

What to Tell Parents about Test Results

Pass – Both Ears

When a baby passes the hearing screen for both ears, this indicates that **the structures of the ear are working normally according to the manufacturer's algorithm and that hearing sensitivity is likely within normal limits. However, it is possible for the infant to have a mild hearing loss and/or their hearing status change (i.e., progressive or conductive hearing loss).** 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 strongly recommended at 6-8 months of age by an audiologist. In addition, parents should seek further evaluation if speech and language milestones fail to develop as predicted by 8 months of age. Include a speech and language milestone checklist in the parents' discharge packet for their reference.

Refer – One Ear

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 do not. Others may have difficulty learning.* Help parents make arrangements for follow-up testing within 1 week of hospital discharge. This is the best time because the baby is still sleeping frequently. Parents often prefer to have someone discuss the results with them before leaving the hospital. **If you know the answers, discuss them with the parents. If not, have your audiologist contact the family to answer the questions. Be careful not to provide incorrect information.** This is an initial screen and indicates that a **hearing problem may exist.**

Refer – Both Ears

Stress the importance of seeking re-evaluation to determine hearing sensitivity. Again, the most common reason for not passing the initial 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 1 week of discharge. This is the best time because the baby is still sleeping frequently. Parents often prefer to have someone discuss the results with them before leaving the hospital. **If you know the answers, go ahead and discuss them with the parents. If not, have your audiologist contact the family to answer the questions. Be careful not to provide incorrect information.** This is an initial screen and indicates that a **hearing problem may exist.**

Communicating “refer” results to families



DO say a positive message:

“Your baby didn’t pass the hearing screening. Your baby referred (indicate which ear/s) which means that more information is needed about your baby’s hearing. The next step is to be sure and return for the follow-up hearing screen/diagnostic appointment.”



DO give the follow-up appointment brochure:

“Here’s a brochure that explains about the hearing testing and follow-up appointment.” Discuss how the family should follow-up according to your hospital’s hearing screening procedures.



DO NOT say misleading messages:

- The baby failed.
- The baby has a hearing loss.
- Probably nothing is wrong.
- A lot of babies don’t pass
- The baby doesn’t need follow-up testing.
- The baby was fussy. (Then its an invalid screening!)
- The equipment’s not working right. (Then its an invalid screening!)
- It’s just fluid or vernix. (Must not be assumed)



DO NOT perform multiple screens in an attempt to get a pass.

Tips for Successful Newborn Hearing Screening

Identifying babies to screen

1. Obtain a list of all admits from the preceding 24 hours for all nurseries.
The list can be computer generated from the admissions system; this is usually the most reliable
The list can also be obtained from the nursery log (as long as the nursery log is up-to-date and accurate.)
2. Identify babies on the admit list who have already completed the screening process.
3. Identify babies on the admit list who have begun the screening process, but have not completed the process.
4. Identify babies in the Level II or III nurseries who are medically stable and are ready to be screened.

Prioritizing babies to be screened

1. First, screen the babies who are being discharged.
2. If possible, screen babies who are well-fed and quiet or asleep first.
3. Screen Level II and III nursery babies when they are available for screening. More babies are discharged without a screening in these nurseries because screeners assume they will be there awhile.

Controlling the environment

1. Do not schedule to screen babies during the time when the pediatricians are examining the babies or during visiting hours. Babies will be more difficult to screen if they are restless or unsettled.
2. Control the acoustical noise (such as fans, talking, etc.) in your screening environment to the best of your ability.
3. Post a sign (i.e. Quiet, Hearing Testing in Progress).
4. Do not play music or have the television on during screening.
 - If screening in the mother's room, instruct visitors and especially small children of the importance of remaining quiet while the baby is being screened.
 - Do not have crying babies next to the baby you are screening.
 - Control the electrical noise (motors, humming lights, etc). Electrical noise could affect operation of your equipment.
5. Plug your test equipment into a "red" socket if possible.

6. If possible screen in a location away from other electrical equipment.

Preparing the baby for screening

1. Make sure the baby is swaddled in a blanket. This assures that loose little hands will not remove the probe or electrodes during screening.
2. If possible, turn the baby on his/her side and screen the ear facing upward.
3. When all electrodes are placed, attach the Ear Muffins or place the probe tip into the ear.
4. Make sure all the wires (probe and electrode) run up toward the top of the baby's head. This way, if the infant's hands are loose, they will not remove everything.
5. Soothe the baby if they are fussing. You can try to softly rub the forehead down between the eyes.
6. If the baby is easily stimulated, turning off the overhead light and using a low-lighted lamp or draping a blanket across the head of the bassinet calms the baby.
7. Run test.

What do "PASS" and "REFER" mean?

"PASS" means the cochlear function is considered within normal limits according to the manufacturer's algorithm. However, it is possible for the infant to have a mild hearing loss and/or their hearing status to change (i.e., progressive hearing loss, conductive hearing loss).

"REFER" means the screening indicates further evaluation is needed to determine if the baby's hearing status is adequate for normal speech and language development.