



## NIDCD Fact Sheet

# What to Do if Your Baby's Screening Reveals a Possible Hearing Problem

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES · NATIONAL INSTITUTES OF HEALTH · NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Most new parents can't wait for the day when their child talks for the first time. When it finally happens, grandparents are alerted, baby books are inked in with dates and times, and cell phone ringtones are replaced with the newly recorded cooing of "da-da." But in order for your baby's first words to arrive on time, you need to make sure that his or her hearing is okay.

About two or three out of every 1,000 children in the United States are born deaf or hard-of-hearing. Fortunately, early identification of these children allows them to get the help they need during the first 2 years of life, which is a critical period for the development of speech and language skills.

Universal newborn hearing screening programs currently operate in every state and most U.S. territories. These programs employ two quick and easy tests to let you know if your baby might have hearing loss. Like "heelstick" and immunization testing, a hearing screening has become an essential part of the complete set of services offered to make sure your baby is healthy and receiving the proper care. (See the NIDCD fact sheet *It's Important to Have Your Baby's Hearing Screened* for more information about hearing screenings.)

**Remember, the hearing screening is only the first step.** If the screening reveals that your baby may have hearing loss, the next step is to schedule an appointment for a follow-up examination with an audiologist (aw-dee-AH-luh-jist) before your baby is 3 months old. An audiologist is a health professional who conducts a series of tests to determine whether your child has a hearing problem and, if so, the type and severity of that problem.

### Why is a follow-up examination necessary?

A follow-up examination with an audiologist helps in many ways. Audiologists can identify the kind of hearing loss a child has and sometimes the cause. The audiologist also may recommend further medical attention, such as a visit to the otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist). An otolaryngologist is a physician specializing in ear, nose, and throat disorders who can determine the cause of hearing loss as well as possible treatment options. If a hearing problem exists, the audiologist, otolaryngologist, pediatrician, or other professionals who work with your child will direct you to intervention services that can help overcome barriers to communication. For example, you may be referred to a speech-language pathologist or a teacher who is experienced in working with children with hearing loss. You also may learn about special tools to help your child make use of what hearing she or he has as well as tips on how to best communicate with your child.

### When should I have the follow-up examination performed?

If your baby didn't pass the hearing screening, you should schedule a follow-up examination with an audiologist before your child is 3 months old. Ask the hospital or facility staff who conducted your baby's screening to provide you with contact information for one or more certified audiologists. They may be able to help you schedule an appointment. You also can obtain a list of certified audiologists from the American Academy of Audiology at <http://www.audiology.org> or



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the American Speech–Language–Hearing Association at <http://www.asha.org>. If the follow-up examination confirms that your baby has hearing loss, your baby should begin receiving some form of intervention services before he or she is 6 months old.

### How can I help my child succeed if he or she has a hearing loss?

When interventions begin early, children with hearing loss can develop language skills that help them communicate freely and learn actively. There also may be services available in your community to help support your child. For example, the Individuals with Disabilities Education Act ensures that all children with disabilities have access to the services they need to get a good education. In addition, Head Start and Early Head Start are federally funded programs that help young children in low-income families become better equipped to succeed in school.

Talk to and communicate with your child often. Keep informed about available intervention programs, and take part in all decisions regarding your child's progress. Your child's hearing—like your child's overall health—is your responsibility, and you can help in many ways, such as:

- Keeping an appointment for a hearing test.
- Learning sign language or strategies to support better communication.
- Joining a support group.

### What types of intervention services are available?

Many intervention options are available today. When your child uses more than one of these options, he or she has a better chance of understanding what others are saying and of being understood.

- **Hearing devices.** A child with hearing loss can use various tools to communicate with the hearing and nonhearing world. One of the most common tools is

the hearing aid, a device worn in or behind the ear that helps make sounds louder. Hearing aids have improved over the years and can be used for different degrees of hearing loss, from mild to severe, in babies as young as 1 month old. An audiologist can help you choose the best hearing aid for your child and make sure that it fits securely and is properly set. Make sure you consult an audiologist who has experience with the special needs of infants and children. Some audiologists, called pediatric audiologists, specialize in treating children.

If your child has profound hearing loss and won't benefit from a hearing aid, your doctor may suggest a cochlear implant. Cochlear implants can be fitted in children older than 1 year of age. The cochlear implant is an electronic device that converts sounds into electrical signals and carries them past the nonworking part of the inner ear to the brain. With training, children with cochlear implants can learn to recognize sounds and understand speech. Talk with an otolaryngologist who specializes in cochlear implants to determine if the cochlear implant is the right kind of intervention for your child.

- **Language and communication considerations.** Children who are deaf or hard-of-hearing can learn to communicate in a number of ways. Some families of children with hearing loss may choose to communicate using American Sign Language, a distinct language with its own grammar and syntax that uses hand signs and gestures, body movements, and facial expressions to represent words and phrases.

Other families may choose approaches that build upon the English language when communicating. Cued speech combines the natural lip movements of speech with hand shapes representing phonetic sounds, providing additional visual cues so that sounds such as "p" and "b" or "f" and "v" can be distinguished. Other families take an auditory-oral approach. Here, a child uses his or her natural hearing

ability, along with lipreading and hearing devices, to enhance speaking and language skills. Families also may choose to use the auditory-verbal approach, which works to strengthen a child's listening skills. Because language development begins early, you should select the approach you feel is best and interact with your child as much as possible. Ask your audiologist, otolaryngologist, or pediatrician for more information about the choices that are available.

