

Newborn Hearing Screening

Baby Did Not Pass - Refer Hearing Result

MEDICAL FACT SHEET POSITIVE NEWBORN SCREEN

Action required

Actions to perform at first clinic visit:

- Review hearing screening information or results from hospital.
- Schedule further evaluation with the nursery, clinic, or an audiologist approximately 2 weeks after initial screen.
- Fax appointment date and/or results of testing to MDH at (651) 201-5471.
- If patient does not pass out-patient rescreen, schedule diagnostic audiology appointment.

Review with family

- Hearing loss is the most common condition diagnosed by newborn screening
- 90% of infants with hearing loss are born to 2 parents with normal hearing
- Complete diagnosis no later than 3 months and early intervention by 6 months allows infants to stay on track with speech and language development
- Diagnosis may take several visits, but can typically be accomplished without sedation if completed before 3 months
- Observations of the baby responding to sound are no substitute for a formal hearing evaluation because they don't assess ALL the frequencies necessary for adequate speech development
- Middle ear fluid should not delay complete diagnosis

NICU issues

Babies who required intensive care after birth are at higher risk for hearing loss, including neural hearing loss, and need to be tested with auditory brainstem response.

For babies who have been in the NICU, screening should be completed by one month corrected age or when it is medically feasible.

Clinical summary & expectations

Hearing loss is a heterogeneous condition that may be of genetic origin.

Diagnosis of hearing loss before 3 months of age provides the opportunity for infants with hearing loss to maximize their linguistic and communicative development. Diagnostic testing before 3 months of age can be completed without sedation.

Incidence childhood hearing loss:

~ 1-3:1000; affects all ethnic groups

False Positives: Common; typically 4% or less. Screening result can be impacted by fluid or debris in ear, environmental noise, or operator error.

Clinical expectations

Children with confirmed hearing loss require evaluations with genetics, ophthalmology, and otolaryngology to assess for associated problems.

Diagnosis before 3 months of age and access to language before 6 months of age allows children with hearing loss to meet developmental milestones. Infant/family education, sign language, hearing aids that can be fit for babies, and cochlear implants allow a variety of ways to help children learn language and communicate.

Resources

NCHAM: www.infanthearing.org

NIDCD: www.nidcd.nih.gov/health/hearing/screened.asp

MDH: www.health.state.mn.us/newbornscreening