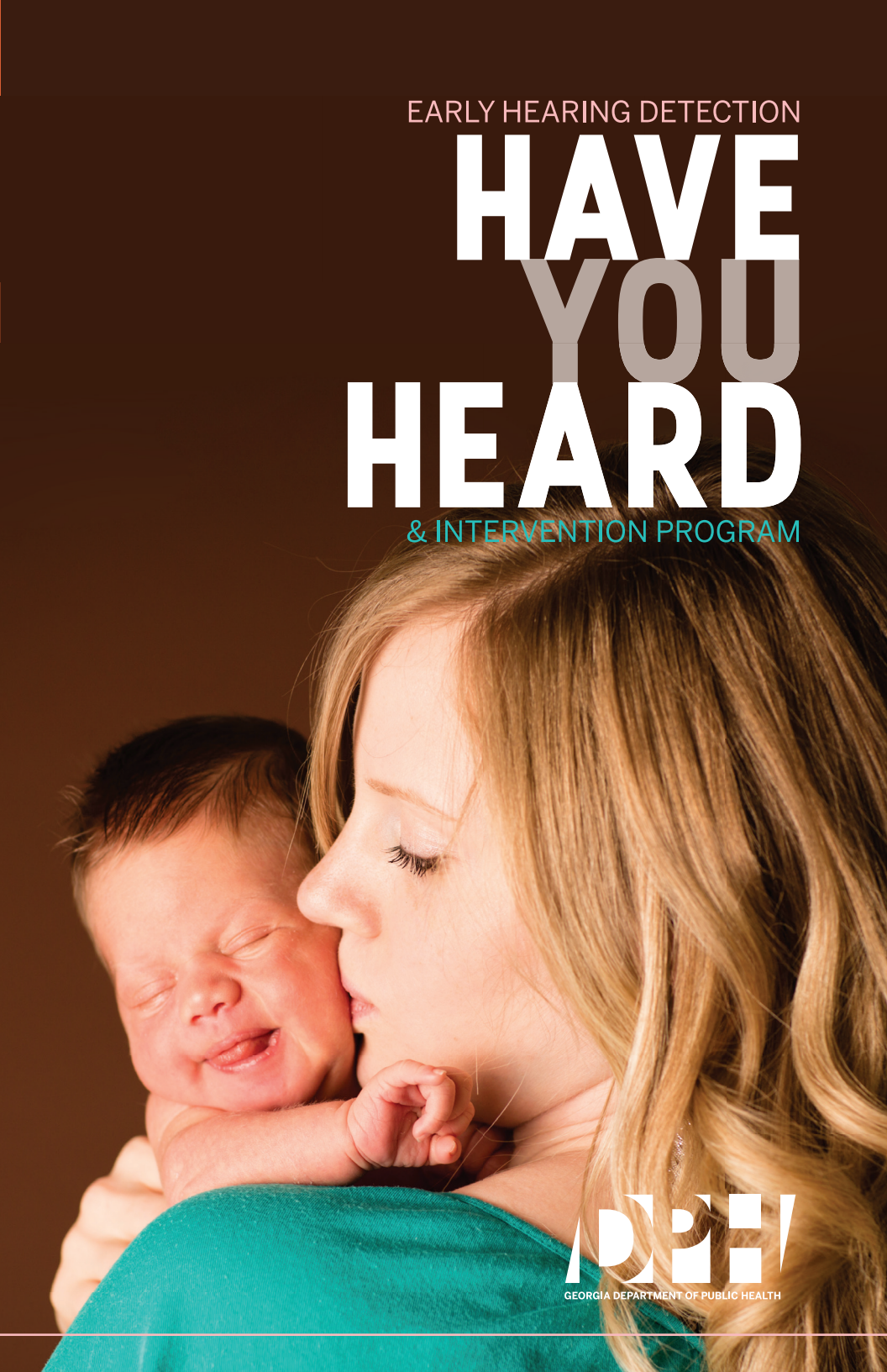
EARLY HEARING DETECTION

HAVE YOU HEARD

& INTERVENTION PROGRAM



GEORGIA DEPARTMENT OF PUBLIC HEALTH

APPROXIMATELY

3 OUT OF EVERY 1,000 BABIES ARE BORN WITH HEARING LOSS

The sooner you act, the better the outcome.
Be sure to have your newborn's hearing **checked before leaving the hospital**.

RISK FACTORS

There are many risk factors for hearing loss. Risk factors include prematurity, if your baby was in the neonatal intensive care unit (NICU), family history of hearing loss, certain illnesses, medications and ear infections. Hearing can be lost or damaged at any age; therefore, repeat testing may be necessary. If you have concerns about your baby's hearing, talk to your doctor as soon as possible.

