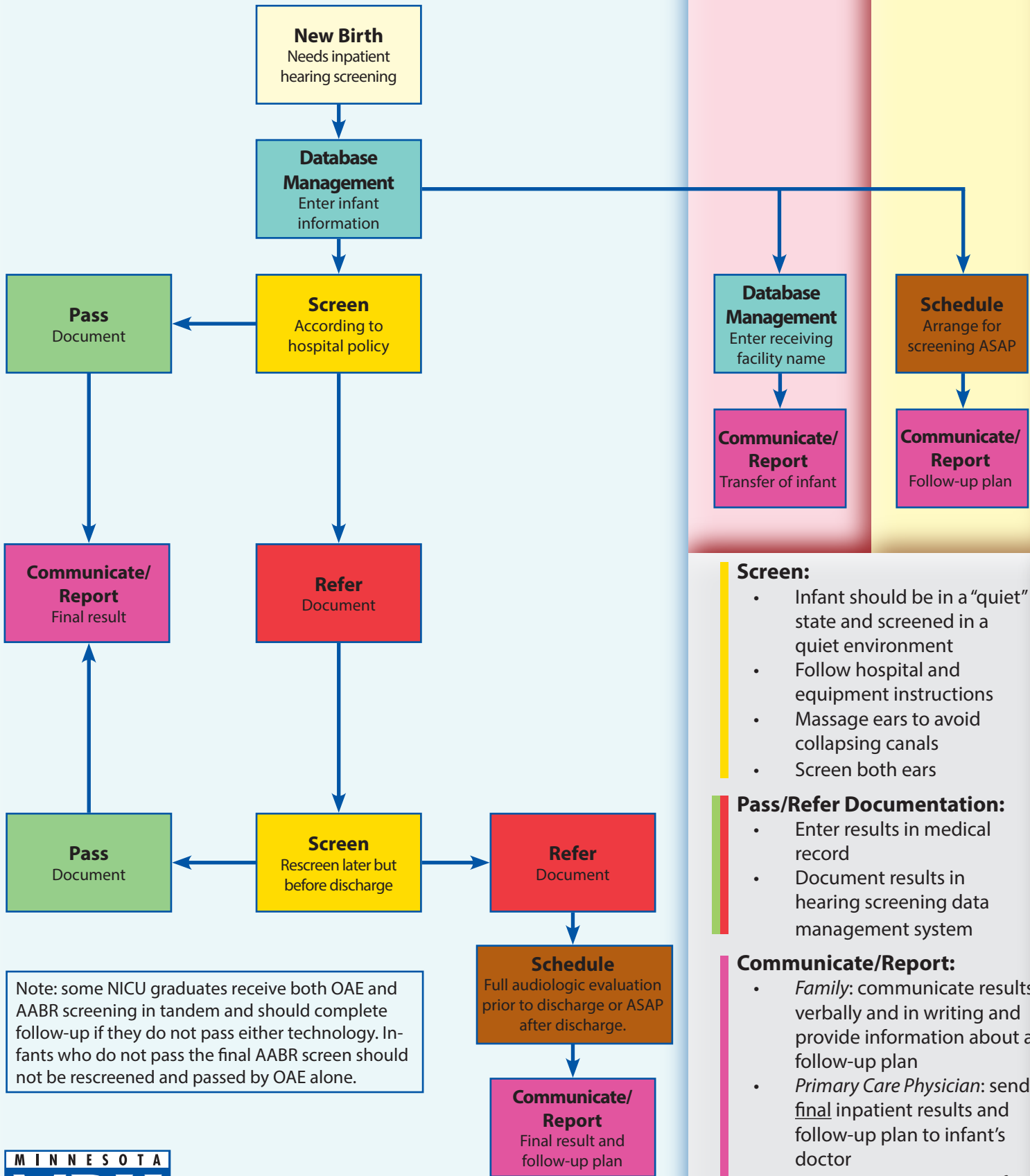


# Newborn Hearing Screening Flowchart for the Neonatal Intensive Care Unit

Transferred Out Before Screened

Missed/ Equipment Malfunction



Note: some NICU graduates receive both OAE and AABR screening in tandem and should complete follow-up if they do not pass either technology. Infants who do not pass the final AABR screen should not be rescreened and passed by OAE alone.

## Screen:

- Infant should be in a “quiet” state and screened in a quiet environment
- Follow hospital and equipment instructions
- Massage ears to avoid collapsing canals
- Screen both ears

## Pass/Refer Documentation:

- Enter results in medical record
- Document results in hearing screening data management system

## Communicate/Report:

- *Family*: communicate results verbally and in writing and provide information about a follow-up plan
- *Primary Care Physician*: send final inpatient results and follow-up plan to infant’s doctor
- *Minnesota Department of Health*: send final inpatient results on newborn screening specimen card

# HEARING SCREENING MYTHS

MISCONCEPTION	CLINICAL FACT
Parents can tell if their child has a hearing loss by the time their child is 2-3 months old.	Before newborn hearing screening, most children were not found to have a hearing loss until 2-3 years of age. Children with milder hearing loss weren't found until 4 years of age.
Parents can test a child's hearing loss by clapping their hands or banging pots near the child.	Some babies with hearing loss can still startle to loud noises or respond to some sounds, but may not be able to hear all the sounds important for speech. Thorough hearing testing is needed to find all types/levels of hearing loss that can affect speech/language development.
Using hearing loss risk factor assessments will identify all children with hearing loss.	As many as 50% of infants born with hearing loss have no known risk factors.
Hearing loss does not occur very often, so newborn hearing screening is not necessary.	Hearing loss affects about 1-3 per 1000 births, and is considered to be one of the most common congenital findings.
There is no rush to identify hearing loss.	Children identified with hearing loss after 6 months of age are more likely to have speech and language delays. Children identified before this time, can avoid these delays through evidence-based early intervention.
Children younger than 12 months cannot be fitted with hearing aids.	Children as young as 1 month of age can now be fit with and benefit from hearing aids.
Babies need to be sedated to complete ABR testing.	Babies younger than 3 months can typically be tested without need for sedation.
Fluid prevents completion of diagnostic ABR.	Underlying sensory loss can and should be ruled out as soon as possible through use of bone conduction ABR stimuli.
Abnormal OAEs along with a flat tympanogram (normal volume) confirms a conductive hearing loss.	Diagnostic ABR including bone conduction testing is needed in combination with OAEs and tympanograms for a complete diagnosis of type and degree of hearing loss in each ear.

*\*Modified from Anne M De Michele, PhD*