- **Assistive devices.** Some devices can help a person with hearing loss to communicate in certain environments. The personal FM amplifier uses a microphone to convert a classroom teacher's voice into radio waves, which are transmitted to a receiver worn by the child. Special decoders are built into most television sets, and children with hearing loss can also watch almost all televised programming using closed captions. More and more movie theaters across the country offer closed captioning, as well. Induction loop systems can be found in many churches, schools, airports, and auditoriums. Telecommunications relay services, which are available through all telephone companies, enable people with hearing loss to communicate on the phone. They can type in messages on a keyboard and view return messages on a display screen, all through the help of a communications assistant who translates between the two telephone parties.

### **The follow-up exam revealed that my child's hearing is okay, after all. Does that mean we don't need to check his or her hearing again?**

Hearing loss can occur at any time of life. Some inherited forms of hearing loss don't appear until a child is a toddler or enters school, or even later. In addition, illness, ear infection, head injury, certain medications, aging, and exposure to loud noise are all potential causes of hearing loss. For this reason,

it's wise to schedule hearing tests periodically, such as before your child begins school or if he or she shows signs of hearing loss.

### **What should I do if my baby's hearing hasn't been screened yet?**

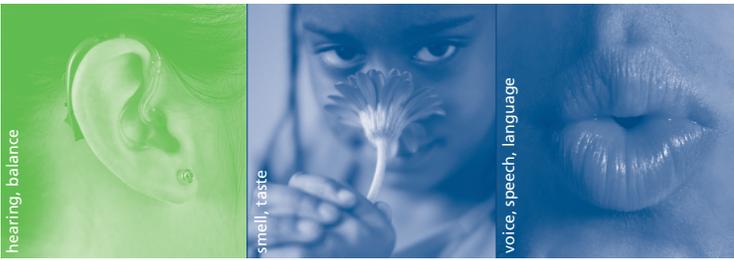
Almost all hospitals and birthing centers throughout the country screen newborns for hearing loss. If you and your baby are already home and you haven't been told the results of the hearing screening, talk to your doctor to make sure the tests were done and you receive the results. If your baby's hearing wasn't screened, ask your doctor how to make an appointment for a screening and then schedule the appointment before your child is 1 month old. Use the checklist on the following page as a guide for scheduling and following up on your baby's hearing screenings. Publications, such as the NIDCD fact sheet *It's Important to Have Your Baby's Hearing Screened*, can provide you with more detailed information about hearing screenings. You also can ask your doctor for written information about the screening process.

### **Where can I get more information?**

The NIDCD maintains a directory of organizations that provide information on the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language. Please see the list of organizations at <http://www.nidcd.nih.gov/directory>.

Use the following keywords to help you search for organizations that can answer questions and provide printed or electronic information on infant hearing screening:

- Newborn hearing screening
- Early identification of hearing loss in children
- Hereditary hearing loss



NIDCD supports and conducts research and research training on the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language and provides health information, based upon scientific discovery, to the public.

For more information, additional addresses and phone numbers, or a printed list of organizations, contact:

### NIDCD Information Clearinghouse

1 Communication Avenue  
Bethesda, MD 20892-3456  
Toll-free Voice: (800) 241-1044  
Toll-free TTY: (800) 241-1055  
Fax: (301) 770-8977  
E-mail: [nidcdinfo@nidcd.nih.gov](mailto:nidcdinfo@nidcd.nih.gov)

## Baby's Hearing Screening Checklist for Parents

Name of baby: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

### By 1 month old:

- Make sure that your baby's hearing has been screened either before you leave the hospital or immediately afterward. If your baby's hearing has been screened, find out the results. If it hasn't, schedule a screening before your baby is 1 month old.

### By 3 months old:

- If your baby didn't pass the hearing screening, schedule a follow-up appointment with a certified audiologist immediately. Ask your doctor for a list of certified audiologists in your area. Your doctor may be able to help you schedule an appointment. Or find a list of audiologists in your area by visiting the American Academy of Audiology at <http://www.audiology.org> or the American Speech–Language–Hearing Association at <http://www.asha.org>.
- If you must cancel the follow-up appointment, reschedule! **Make sure you take your baby to a follow-up examination before she or he is 3 months old.**

### By 6 months old:

- Start your baby in some form of intervention before he or she is 6 months old. Intervention can include hearing devices, such as hearing aids or cochlear implants; communication methods, including oral approaches such as lipreading or manual approaches such as American Sign Language; or a combination of options, including assistive devices. Ask your pediatrician, otolaryngologist, or speech-language pathologist about available options. Find a list of otolaryngologists in your area by visiting the American Academy of Otolaryngology–Head and Neck Surgery website at <http://www.entnet.org>. Find a speech-language pathologist at the American Speech–Language–Hearing Association website at <http://www.asha.org>.

### Ongoing:

- Remain active and involved in your child's progress.
- If you move, make sure that your child's doctors and specialists have your new address.
- Even if your child passed the follow-up examination, schedule hearing tests periodically, such as before your child begins school or if he or she shows signs of hearing loss.

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For more information, contact:

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The NIDCD Information Clearinghouse is a service of the National Institute on Deafness and Other Communication Disorders, National Institutes of Health, U.S. Department of Health and Human Services.