Newborn Hearing Screening

Today, the vast majority of newborns receive a hearing screening before being discharged from the hospital. Two types of objective test technologies are used to screen for hearing loss in newborns: otoacoustic emissions and the auditory brainstem response (sometimes called ABR test or BAER test). These screening tests can detect 80–90% of infants with moderate degrees of hearing loss and greater. However, no screening test is perfect. Children with mild hearing loss may pass newborn hearing screening. Newborn hearing screening cannot identify children with late onset or progressive types of hearing loss.

Even when an infant passes a hearing screening test in the hospital, it is important to monitor developmental milestones for hearing, language and speech. If your child was born with visual, cognitive or motor disabilities, a comprehensive audiological evaluation would be important to ensure your child’s hearing is completely normal.

Universal Newborn Hearing Screening

The goal of Universal Newborn Hearing Screening (UNHS) is for every baby born to have their hearing screened at birth. At birth means that babies in the nursery or intensive care unit have their hearing screened before leaving the hospital. Babies who are not born in the hospital and babies born at small hospitals are referred to a local center for screening. Not all countries have screening facilities so if you are unsure, you can contact the local department of health to find out where you can get your baby’s hearing screened checked.

Screening Process

Hearing screening is a process that may include the initial screening, re-screening, and referral. Results of the hearing screening are usually referred to as “Pass” or “Refer”. If your baby gets a “Pass”, that is the end of the newborn hearing screening process. If your baby gets a “Refer” that means that your baby needs follow-up. A “Refer” does not mean that your baby has a hearing loss. Follow-up procedures may include a re-screen prior to a referral for additional testing. The process is a little different for healthy babies in a well nursery than it is for babies who are in the neonatal intensive care unit.

Well Baby Nursery

Hearing screening is done soon after your baby is born. The hearing screen may be done by a nurse or by other trained personnel. If your baby is healthy the hearing screening is often completed within the first 24 hours.

Neonatal Intensive Care Unit (NICU)

An audiologist or another specially trained person performs the hearing screening in the NICU. Babies in the NICU have an increased chance of having a hearing loss.
**Hearing Re-screens**

Babies who get a “Refer” on the initial screening test may be re-screened before leaving the hospital or as an outpatient. The hearing re-screen may be done a few hours later in the well baby nursery, or a few days later in the neonatal intensive care unit. Babies who “Pass” the re-screen have completed the process. Babies who get a “Refer” on the hearing re-screen are referred for additional testing. A “Refer” on a re-screen doesn’t mean that your baby has a hearing loss. It does mean that it is extremely important to follow-up with the referral for additional testing. You will want to find out for sure whether or not your baby has a hearing loss. It is not worth leaving it up to chance.

**Referrals**

Babies may be referred for diagnostic testing following the initial hearing screening or after a re-screen. Diagnostic tests provide more information than a screening test. Diagnostic tests take longer to complete. They are usually completed at an audiology clinic specializing in testing babies. Diagnostic hearing tests are easier to complete on a newborn baby than on a six or nine month old. If you are given a referral for a diagnostic hearing test, take your baby as soon as possible.

**Hearing Screening Results**

The hearing screening results are sent to your doctor. The results of the hearing screening are also sent to the organisation that oversees the newborn screening program.

Phonak acknowledges the permission and assistance of the following organizations for their expertise in this portion of our website:
- The Better Hearing Institute (http://www.betterhearing.org)
- The Infant Hearing Guide (Arkansas Children’s Hospital Audiology Department, University of Arkansas for Medical Sciences)