Why Screen My Baby's Hearing?

You're having a baby and you want to be a good parent. That includes giving your baby all the nurturing and tools he or she needs for growing, learning, and living.

If your baby has a hearing loss, your baby will need extra tools to communicate and learn. The earlier you know about hearing loss, the more effective the tools are—hearing aids, language training, communication strategies, and more. A newborn hearing screen in the hospital is the first step to monitor your child's hearing.

Next comes hearing tests. Your pediatrician or family doctor can't tell if a hearing loss is present without audiological (hearing) tests. Only a hearing test by a good audiologist with good testing equipment can detect hearing loss.

Trust your hunches. Even if your baby passes a hospital hearing screen, keep monitoring your child's speech and behavior. If your child doesn't meet developmental milestones, or if you think your infant isn't hearing, have your child tested by an audiologist experienced in testing young children.

No child is too young to be tested. Some losses are not present at birth. Even if a doctor or nurse tells you everything is fine, keep insisting if you really think your child has a hearing problem.

Places to Start Learning

Web sites:

www.infanthearing.org
babyhearing.org
hearingexchange.com
listen-up.org
agbell.org
johntracyclinic.org
cuedspeech.org
deafchildren.org

To learn more about hearing screening, or
To talk to a parent who has been there, or
To get advice from an audiologist,

Call Tennessee Newborn Hearing Screening Program
(615) 741-8530 or
(615) 262-6160

No child is too young to test.

Before birth, call your hospital to ask about newborn hearing screening.

TENNESSEE NEWBORN HEARING SCREENING PROGRAM

State of Tennessee
Department of Health
Newborn Hearing Screening
Cordell Hull Building, 5th Floor
425 Fifth Avenue North
Nashville, Tennessee 37247-4750

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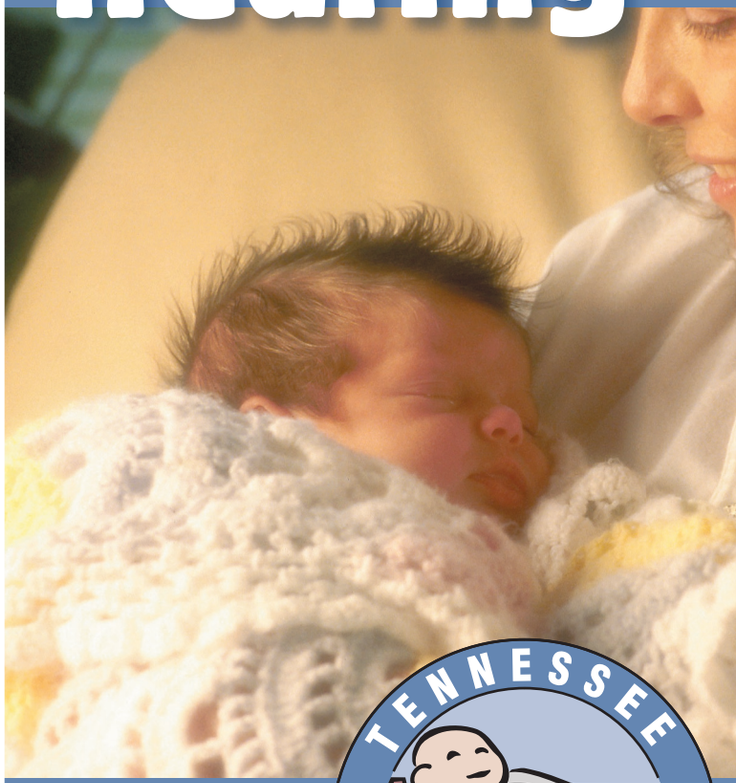
FOR EXPECTANT MOTHERS AND THEIR OBSTETRICIANS

Your New Baby's Hearing



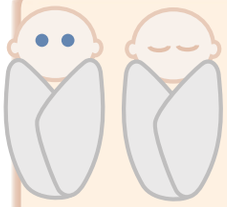
No child is too young to test.

Before the birth of your child, call your hospital to ask about newborn hearing screening.

TENNESSEE NEWBORN HEARING SCREENING PROGRAM

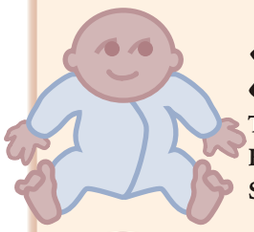
Milestones

Make sure that your baby is achieving these milestones.



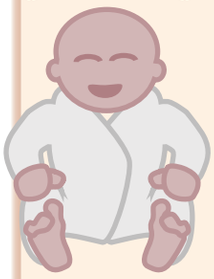
0–3 mos:

Startled by loud sounds
Quiets to your voice
Makes cooing sounds



3–6 mos:

Turns eyes toward sounds
Enjoys rattles
Starts babbling



6–9 mos:

Turns head toward sounds
Begins to imitate speech sounds
Babbles ("ba-ba" and "ga-ga")

9–12 mos:

Responds to own name
Understands "no-no" and "bye-bye"
Turns head towards soft sounds

12–15 mos:

Correctly uses "ma-ma" or "da-da"
Points to familiar objects when asked
Responds to singing or music

Read about Newborn Hearing Screening at

www.infanthearing.org

www.babyhearing.org

Why Be Concerned?

There's a lot to be concerned about when you're having a baby. But with newborn screens, much of the concern goes away. At birth your baby receives several screening tests that identify conditions or problems. Your doctor is able to help prevent complications because of these screens.

The same goes for hearing loss. A newborn hearing screen can prevent many of the complications of hearing loss: inability to communicate, trouble reading, difficulty learning, and isolation.

Early detection of hearing loss, gives you the most effective opportunity to take action. As you give your baby hearing aids or a cochlear implant and teach your child to communicate, your baby will have the advantage of a baby born with typical hearing. A screen can't tell you if your baby has hearing loss, but it will indicate the need for more comprehensive hearing tests. **So take care of your baby by requesting a hearing screen while in the hospital.**

Two Kinds of Screening Tests

There are two basic screening tests used to test baby hearing. Both are painless and your newborn baby can sleep right through them. Each can help you give your child that critical first year of learning through hearing.

ABR

The ABR screen (for **Auditory Brainstem Response**) measures electrical responses from the brainstem to a presented sound. This test confirms that your child responds to sound at the brainstem level. The tester of hearing will place a tiny electrode on your baby's forehead or the nape of the neck. She may clean your baby's skin first and then rock and calm your baby. It's best when the baby sleeps right through the test because movement can impact the results. The screener will also place an ear cuff or ear phone on your baby's ear and present sounds through that ear phone. The ABR takes about five minutes per ear. Nothing about the test is painful or invasive. There are no needles.

OAE

The OAE screen (for **Otoacoustic Emission**) measures an echo from the inner ear in response to a presented sound. After your baby is in a calm and resting state, even sleeping, the tester of hearing will put a small probe in your child's ear to send a sound to the ear. If there is an echo, your baby has an "acoustic emission," which is exactly what you want. It means your baby most likely has normal hearing. Without that echo, your baby might have an ear infection **or** might have a hearing loss. (This test misses some mild losses.)

Which Test Is Best?

Both types of screens give good hints about your baby's hearing. Feel free to ask for both at your birthing hospital. Also, ask any questions you may have both before and during the screen.