



Iowa's Early Hearing Detection and Intervention Program

COMMUNICATION GUIDE FOR NEWBORN HEARING SCREENING RESULTS



About 40,000 new babies are born in Iowa each year. Of these, approximately 120 will have hearing disorders. Screening a baby's hearing is very important, even if a family has no history of hearing problems. Most babies born with hearing disorders are born to parents with normal hearing. If hearing disorders are left undetected in infants it can negatively impact speech, language, and social and emotional development. If detected, the negative impact can be reduced and possibly eliminated through early intervention.

This guide was created to assist you in communicating with parents about the importance of newborn hearing screening, what the results mean, and the importance of follow up when necessary.

Did you tell the parents their baby will have a newborn hearing screening?

Iowa law mandates that all babies' hearing be screened before discharge. You do not need parental consent to perform the screening, but it is very important to let them know the screening will be done. Taking a second to explain that the hospital screens all newborns, the screen is quick and painless, and when you will be taking the baby for the hearing screening helps put the parents' minds at ease.

Did you tell the parents why newborn hearing screening is important?

A long explanation isn't needed. Just tell the parents that babies whose hearing loss isn't found until later have a hard time learning. If their baby should have a hearing loss, lots can be done to help them. If parents are hesitant, it's also important to tell them that the hearing screening is necessary to find hearing loss. A baby startling to loud noises (door slam, dog bark, etc.) only means she can hear loud noises.

Did you ask the parents if they would like to watch the hearing screening?

Many parents would like to be present during their babies' hearing tests. Offering the parents this option makes them more comfortable with the screening and underscores the importance of hearing screening.

Did you explain the results to the parent?

Iowa law requires that you report the results of the hearing screening to the parents in writing. It is also just as important to discuss the results with them. This gives parents the opportunity to ask questions and draws attention to the written information you have provided. Below you will find a guide for communicating hearing screen results to parents for children who pass or refer.

Bilateral Pass

When a baby passes the hearing screen for both ears, this indicates that the structures of the ear are working normally, and should indicate that peripheral auditory function is normal. Remind parents that the screening indicates how their baby is hearing on the day of the test and does not predict how they will be hearing in the future. Encourage parents to seek further evaluation if, at any time, they are concerned about their baby's hearing. If their baby is at risk for delayed onset/progressive hearing loss (e.g., risk indicators such as CMV, family history of hearing loss at an early age), re-evaluation is

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strongly recommended at six to eight months of age by an audiologist. A re-evaluation is recommended between 24-30 months for children with risk factors such as ototoxic medication administration, craniofacial anomalies, and NICU greater than five days. In addition, parents should seek further evaluation if speech and language milestones fail to develop as predicted by eight months of age. Include the EHDI brochure which includes speech and language milestones on the back in the parents' discharge packet for their reference.

Unilateral Refer

Stress the importance of seeking re-evaluation to determine hearing sensitivity in the ear that did not pass. The most common reason for a baby not passing the screen within the first three days of life is the presence of birthing debris blocking the ear canal, followed by middle ear fluid. Of course, there is the possibility that permanent hearing loss exists. Please note that many children with normal hearing in just one ear develop normal speech and language; however, some children may not or they may have difficulty learning. Babies born with hearing loss in one ear are at risk for developing hearing loss in the other ear as well. Help parents arrange for follow-up testing within one to two weeks of discharge, while their baby is still sleeping frequently. Parents often prefer to have someone discuss the results with them before leaving the hospital. Avoid using the word fail! This is an initial screen and indicates that a hearing problem may exist.

Bilateral Refer

Stress the importance of seeking re-evaluation to determine hearing sensitivity. Again, the most common reason for not passing the screen within the first three days of life is the presence of birthing debris in the ear canal, followed by middle ear fluid. Of course, the possibility of permanent hearing loss exists. Inform parents of the importance of identifying permanent hearing loss at a young age, so that their child can learn to talk and develop at the same rate as children with normal hearing. Help parents make arrangements for follow-up testing within one to two weeks of discharge, while their baby is still sleeping frequently. Parents often prefer to have someone discuss the results with them before leaving the hospital. Avoid using the word fail! This is an initial screen and indicates that a hearing problem may exist.

Did you point out the speech and language milestones on the back of the EHDI brochure?

These milestones allow parents to monitor their baby's progress and seek additional testing if needed. There are additional milestones and other resources regarding newborn hearing screening and follow up located on the Iowa EHDI Web site at: <http://www.idph.state.ia.us/iaehdi/default.asp>.

Did you report the baby's screening results and any risk factors to the child's health care provider?

Because the baby's health care provider will see the baby on a regular basis for illnesses and well-child checks, it is important that he or she know the results. This will allow the health care provider to assist the family with determining what, if any, follow-up is necessary.