

treatment; and management of communicable disease exposures.

Cesarean section performed before the rupture of membranes or the onset of labor, may prevent mother-to-child transmission of HIV in optimally treated women and is associated with a reduction in the risk of mother-to-child transmission among HIV-infected women who are either not receiving antiretroviral therapy or are receiving minimal therapy. For infants whose mother's HIV status is unknown, rapid HIV antibody testing provides information within 12 hours of the infant's birth. Antiretroviral prophylaxis is started as soon as possible, pending completion of confirmatory HIV testing. Breastfeeding is delayed until confirmatory testing is done.

For information on additional diseases that may be screened in the newborn period, see Newborn Screening Fact Sheets ([Kaye, Committee on Genetics, Accurso, et al, 2006a, 2006b](#)).

Universal Newborn Hearing Screening

It is estimated that screening children by high-risk factors alone fails to identify approximately 50% of all newborns with congenital hearing loss. Infants who are hard of hearing or deaf, but who receive intervention before 6 months old, score 20 to 40 percentile points higher on school-related measures (language, social adjustment, and behavior), compared with hearing-impaired children who receive later intervention ([Patel and Feldman, 2011](#)). For these reasons, the [American Academy of Pediatrics, Joint Committee on Infant Hearing \(2007\)](#) recommends universal hearing screening of all newborns before discharge from the birthing hospital. For infants born by cesarean delivery, it is preferable to delay otoacoustic emission (OAE) testing until after 48 hours of age, because testing earlier than this is associated with significantly higher rates of failure, possibly as a result of retained fluid in the middle ear ([Smolkin, Mick, Dabbah, et al, 2012](#)). Newborns who fail the initial screening require referral for outpatient retesting and intervention by 1 month old ([American Academy of Pediatrics, Joint Committee on Infant Hearing Screening, 2007](#)). A subsequent audiologic assessment should be performed at least once by 24 to 36 months old if the infant has any hearing risk factors despite passing the newborn hearing screening ([Harlor, Bower, Committee on Practice and Ambulatory Medicine, et al, 2009](#)).