**Questions and Answers for Parents:**

**Screening and Rescreening**

**Why is it important to screen my baby’s hearing?**

Hospitals screen for several things when babies are born, including hearing loss. But did you know that hearing loss is more common in babies than any of the other conditions that are screened for at birth? Approximately one to three babies out of 1,000 will be born with permanent hearing loss.

Most babies born with hearing loss are otherwise healthy and have no family history of hearing loss. It is unlikely that your baby will have a hearing loss; however, the only way to know is to have your baby’s hearing tested as early as possible. The first year of life is critical to the development of normal speech and language.Babies start to learn language and speech very early. If a hearing loss is not detected early, a baby will miss a very critical period for speech and language development. Delays in speech and language can lead to other problems when the child goes to school. Finding hearing loss and getting treatment early can help prevent these delays.

There are simple, inexpensive tests available to detect hearing impairment in infants during the first days of life. In the past, most hearing difficulties were not identified until the age of 2 or 3 years. Now it is no longer necessary to wait until a child is “old enough” for a hearing test. Infants who are diagnosed with hearing loss early and have treatment started by the age of 6 months have better outcomes than children who are diagnosed later in infancy or childhood.

**How does newborn hearing screening work?**

There are two tests which may be used to screen a baby’s hearing. Both are comfortable and pose no risk for babies.

**Auditory Brainstem Response**

Soft clicking sounds are played through earphones into the baby’s ears. Band-aid like sensors placed on the baby’s head measure the brain’s response to these soft sounds. The machine compares the response from the baby being tested to a “normal” response for babies. If there is a good match, the baby passes the screening. If the match is not close enough, the baby does not pass the screening.

**Otoacoustic Emissions**

Soft beeping or clicking sounds are played into the baby’s ear through a small earphone which also has a microphone in it. The microphone measures a response in the ear canal like an “echo”. The echo is found in everyone who hears normally.

These tests may be used alone or in combination. Both tests are accurate and reliable.

Each hospital has chosen a screening method based on the hospital’s resources, available personnel, costs, and other factors such as NICU level.

**Will the screening hurt my baby?**

No. The screening is easy and painless. Most babies sleep through the test. The screening can take as little as one minute, or as long as 30 minutes, depending on how quiet the baby remains during the test.

**What if I don’t want my baby’s hearing screened?**

Though it is recommended all babies have this screening, you may choose not to have your baby screened. If you do not want your baby’s hearing to be screened, please tell your nurse. You may be asked to sign a non-consent form stating that you were offered the screening and chose not to have the test done. Your baby’s doctor will be advised of your decision. We recommend that you think about the screening. Please ask questions about your concerns.

**Can a baby pass the screening and still have hearing loss?**

Sometimes, though it doesn’t happen very often. Some mild hearing losses or hearing loss that affects only some pitches of sound may not be picked up by the screening test. Hearing loss can also develop at any age. The infant may not have hearing loss at birth, but then develop a hearing loss after the newborn period.

There are several risk indicators for hearing loss. If your child has any of these risk factors or you have concerns about your child’s responses to sounds or speech/language, you should talk to your child’s doctor.

**What does it mean if my baby DOES NOT PASS (“fail” or “refer”) the initial screening?**

Sometimes babies don’t pass because there is a hearing loss. That is why it is so important to do follow-up testing. The first step is to take your baby for a repeat screening within 2 to 4 weeks, by one month of age. You may also want to discuss the results with your baby’s doctor.

You may wonder why a baby with normal hearing would not pass the newborn hearing screening. There are several common reasons: fluid in the middle ear, vernix in the ear canal, too much movement/crying during the test, etc.

Even though most babies will pass the repeat screening, it is VERY important to take your baby for this testing. It’s the best way for you to be sure about your baby’s hearing.

**What if my baby DOES NOT PASS (“fail” or “refer”) the repeat screening?**

Your baby needs to have a diagnostic audiology evaluation to determine how much**,** if any, hearing loss is present in each of your baby’s ears. This diagnostic evaluation should happen before your child is 3 months old. Your doctor should refer you to a pediatric audiologist (hearing specialist that works with infants and children) for this evaluation. A list of approved diagnostic audiology sites for infants in North Carolina can be found at [www.ncnewbornhearing.org](http://www.ncnewbornhearing.org)