4 GOOD REASONS

WHY YOU SHOULD HAVE YOUR BABY'S HEARING TESTED

MORE THAN HALF OF BABIES BORN WITH HEARING PROBLEMS ARE OTHERWISE HEALTHY + HAVE NO FAMILY HISTORY OF HEARING LOSS.

Screening for hearing loss as early as possible is important for your baby because:

- Early screening allows for early treatment, if hearing loss is detected
- Early treatment can provide earlier sound stimulation for your baby's brain

SOME BABIES DO NOT PASS THE HEARING SCREENING.

There are many reasons why your baby may not "pass." If this happens, a follow up test must be done to find out if your baby has hearing loss. It is important that you follow the recommendations given by your hospital screening staff, audiologist, and/or physician.

Your local EHDI Coordinator will work with your newborn's pediatrician and audiologist to ensure that proper follow-up testing takes place.

INFANT HEARING SCREENING IS SAFE.

There are two types of hearing screening for infants:

- AUTOMATED AUDITORY BRAINSTEM RESPONCE **(ABR)** tests the baby's ability to hear soft sounds through earphones. Sensors are placed on the baby's skin, which measure responses to sound at the level of the brainstem.
- OTOACOUSTIC EMISSIONS **(OAE)** measures an "echo" response to sound from the ear directly.

Both tests are safe and your baby may sleep quietly through both types of hearing screenings.

EARLY IDENTIFICATION AND TREATMENT IS THE KEY TO SUCCESS.

Hearing sounds help a baby learn to talk and communicate. The first months and years of a child's life provide the foundation for later learning. Early detection of hearing loss and early intervention can help your baby develop to their full potential. Private and public programs are available to help a baby with hearing loss.

EHDI CARE MAP

EARLY HEARING DETECTION + INTERVENTION

BIRTH

HOSPITAL-BASED INPATIENT SCREENING RESULTS — DATE

Technology:	☐ OAE	☐ ABR	
Left Ear:	☐ Incomplete	☐ Refer*	☐ Pass
Right Ear:	☐ Incomplete	☐ Refer*	☐ Pass

BEFORE 1 MONTH

OUTPATIENT SCREENING RESULTS (IF INCOMPLETE OR REFERRED HOSPITAL SCREENING) — DATE

Technology:	☐ OAE	☐ ABR	
Left Ear:	☐ Incomplete	☐ Refer*	☐ Pass
Right Ear:	☐ Incomplete	☐ Refer*	☐ Pass

*In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologist. Likewise, infants at higher risk for hearing loss, or loss to follow may be referred directly to Pediatric Audiologic Evaluation.

BEFORE 3 MONTHS

☐ PEDIATRIC DIAGNOSTIC AUDIOLOGY EVALUATION (IF REFERRED OUTPATIENT SCREENING) — DATE

Left Ear:	☐ Normal	☐ Hearing Loss	☐ Incomplete
Right Ear:	☐ Normal	☐ Hearing Loss	☐ Incomplete

☐ DOCUMENTED CHILD + FAMILY AUDITORY HISTORY — DATE

☐ REFER TO CHILDREN 1ST FOR EARLY INTERVENTION PROGRAM — DATE

☐ IF DIAGNOSED WITH HEARING LOSS

- ☐ Medical + Ontologic Evaluations — DATE
  - •To recommend treatment + provide clearance for hearing aid fitting
- ☐ Hearing aid fitting + monitoring by a Pediatric Audiologist — DATE
  - •If needed, including information on loaner hearing aids

BEFORE 6 MONTHS

☐ ENROLLMENT IN HEARING INTERVENTION PROGRAM

MEDICAL EVALUATIONS

- ☐ Ophthalmologic (annually) DATE
- ☐ Genetic — DATE
- ☐ Developmental pediatrics, neurology, cardiology + nephrology — DATE

☐ Ongoing Pediatric Audiologic Services

SOURCE: American Academy of Pediatrics and the National Center for Hearing Assessment and Management (NCHAM), Utah State University™.

A CHILD WITH NORMAL HEARING WILL:

2 MONTHS

Startle to a sound
Quiet to a familiar voice
Make vowel sounds like "ohh" + "ahh"

4 MONTHS

Looks for sounds with eyes
Starts babbling
Squeals, whimpers + chuckles

6 MONTHS

Turn head toward sound
Mimics speech sounds
Babbles "ba-ba," "ma-ma," "da-da"

9 MONTHS

Imitate speech sounds
Knows "no-no" or "bye-bye"
Turns head toward soft sounds

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If you have concerns about your baby's hearing or language development, **talk to your doctor as soon as possible.**

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May **2025**