Newborn Hearing Screening for Out-of-Hospital Births

Hearing is essential for normal development of speech and language. Finding babies with hearing loss early and offering education, family support, and intervention before they fall behind in language development can make a big difference.

Since children with hearing loss may startle to loud sounds and even seem to listen, it can be difficult to recognize hearing loss without testing. Hearing screening is best done in the first month of life when the baby can easily sleep through the screening. Please flip this page over for information on how your baby can receive the benefits of newborn hearing screening.

minnesota newborn screening program

MINNESOTA MDH DEPARTMENT OF HEALTH

P.O. Box 64899, St. Paul, MN 55164-0899

(800)-664-7772, (651) 201-5797 TDD

Email: health.newbornscreening@state.mn.us

www.health.state.mn.us/newbornscreening

06/2011

Why is Newborn Hearing Screening important?

Identifying hearing loss early is important. Speech and language start to develop right after birth, even though babies don't usually talk until about 1 year of age. A child with hearing loss may have difficulty with speech and language development. If a baby has a hearing loss, it is usually not noticeable to parents or doctors. Screening and follow-up testing are the **only** ways to find hearing loss early. Learning that your baby has hearing loss at an early age will help you and your child develop lifelong communication and language skills.

Where can my baby's hearing be screened?

The equipment and trained personnel who can perform newborn hearing screening can be found in a variety of settings in Minnesota, including: hospital nurseries, audiology offices, primary care clinics, public health departments, and school districts.

In your community, newborn hearing screening has been scheduled at:

Location: _____

Address: _____

Phone: _____

Date: _____

Time: _____

How is Newborn Hearing Screening done?

Newborn hearing screening does not require the infant's participation. Unlike the hearing tests done with older children and adults, babies do not have to raise their hands in response to a beep. While your baby is asleep, computerized equipment will measure your baby's internal responses to a series of tones and check your baby's hearing. The testing is not painful or even uncomfortable.

There are two different technologies currently in use for newborn hearing screening - OAE and AABR. Both are acceptable for screening infants. OAE stands for Otoacoustic Emissions. With an OAE, the tester places a small probe into the baby's ears. The probe looks like the earbuds often used to listen to music. Soft tones are played through the speakers in the probe and the probe measures the tones as they bounce back from different parts of the infant's ear. The computer attached to the small probe measures whether the result is a PASS or a REFER (Did not pass).

AABR stands for Automated Auditory Brainstem Response. Sounds are played to the baby through earphones while the baby's internal response to the tones is measured by small, sticky sensors placed on the skin. Again, the attached computer measures whether the result is a PASS or a REFER (Did not pass).

06/2011

IC#: 141-2836