

Scripts for Primary Care Providers When Communicating Newborn Hearing Screening Results to Parents/Families

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Basic tenets when using the scripts:

1. In order to meet the 1 – 3 – 6 Early Hearing Detection and Intervention (EHDI) national goals:
 - The newborn hearing screening process should be completed prior to one month of age. This can often be accomplished by 2 weeks of age. For a baby that needs follow-up from the newborn hearing screening process, time is of the essence.
 - Diagnosis of hearing loss should occur prior to 3 months of age. Prior to 3 months of age, a skilled pediatric audiologist can often complete the diagnosis during natural sleep.
 - Babies identified with hearing loss should be enrolled in an early intervention program prior to 6 months of age to allow families to make appropriate choices regarding their child’s language and communication development.
2. Accomplishing these goals within this timeframe is critical for ensuring that “on time” development occurs. A delay in this process should be considered a “developmental emergency”.
3. Pediatric audiologist refers to an audiologist that is skilled at testing infants and young children with Auditory Brainstem Response (ABR) equipment using both tone burst and bone conduction and should meet certain objective requirements:
 - It should not be assumed that general ENT and audiology practices have audiologists with the necessary skills and equipment to adequately diagnose hearing loss in newborns.
 - Unfortunately, many healthcare providers make the assumption that if a baby fails the newborn hearing screen, a referral to an ENT is the appropriate next step. Following this referral sequence can only lead to a delay in the diagnosis of hearing loss.
 - After the newborn hearing screening process, if a baby needs follow-up, the next step should always be a referral to a pediatric audiologist who will be able to determine if fluid exists, and whether a sensory and/or neural hearing loss is present.
 - Local and national resources are available to provide assistance in identifying appropriate audiology resources

Do you know the results of your patient's newborn hearing screen?

Scenario: Passed Inpatient Screen (well baby)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and passed.
- This means the screening indicated that your baby's hearing is functioning normally; however, hearing can change at any time.
- We will continue to monitor your baby's development, however, if at any time you have concerns about your baby's hearing, contact my office immediately so we can discuss your concerns.

Scenario: Failed Inpatient screen (well baby)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and did not pass.
- We can't know if your baby's hearing is normal until further testing is completed.
- It is critical that we find out if sound is getting to your baby's brain in order for speech and language development to occur. Development begins as soon as babies are born. If your baby has a hearing loss that goes undetected, he/she may be delayed in their development and may never catch up with children their own age.
- Even a minimal hearing loss or hearing loss in one ear can prevent normal development of speech and language skills.
- If an appointment has been scheduled for an outpatient screening, please be sure to keep the appointment. The younger your baby is, the more likely he/she will sleep for the appointment. This can help the screening go smoother.
- If you do not have an appointment scheduled, my office can assist you in scheduling one.
- If at the appointment, your baby does not pass the repeat screening, contact my office immediately so we can review the results and discuss next steps.
- If you have any questions or concerns, contact my office.

Scenario: Failed Inpatient screen and parent believes their baby hears and doesn't need follow-up

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and did not pass.
- It is critical that we find out if sound is getting to your baby's brain in order for speech and language development to occur. Development begins as soon as babies are born. If your baby has a hearing loss that goes undetected, your baby can be delayed in their development and may never catch up with children their own age.

- Although your baby might be responding to some sounds, it does not mean he/she can hear all of the sounds that are critical for development of speech and language. Even a minimal hearing loss or hearing loss in one ear can negatively impact development.
- The equipment used to screen a baby's hearing is highly reliable. It is the only way to rule out the possibility of hearing loss.
- If the hospital has scheduled an appointment for your baby to come back for further screening, please make sure you keep the appointment. If you do not have an appointment scheduled, my office can assist you in scheduling one
- If at the appointment, your baby does not pass the screening, contact my office immediately so we can review the results and discuss next steps.
- If you have any questions or concerns, contact my office.

Scenario: Passed Inpatient Screen (High Risk, in the NICU for more than 5 days)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and passed.
- Your baby has the following risk factors, which means that even though he/she passed the screening, there is a greater likelihood that a hearing loss can develop after the newborn period.
- It is important that your baby gets established with a pediatric audiologist who can monitor his/her hearing. We will need to schedule this appointment some time between 6 and 9 months of age (depending on the risk factor).
- Until that time we will also continue to monitor your baby's development. If at any time you have concerns about your baby's hearing, contact my office immediately because if a hearing loss develops, knowing as early as possible is critical for your child's "on time" (or normal) development.

Scenario: Failed Inpatient Screen (High Risk, in the NICU for more than 5 days)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and did not pass.
- Because your baby had medical problems at birth, there is a greater likelihood that a hearing loss exists.
- The next step is to schedule an appointment immediately with a pediatric audiologist, who can conduct a diagnostic ABR (Auditory Brainstem Response) study. The timing of this test is critical for the following reasons:
 - Babies start to develop speech and language as soon as they are born. If a hearing loss exists, you need know right away so you can make important decisions about how your baby will learn language and how to communicate. This is critical for "on time" development.
 - A diagnostic ABR is a detailed study of how your child hears. It must be conducted while your baby is asleep. If your child is 3 months of age or younger, a skilled audiologist may be able to conduct this test during your

baby's natural sleep. Babies older than 3 months may need to be sedated.

