



Have You Heard?

Early Hearing Detection
and
Intervention Program



Four good reasons you should have your baby's hearing tested:

1 Approximately three out of every 1,000 babies are born each year with hearing loss.

More than half of babies born with hearing problems are otherwise healthy and have no family history of hearing loss.

If your baby has a hearing loss, you can still help your baby develop language skills. The sooner you act, the better the outcome.

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

- Early screening allows for early treatment, if hearing loss is detected

2 Some babies do not pass the hearing screening.

There are many reasons why your baby may not "pass" the hearing screening. 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. The Georgia Department of Public Health follows up with families whose babies do not pass the hearing screening.

3 Infant hearing screening is safe.

There are two types of hearing screening for infants:

- Automated Auditory Brainstem Response (AABR) tests the baby's ability to hear soft sounds through earphones. Sensors are placed on the baby's skin, which measures 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.

4 Early identification and treatment is the key to success.

Language (sign and/or spoken) helps your baby's brain grow. Access and early exposure to language provide the foundation for later learning. Infants with hearing loss can develop to their full potential if they are identified early and enroll in intervention. For more information, call the Powerline at **800-822-2539**.

Early Hearing Detection and Intervention (EHDI) Care Map

Birth	Hospital-based Inpatient Screening Results DATE: ___ / ___ / ___ Technology: <input type="checkbox"/> aOAE <input type="checkbox"/> aABR Left ear: <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass
Before 1 month	Outpatient Screening Results (if incomplete or referred hospital screening) DATE: ___ / ___ / ___ Technology: <input type="checkbox"/> aOAE <input type="checkbox"/> aABR Left ear: <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass
Before 3 months	<input type="checkbox"/> Pediatric Diagnostic Audiology Evaluation (if referred outpatient screening) DATE: ___ / ___ / ___ Left Ear <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Hearing Loss Right Ear: <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Documented child and family auditory history ___ / ___ / ___ <input type="checkbox"/> Refer to Children 1st for early intervention program ___ / ___ / ___ <input type="checkbox"/> If diagnosed with hearing loss: <input type="checkbox"/> Medical & Otologic Evaluations -To recommend treatment and provide clearance for hearing aid fitting ___ / ___ / ___ <input type="checkbox"/> Hearing aid fitting and monitoring by a Pediatric Audiologist -If needed, including information on loaner hearing aids ___ / ___ / ___
Before 6 months	<input type="checkbox"/> Enrollment in hearing intervention program DATE: ___ / ___ / ___ Medical Evaluations to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annually) ___ / ___ / ___ <input type="checkbox"/> Genetic ___ / ___ / ___ <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) ___ / ___ / ___ <input type="checkbox"/> Ongoing Pediatric Audiology Services

The Georgia Department of Public Health follows up with families whose babies do not pass the hearing screening.

oOAE = Automated Otoacoustic Emissions

aABR = Automated Auditory Brainstem Response

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

Language Milestones for Your Baby:

Around two months of age:

- Startle to a sound
- Quiet to a familiar voice
- Make vowel sounds like “ohh” and “ahh”

Around four months of age:

- Looks for sounds with eyes
- Start babbling
- Use a variety of voice sounds such as squeals, whimpers, and chuckles

Around six months of age:

- Turn head towards sound
- Begins to imitate speech sounds
- Babbles (“ba-ba,” “ma-ma,” “da-da”)

Around nine months of age:

- Imitate speech sounds
- Understands “no-no” or “bye-bye”
- Turns head towards soft sounds

Around twelve months of age:

- Correctly use “ma-ma” or “da-da”
- Hand over toy when asked
- Respond to singing or music
- Locate sound at all levels



Risk Factors

There are many risk factors for hearing loss. Risk factors include prematurity, time spent in the special care nursery, family history of hearing loss, certain illnesses and ear infections.

Hearing loss can happen at any age; therefore, repeat testing may be necessary.

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

If your baby does not have a doctor, call your local health department or the Powerline for a referral at: **800-822-2539**.

Website:

dph.georgia.gov/EHDI



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