
Frequently Asked Questions about Infant Hearing Screening

What to say when a parent asks or says.....

Pertaining to the screening process:

<p>Why is a newborn hearing screen important?</p>	<p>Without a hearing screen an infant with hearing loss is usually identified later in childhood, usually around 24-30 months of age. Infants learn a great amount during the first months of life even though they will not typically speak their first words until 12 months of age. Identifying hearing loss and providing early intervention improves a child's language development.</p>
<p>How are babies screened in the hospital?</p>	<p>There are two standard types of tests used. ABR (AABR, AEP, BEAR) = Auditory Brainstem Response: This test is performed by placing electrode pads around the infant's head and presenting sounds into the infant's ear through tiny earphones. The equipment computer analyzes the brainwaves.</p> <p>OAE (DPOAE, TEOAE) = Otoacoustic Emissions: This test is performed by placing a little cushion in the infant's ear that will present a sound. When the sound reaches the inner ear, the inner ear produces an echo that can be analyzed by the test equipment.</p> <p>Both tests are easily completed within minutes while the newborn is sleeping.</p>
<p>Why do infants fail the hearing screen?</p>	<p>Infants can fail the screen for different reasons. Sometimes the problem noted is temporary and may resolve by itself. It is important that the problem is identified. <u>A failed or "referred" screen means there is need for further evaluation.</u></p>
<p>I do not feel the test was performed well.</p>	<p>An infant's hearing ability can be tested. When results or testing are questionable, referrals are made to ensure the highest quality of care.</p>

Pertaining to the diagnostic process:

<p>What do I need to do to complete the testing?</p>	<p>The hospital or your pediatrician has information about follow-up. Where was your infant born? Who is your pediatrician? Let me help you figure out what you need to do and where you need to go to complete your infant's hearing test. <i>Use flow chart timelines to determine next step(s) needed.</i></p>
<p>What happens during diagnostic testing?</p>	<p>Often the infant will be rescreened. If further testing is needed, an ABR (explained above) may be performed. The appointment often takes 15 minutes to 1 hour depending on the depth of testing and how calm the infant is during the testing. Testing is best accomplished when the baby is asleep.</p>
<p>Can I wait to have my infant's hearing tested?</p>	<p>The younger the infant, the more likely the infant will sleep during the test. As infants get older (three to four months), they are more alert and restless.</p> <p>It is also important that your infant does not miss out on early language development. Infants begin learning language during the first months of life. An infant with hearing loss needs extra help in communicating and understanding language. If an infant needs extra help, you want to start as early as possible.</p>
<p>What if I cannot afford to pay for the evaluation?</p>	<p>If your insurance company does not cover a referral for a hearing evaluation, Children's Special Health Care Services (CSHCS) is a program that may be able to help. <i>(Assess if the family needs help getting in touch with CSHCS. Have local telephone number available to facilitate contact. Also give out 1-800-359-3722 for CSHCS. The operator can connect family to local CSHCS if long distance toll is a factor.)</i> Early On gap monies are also available for diagnosis, as may be required.</p>

Pertaining to the infant:

<p>I don't think my infant has a problem hearing.</p>	<p>It is important to make sure your infant has normal hearing. The hearing test is sensitive and can catch even mild hearing losses that are very difficult for parents to observe. Infants with hearing loss can react very similar to infants with hearing in different situations. Many parents of children identified with hearing loss did not realize the hearing problem until their children were 12-18 months old. These children missed out on early language development.</p>
<p>What are the chances of my infant having a hearing problem?</p>	<p>Hearing loss occurs in 3 out of 1,000 babies. The risk of hearing loss is higher for infants who spent time in intensive care nurseries compared to well baby nurseries. It is important to test all infants because only 50% of babies with hearing loss will have known risk factors such as illness or family history.</p>
<p>What if my infant has a hearing loss?</p>	<p>Early On will be able to work with your family to coordinate professional services that are needed for your infant. Many professionals have dedicated their careers to helping parents and infants with hearing loss. A resource guide is available to help parents (<i>Services For Children Who Are Deaf or Hard of Hearing: A Guide to Resources for Families and Providers</i>). I can obtain a copy for you or copies are available from the Michigan Association of Deaf, Hearing, and Speech Services (1-800-YOUR-EAR).</p>
<p>If my infant passes the hearing test, can he/she still develop a hearing loss later?</p>	<p>Some babies are born with risk factors that may cause a hearing problem later in infancy or even adulthood. Hearing loss can also be acquired due to illness, infection, or injury. If you think your infant is having difficulty hearing or developing speech and language skills, have your infant's hearing tested by an audiologist skilled in pediatric evaluation.</p>