

Hearing Screener's Guide

All screeners should introduce themselves to the parents and let them know why they are there upon entering the room. If the screen is done in the nursery or in the NICU, the results and information should be put in the chart and marked so that the physician and/or nurse knows the parents need to be informed.

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 onto a Pediatric Audiologist.

When the parent asks, **"Why are you testing my baby for hearing loss?"** Your answer:

"Oregon state started a mandatory newborn hearing screen in June of 2000. All newborns are tested for hearing."

If parent pursues with, **"Why?"** Your answer:

"It is best to find out if there is a hearing loss in your child as early as possible. For babies who have a hearing loss, it is important to start intervention as early as possible to prevent delays with their speech and language development."

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 on the back of this sheet (the pass form the parent receives). If there is a family history of hearing loss, or if you notice any signs of possible hearing complications, please call our Audiologist for further information."

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

When the baby **REFERS** in one or both ears and the parent asks, **"Does this mean that my baby has a hearing loss?"** The BEST answer to alleviate any anxiety is:

"This test is just a screen. I am unable to interpret results from this test today.

There are other reasons aside from hearing loss for why your baby referred today, such as fluid in the ears. This is very common. I will refer you on to our Audiologist for further diagnostic testing. Of all the babies that refer from their hearing screen, only **5-20%** will have any significant hearing loss. If you have any further questions, please contact our Audiologist and he/she will be happy to answer any questions you may have."

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

If the parent then asks, **"Well what is the Audiologist going to do?"** Your answer:

"He/She will perform a full diagnostic evaluation. The Auditory Brainstem Response (ABR) will be performed 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."

Note: Do NOT mention hearing aids at this point!!

If the parent then asks, **“Can I see the Audiologist before I leave? I want to get this over with as soon as possible!”** Your answer:

“It is important to follow up with the hearing evaluation before your baby is three months, however, because this test is more involved, your baby needs to be at least 1-3 weeks of age. I will give you the information for the Audiologist and you can call and make an appointment that is best for you.”

If the parent asks, **“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?”** Your answer:

“The test we do here in the hospital is just a screening process. If the baby refers, it is best for your baby to be older because the diagnostic test is a little more involved. Those few extra weeks add a lot of maturity to your baby and makes the chances of getting a complete diagnostic test even better”

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?”** Your answer:

“It is recommended that your baby be tested before three months of age. Studies have shown that delays in speech and language development are decreased the sooner the baby is diagnosed with hearing loss.”

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 accurate and can lead to unnecessary anxieties about your babies hearing. All babies react differently to sounds.”

If the parent asks, **“What is the Audiologist going to do to my baby? How can she know if he/she hears? Will the test hurt my baby?”** Your answer:

“The test is safe and painless. Electrodes are stuck behind the ears and on the forehead with some mild paste and soft earphones are placed in the baby's ears. The electrodes will pick up your baby's response to the sounds coming into the ear. It is best to bring your baby for this appointment before three months of age. Your baby should be in a natural sleep during the entire test and it will take about an hour.”

If the parent asks, **“What if my baby really has a hearing loss?”** Your answer:

“Well, there are different degrees of hearing loss. The audiologist will go over the diagnosis with you and what your options are if a hearing loss is present.”

***(If the parent presses further on this point, just 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
- Of the babies that refer on for further diagnostic testing, between 5-20% will have hearing loss