

Supplementary Material

Table: Risk of bias assessment

Title of the study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
Infant hearing screening: program implementation and validation	N	Y	NR	Y	N	NA	NA	NA	Y	Y	Y	NR	Y	NA
Screening of hearing impairment in the newborn using the auditory response cradle	N	Y	NR	N	Y	NA	NA	NA	Y	Y	Y	Y	Y	NA
Newborn hearing screening: will children with hearing loss caused by congenital cytomegalovirus infection be missed?	Y	Y	Y	N	N	NA	NA	NA	Y	Y	Y	NR	Y	N
Identification of neonatal hearing impairment: summary and recommendations	Y	Y	N	N	N	NA	NA	Y	Y	Y	Y	NR	Y	NA
Identification of neonatal hearing impairment: a multicenter investigation	Y	Y	N	N	N	NA	NA	Y	Y	Y	Y	NR	Y	NA
Low prevalence of hearing impairment among very low birthweight infants as detected by universal neonatal hearing screening	Y	Y	Y	Y	N	NA	NA	Y	Y	Y	Y	NR	Y	N
Audiological outcome of infants with congenital cytomegalovirus infection in a prospective study	Y	Y	N	N	Y	NA	NA	NA	Y		Y	NR	Y	NA
Correlation between hearing loss and risk indicators in a neonatal hearing screening reference service	Y	Y	Y	Y	N	NA	NA	Y	Y	Y	Y	NR	Y	NA
Hearing loss in congenital diaphragmatic hernia (CDH) survivors: is it as prevalent as we think?	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Y	N	Y	NA
Which risk factors predict postnatal hearing loss in children?	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Y	NR	Y	NA
Performance and characteristics of the Newborn Hearing Screening Programme in England: The first seven years	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Y	NR	Y	NA
Prevalence, Characteristics, and One-Year Follow-Up of Congenital Cytomegalovirus Infection in Isfahan City, Iran	Y	Y	Y	Y	Y	NA	NA	NA	Y	Y	Y	N	Y	NA

Follow-Up Results of Newborns after Hearing Screening at a Training and Research Hospital in Turkey	Y	Y	Y	N	N	NA	NA	Y	Y	Y	Y	NR	Y	NA
Universal newborn hearing screening in Umbria region, Italy	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Y	NR	Y	NA
Tracking and monitoring of Neonatal Hearing Screening in a Family Health Strategy Unit: a pilot study	Y	Y	N	Y	N	NA	NA	N	Y	Y	Y	N	Y	NA
High Risk Factors Associated With Early Childhood Hearing Loss: A 3-Year Review	Y	Y	Y	Y	N	NA	NA	Y	Y	Y	Y	NR	NR	NA
Universal newborn hearing screening in the Lazio region, Italy	Y	Y	Y	N	N	NA	NA	NA	Y	Y	Y	NR	NA	NA
Hearing Loss With Congenital Cytomegalovirus Infection	Y	Y	Y	N	N	NA	NA	NA	Y	Y	Y	NR	N	NA
LittleEARS auditory questionnaire as an infant hearing screening in Germany after the newborn hearing screening	Y	Y	Y	Y	N	NA	NA	Y	Y	Y	Y	NR	N	NA
Adherence to follow-up recommendations for babies at risk for pediatric hearing loss	Y	Y	N	N	N	NA	NA	NA	Y	Y	Y	NR	N	NA
Audiologic testing in children with Down Syndrome: Are current guidelines optimal?	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Y	NR	Y	NA

Source: National Institutes of Health (NIH) Quality Assessment tool for Observational Cohort and Cross-Sectional Studies (<https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools>).

Q1. Was the research question or objective in this paper clearly stated? Q2. Was the study population clearly specified and defined? Q3. Was the participation rate of eligible persons at least 50%? Q4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? Q5. Was a sample size justification, power description, or variance and effect estimates provided? Q6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? Q7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? Q8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? Q9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? Q10. Was the exposure(s) assessed more than once over time? Q11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? Q12. Were the outcome assessors blinded to the exposure status of participants? Q13. Was loss to follow-up after baseline 20% or less? Q14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?

Legend: Q: question; Y: yes; N: no; NA: not applicable; NR: not reported