaluation requires specialized equipment and a specific test protocol which includes:

- Child and family history
- A frequency-specific assessment of the ABR using air-conducted tone bursts and bone-conducted tone bursts when indicated. When permanent hearing loss is detected, frequency-specific ABR is needed to determine the degree and configuration of hearing loss in each ear for fitting of amplification devices.
- Click-evoked ABR using both condensation and rarefaction single-polarity stimulus, if there are risk indicators for neural hearing loss (auditory neuropathy/auditory dyssynchrony) such as hyperbilirubinemia or anoxia, to determine whether a cochlear microphonic is present (Rance, 2005). Furthermore, because some infants with neural hearing loss have no risk indicators, any infant who demonstrates "no response" on ABR elicited by tone burst stimuli must be evaluated by a click-evoked ABR, as previously described.
- Distortion product or transient evoked otoacoustic emissions.
- Tympanometry using a 1000-Hz probe tone.
- Clinician observation of the infant's auditory behavior as a cross-check, in conjunction with electrophysiologic measures. Behavioral observation alone is not adequate for determining whether hearing loss is present in this age group, nor is it adequate for the fitting of amplification devices.

(JCIH 2007 Position Statement)