- If the results of your baby diagnostic ABR is normal, the audiologist will recommend that your baby's hearing continue to be monitored. We will need to be in contact to make sure this happens on a periodic basis.
- Although your baby may have several other medical appointments, it is very important that you keep this appointment because if a hearing loss is diagnosed early, there are a lot of successful options and interventions that can be discussed.
- My office will assist you with the appropriate referral and with scheduling this appointment.

Scenario: Passed Inpatient Screen (Low Risk, in the NICU for less than 5 days with a risk factor)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and passed.
- Your baby has the following risk factors, which means that even though he/she passed the screening, there is a greater likelihood that a hearing loss can develop after the newborn period.
- It is recommended that your baby receive diagnostic testing with a *pediatric audiologist at 2 years of age.
- Until that time we will also continue to closely monitor your baby's speech and language development. If at any time you have concerns about your baby's hearing, contact my office immediately because if hearing loss does develop, knowing as early as possible is critical for your child's "on time" (or normal) development.

Scenario: Failed Inpatient Screen (Low Risk, in the NICU for less than 5 days with a risk factor)

Key Messages:

- While in the hospital, your baby received a newborn hearing screening and did not pass.
- We won't know if your baby's hearing is normal until further testing is completed.
- It is critical that we find out if sound is getting to your baby's brain in order for speech and language development to occur. Development begins as soon as babies are born. If your baby has a hearing loss that goes undetected, your baby can be delayed in their development and may never catch up with children their own age.
- If an appointment has been scheduled for an outpatient screening, please be sure to keep the appointment.
- If you do not have an appointment scheduled, my office can assist you in scheduling one.

- Your baby also has the following risk factor(s), which means that there is a greater likelihood that a hearing loss exists or that a hearing loss can develop after the newborn period.
- Because your baby has a risk factor, even if your baby passes the follow-up screening, it is recommended that you're his/her hearing is evaluated at 2 years of age by a pediatric audiologist. If at any time you have concerns about your baby's hearing, contact my office immediately because if hearing loss does develop, we need to find out as early as possible so it doesn't interfere with your child's development.
- If at the appointment, your baby does not pass the repeat screening, contact my office immediately so we can review the results and discuss next steps.
- If you have any questions or concerns, contact my office.

Scenario: Parent Refused Screening (these messages can also be applied to a parent refusing the outpatient screening)

Key Messages:

- Although you chose not to have your baby's hearing screened while in the hospital I would like to provide you with some information about the importance of the newborn hearing screening and why it's done.
- We need to find out if sound is getting to your baby's brain in order for normal speech and language development to occur. Babies start to develop speech and language as soon as they are born. If your baby has a hearing loss that goes undetected, your baby can be delayed in their development and may never catch up with children their own age.
- Hearing loss is invisible. You can't tell in the early months of your child's life whether hearing is normal. Even a minimal hearing loss can have damaging effects on their development.
- This valuable information supports parents of children identified with hearing loss in making important decisions about their child's development, for example speech and language and/or how they will communicate.
- Hopefully, you will re-consider and get your baby's hearing screened.
- If there are financial reasons for this, there may be resources that can provide assistance with the cost of the screen.
- If you do change your mind, my office will be happy to help you in scheduling an appointment.

Scenario: Failed the Inpatient and Outpatient Screening and have fluid in their ears at the time of the "well baby" visit.

Key Messages:

- Your baby did not pass the newborn hearing screening.
- I've examined your baby's ears and your baby has some fluid behind his/her eardrum(s). This may have caused the failed screen but it's also possible that a more significant or permanent hearing loss also exists.
- The next step is to find out immediately, by scheduling your baby with a pediatric audiologist, for a diagnostic ABR, which is a detailed study of how your

child hears. It must be conducted while your baby is asleep. If your child is 3 months of age or younger, a skilled audiologist may be able to conduct this test during your baby's natural sleep. Babies older than 3 months may need to be sedated.

- The pediatric audiologist can conduct this test even though fluid behind the eardrum exists.
- Fluid often clears up on its own; sometimes it can take several weeks or months for this to happen. We will schedule another appointment to check the status of the fluid and to review the diagnostic ABR results and recommendations provided by the audiologist.

The following references provide support and guidance on the proper sequence for referring babies who fail the newborn hearing screen. In addition, most state Early Hearing Detection and Intervention (EHDI) programs provide resource lists of pediatric audiologist to assist providers in making appropriate referrals.

1. Joint Committee on Infant Hearing. (2007). Year 2007 position statement: Principles and guidelines for Early Hearing Detection and Intervention Programs. *Pediatrics*, 120(4), 898-921.
2. American Speech-Language-Hearing Association. (2004). *Guidelines for the audiologic assessment of children from birth to 5 years of age*. Retrieved September 22, 2009, from <http://www.asha.org/docs/html/GL2004-00002.html>