Oregon EHDI Hearing Screener's Guide

Some common questions that are asked by parents are listed below. If any questions are asked, other than the ones listed below, refer the parents to the local audiologist. If no local audiologists are available, please call EHDI for assistance.

When the parent asks:
"Why are you testing my baby's hearing?"
Answer:
"Oregon State started a mandatory newborn hearing screening program in June of 2000. All newborns are tested for hearing."
If parent pursues with, **"Why?"**
"It is best to find out if there is a hearing loss in your child as early as possible. Without a newborn hearing screening, hearing loss is usually identified between 24-30 months. Identifying hearing loss and providing early intervention prevents delays with speech and language development."

"What is that test doing and how is it testing my baby's hearing?"
For AABR equipment: "We test using the Automated Auditory Brainstem Response (AABR). This test is performed by presenting sounds into the ear with ear muffins or tiny insert earphones. Electrodes pick up the auditory response by the brain. The equipment analyzes the response and matches it to a pre-programmed template to give us a "pass" status or "refer" status."

For OAE equipment: "We test using the Otoacoustic Emissions (OAE) test. This test is performed by presenting sounds into the ear using small insert earphones. The sound stimulates the hair cells and pick up a response from the hair cells that is then recorded. The equipment analyzes the response and matches it to a pre-programmed template to give us a "pass" status or "refer" status."

If the baby PASSES in both ears, you say:
"Your baby has passed the hearing screen at this time. There is a list of milestones that I will give you along with your pass form. If there is a family history of hearing loss, or if you notice any signs of possible hearing loss, please call to make an appointment with an Audiologist for further evaluation."

NOTE: DO NOT say that the baby's hearing is NORMAL- this is just a SCREEN.

When the baby **REFERS** in one or both ears, you say:
"Your baby did not pass the screening at this time. It is recommended that you return for diagnostic Audiological Follow-up in the next 2-6 weeks."

If the parent then asks,
"Why didn't my baby pass? Does this mean that he/she has a hearing loss?"
"This test is just a screen. I am unable to interpret results from this test today. Infants can refer for reasons aside from hearing loss. Sometimes the problem is temporary and

resolves itself (i.e. excess vernix in the ear). It is important that the problem is identified. I will refer you on to an Audiologist for further diagnostic testing."

**** NEVER SAY THAT THE BABY HAS A HEARING LOSS OR IS DEAF**

If the parent then asks,
"What do I need to do to complete the testing?"
"I will give you a list of diagnostic audiology centers closest to you. You may call the number on your follow-up form to make an appointment to see the audiologist. Your pediatrician will also receive information regarding your baby's need for follow-up."

"What is the Audiologist going to do?"
"The audiologist will perform a full diagnostic evaluation. The testing will be similar to what we've done here today, although it will be more thorough and the audiologist will be able to interpret the results for you. The audiologist will do testing to determine the sound levels at which the baby hears for different types of sound. These sounds are important for speech recognition. The results of this test will determine if the child has any hearing loss and the degree of hearing loss. Similar to the hearing screening, the baby will need to be calm during testing, preferably asleep."

"Will the test hurt my baby?"
"Just as in today's testing, the testing the audiologist will do is safe and painless. Please feel free to call the audiologist if you have any questions before your appointment."

Note: do not mention hearing aids at this point!!

"Can I see the Audiologist before I leave? I want to get this over with as soon as possible!"
"It is important to follow up with the hearing evaluation soon, however because this test is more involved, we recommend your baby is at least 2 weeks old at the time of testing. *(**this means that if the baby is born premature, it is recommended they wait until they are 2 weeks CORRECTED AGE)* I will give you the information for the Audiologist and you can call and make an appointment that is best for you."

"How come my baby can have the hearing screen now but has to wait to have the diagnostic test? What was the point of even doing the test today then?
"The test we do here in the hospital is just a screen. If the baby needs further testing, it is best for your baby to be older because the diagnostic test is a little more involved. Those few extra weeks allow for further neural maturation and increase the chances of getting a more complete diagnostic evaluation."

If the parent asks,
"Do I have to do this now? Why can't I just wait to see if my baby shows any signs of hearing loss?"

"Research has shown that if a baby is identified by 3 months of age, they can be in early intervention by 6 months of age. If they can be in early intervention by 6 months of age, they will most likely develop typical speech and language development."

You may add if you feel necessary: "If you wait until your child shows signs of hearing loss, there is most likely a delay in speech and language already present."

Sometimes it may also be okay to tell the parents:
"It is best to have the test administered by a professional. Making noises in your baby's ears or making loud, startling sounds to see their response is not an accurate method in determining hearing sensitivity and can lead to unnecessary anxieties about your babies hearing. All babies react differently to sounds."

"What if my baby really has a hearing loss?"
"Well, there are different degrees of hearing loss. The audiologist will go over the results in detail with you and what your options are if a hearing loss is present."
***(If the parent presses further on this point, have them call an audiologist)*

Some statistics:

- 1-3 babies out of 1000 are born with a severe sensorineural hearing loss
- 3 babies out of 1000 are born with a moderate sensorineural hearing loss
- The risk of hearing loss is higher for infants who spend time in the NICU compared to well baby nurseries.
- It is important to screen ALL babies because 50% of babies with hearing loss will have NO KNOWN risk factors or family history of hearing loss
- Of the babies that refer on for further diagnostic testing, between 5-20% will have hearing loss