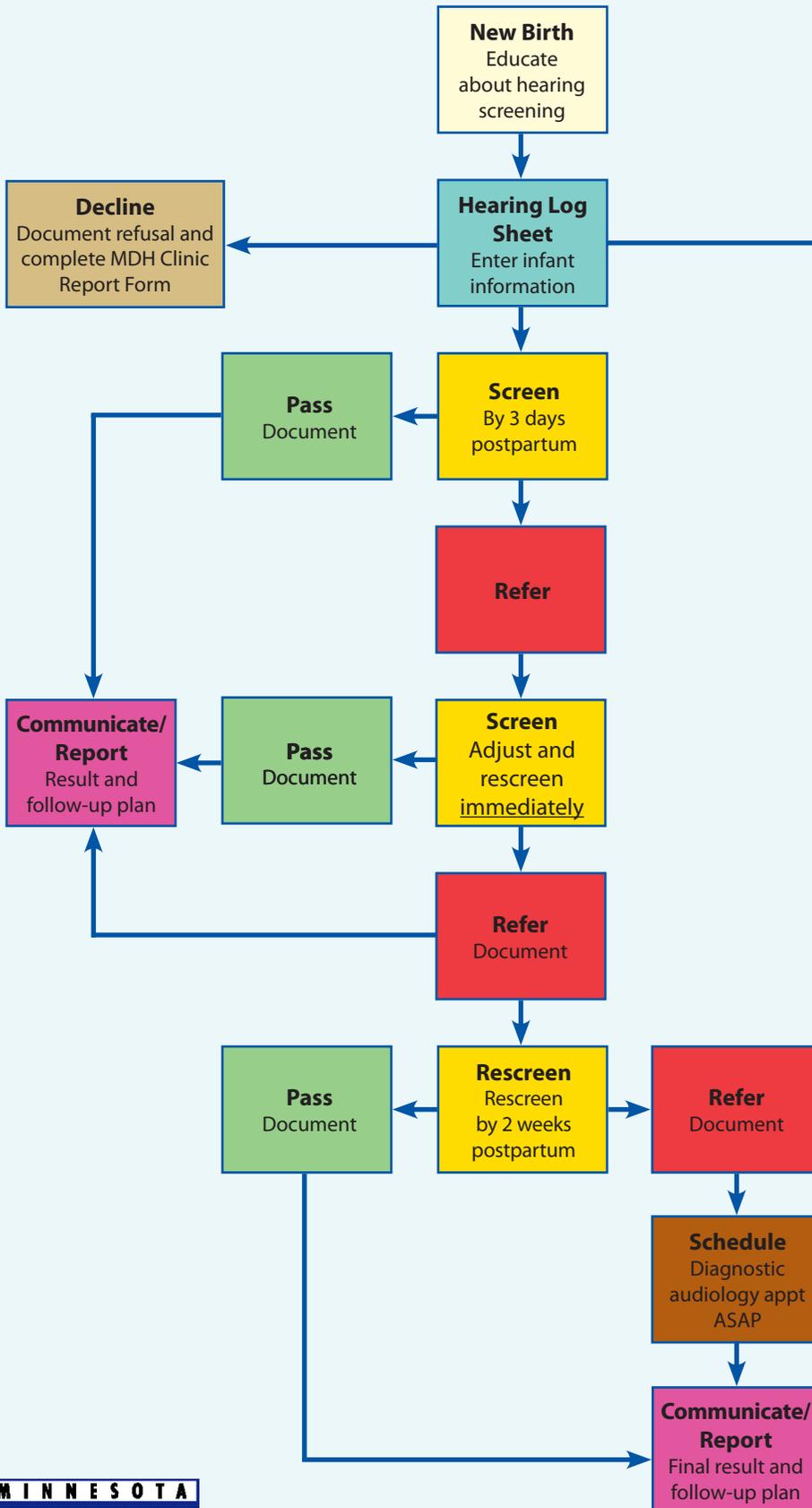


Newborn Hearing Screening Flowchart for Out-of-Hospital Births

Being Screened Elsewhere

Missed/ Equipment Malfunction



Hearing Log Sheet
Enter facility name that is performing the screening

Schedule
Arrange for screening ASAP (before 1 month)

Communicate/ Report
Follow-up plan on MDH Clinic Report Form

Communicate/ Report
Follow-up plan

Screen:

- Infant should be in a "quiet" state and screened in a quiet environment
- Follow hearing screening policy and equipment instructions
- Massage ears to avoid collapsing canals
- Screen both ears

Pass/Refer Documentation:

- Enter results in health record
- Document results in hearing screening log sheet

Communicate/Report:

- *To Family:* communicate results verbally and in writing and provide information about a follow-up plan
- *To Primary Care Provider:* send final hearing screen results and follow-up plan to infant's provider
- *To MDH:* send "Screen" results to MDH using the newborn screening specimen card and "Rescreen" results using the MDH Clinic Report Form

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*