

Newborn infant hearing screening program

Newborn infant hearing screening programs are designed to identify hearing loss in infants shortly after birth. These screening tests are not compulsory, but should hearing loss be identified early intervention is beneficial. Most hearing screening tests are done prior to discharge from the hospital.

Significant hearing loss is the most common disorder at birth. Approximately 1%-2% of newborns are affected. It has been recommended that hearing loss in infants be identified, and when possible treated, prior to 6 months of age. This recommendation is based on studies that have shown that children identified with hearing loss prior to 6 months of age have a better chance of developing skills equivalent to their peers by the time they enter kindergarten. Children not identified until later (for example, it is very common to first identify hearing impaired children at age 2 to 3 years) may ultimately suffer from irreversible and permanent impairments in speech, language, and cognitive abilities when compared to their peers.

Should a baby fails the screening tests, he or she will be referred for more detailed, diagnostic hearing testing.

For an example of a baby identified with hearing loss at birth can be found at <http://www.health24.com/Medical/Hearing-management/Hearing-in-children/exclusive-cape-baby-is-the-youngest-in-sa-to-get-cochlear-implants-20160111>

Hearing in infants can be tested using two different methods: the auditory brainstem response (ABR) evaluations or the otoacoustic emission (OAE) measures. Both tests are accurate and non-invasive and do not require any observable response from the infant. For a screening tool, both methods are extremely effective, but the OAE is generally used in our hospitals.

Certain newborns are at known to be at increased risk for hearing loss. This group included infants whose mothers suffered from illness during pregnancy, those who had a family history of hearing loss, or those who were exposed to drugs known to affect hearing, low birth weight and/or prematurity, or oxygen deprivation or breathing difficulties at birth; severe jaundice with high bilirubin levels and syndromes associated with hearing loss; or abnormal head or face structures. In these instances we or the audiologist may advise you on a more detailed test.