

## Hearing loss in both ears

If a baby has a hearing loss in both ears (bilateral hearing loss), the development of speech and language may be delayed.

Recent studies indicate that deaf and hearing-impaired children do much better if they can receive speech and language support at a very early age.

## Hearing loss in one ear

If a baby has a hearing loss in one ear and normal hearing in the other (unilateral loss), speech and language development can occur normally.

However, children with a unilateral loss can experience some difficulty in:

- understanding speech when there is other background noise
- locating where a sound is coming from.

It is important that you are aware of these problems when parenting your child.



## For more information on:

- **your results or the follow-up test,** contact your birth hospital:

Contact details

- **the development of normal hearing,** contact your local Community Child Health Nurse.

See inside your baby's purple 'All About Me' book (page 8), in the phone directory under 'Child Health Centres' or [www.health.wa.gov.au](http://www.health.wa.gov.au)

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# Your newborn baby's hearing screen result





*Office use only*

- First test
- Follow-up test

Screen results for baby: \_\_\_\_\_

Screener: \_\_\_\_\_

Date: \_\_\_\_\_

Left ear: \_\_\_\_\_

Right ear: \_\_\_\_\_

Screened by Automated Auditory Brainstem Response (AABR)

The newborn hearing screen gives an indication of how your baby hears in each ear at the time of the screen.

### What does it mean if your baby has 'PASSED' the newborn hearing screen?

A 'pass' indicates that at the time of the screen, your baby hears at a level that will enable him/her to develop normal speech and language skills.

A few rare causes of hearing loss are not picked up by the common methods of hearing screening. In some other conditions, your baby's hearing may be normal at birth but gradually deteriorate over time.

Your child should have regular hearing tests (every six months) by an audiologist if he/she has any of the following risk factors:

- A strong family history of permanent hearing loss from a young age.
- A congenital infection such as Cytomegalovirus, Toxoplasmosis, Rubella, Herpes or Syphilis.
- Some syndromes, such as Down syndrome (see your GP for further information).

Other problems such as serious infections or repeated ear infections can also affect your child's hearing at any stage.

### What if your baby has a 'REFER' result at the first newborn hearing screen?

A 'refer' result requires the hearing screen to be repeated within a few weeks. It does not necessarily mean that your baby has a hearing problem.

The initial screen result can be affected by:

- the presence of fluid or other matter that has entered the ear canal during the birth process
- temporary middle ear fluid
- the area where the screen takes place being too noisy or your baby being too restless.

As it is very hard to tell how well a young baby can hear by watching his/her behaviour, it is important that the hearing screen is repeated.

### What if your baby has a 'REFER' result at the follow-up newborn hearing screen?

If a pass result is not obtained in both ears at the follow-up screen, your baby will be referred to a paediatric audiologist to test if your baby has a hearing problem.

- If your baby does not pass the follow-up hearing screen in both ears, the audiologist will see your baby as soon as possible.
- If your baby passes the hearing screen in only one ear, the audiologist will see your baby at about 2-3 months of age, or sooner if possible.

The audiologist will conduct a comprehensive hearing assessment. If there is a hearing problem, the tests will also show whether it is likely to be temporary or permanent and your child will receive appropriate intervention/management.

