

HOW WE TEST YOUR CHILD'S HEARING

OAE (Otoacoustic Emissions) screening procedures for newborns and infants do not require the baby to respond. A miniature earphone and microphone are placed in the ear, sounds are played and a response is measured. The normal ear responds with an echo that is picked up by the microphone. When a baby has a hearing loss, no echo can be measured.

About 10 percent of babies do not pass the hospital OAE screening. This is likely due to a blockage of the ear canal with birth fluids or debris, fluid in the middle ear, or movement and/or crying during the test. Most babies will pass the follow-up hearing testing, however, it is very important to take your baby for follow-up testing. This is the only way to be sure that your baby is hearing.

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HEARING LOSS
SEPARATES
PEOPLE
FROM THE
WORLD
AROUND THEM



WHY DO WE SCREEN NEWBORNS?

- In the U.S. 3-6 of every 1,000 newborns have significant hearing difficulty.
- >95% of newborns who are born deaf have parents with normal hearing.
- Hearing loss is invisible.
- Hearing loss not identified until 2 or 3 years of age may delay speech, language, and cognitive development.

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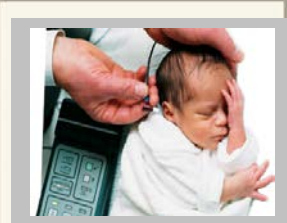
Phone | 315.253.3457
From U.S. | 011.81.827.79.3298

For more information on hearing loss
visit:
www.howsyourhearing.org

NEWBORN HEARING SCREENING



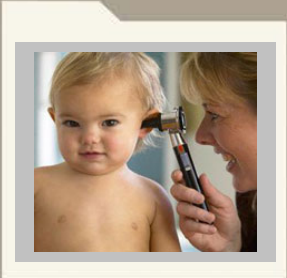
ALL NEWBORNS
SHOULD BE
SCREENED
FOR
HEARING LOSS



OAE



AABR



The Joint Committee on Infant Hearing in collaboration with the American Academy of Audiology, the American Speech-Language-Hearing Association, the American Academy of Pediatrics, Council on Education of the Deaf and the Doctors of Speech and Hearing Programs in State Health and Welfare Agencies have joined together to endorse universal detection of infants with hearing loss. The goal is that infants with hearing loss be identified before three months of age and receive intervention by six months of age.

An infant with normal hearing should be able to do the following:

Around **two months** of age

- Startles to loud sound
- Quiets to familiar voices
- Makes vowel sounds such as "ohh"

Around **four months** of age

- Looks for sound sources
- Starts babbling
- Makes squeals and chuckles

Around **six months** of age

- Turns head toward loud sounds
- Begins to imitate speech sound
- Babbles sounds such as "ba-ba"

Around **nine months** of age

- Imitates speech sounds of others
- Understands "no-no" or "bye-bye"
- Turns head toward soft sounds

Around **12 months** of age

- Correctly uses "ma-ma" or "da-da"
- Gives toy when asked
- Responds to singing or music

What if my child does not pass the screening?

If the OAE screen does not give a clear result, more checks will be made, using ear cups with soft clicking sounds played through them. Special sensors are placed on your baby's head and the response from your baby's hearing nerve is picked up. This test is called an Automated Auditory Brainstem Response (AABR) or Brainstem Auditory Evoked Response (BAER).

WARNING SIGNS OF HEARING LOSS

Your newborn might be at risk for delayed onset hearing loss if any of the following applies to your baby.

- You or another caregiver has concerns.
- Family history of childhood hearing loss.
- Neonatal intensive care stay with ECMO therapy.
- Chemotherapy.
- Some infections that occur before and after birth (including CMV, bacterial, and viral meningitis).
- Craniofacial anomalies, neurodegenerative disorders, or syndromes with associated hearing loss.

If one or more apply to your newborn make an appointment with your child's physician or an audiologist.