

HEAR WV

The West Virginia Early Hearing Detection and Intervention Project



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Maternal, Child and Family Health Bureau,
Health Resources and Services Administration
and the
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Why Should My Infant's Hearing Be Tested?

Statistics show that between four-six newborns per 1,000 have some degree of sensory hearing loss. Although these statistics indicate that it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible. A Newborn Hearing Screen test is now required by law in the state of West Virginia.

Your child's most important learning will take place between birth and three years of age. In the first three years of life, the child learns how to communicate, first to understand what other people say, and then to talk himself. To do this, your baby must have good hearing. A baby can have a hearing loss for any number of reasons. The loss can be hereditary or caused by conditions that develop while the mother is pregnant or after the baby is born. The loss

can be in one ear or in both ears. It can be mild or severe or in between. Some losses can be corrected with medicine or surgery. Other losses are permanent. The child with a permanent loss will need special help, like hearing aids and speech and language therapy. Those children who have hearing problems but do not get special help may have problems learning to talk. Later they may have problems with behavior, school work, and learning job skills.

How Is The Test Performed?

There are two types of equipment used to evaluate babies' hearing. Your baby may have one or both of these tests. In the first test, Otoacoustic Emissions (OAE), your baby will hear a series of clicks through a small ear plug. A computer measures the echoes that return from the ear. The test is done when your baby is quiet and should be finished in a matter of minutes.

The second type of test is an Auditory Brainstem Response test (ABR). In this method, the baby hears a series of clicks through small headphones and the screener measures your baby's response to the sound. Both of these tests are very safe and will not hurt your baby.

The results of the test will be reviewed with you and sent to your baby's primary care provider.

What If My Baby Does Not Pass The Hearing Screening?

If your baby does not pass the first screening test (which is not unusual), the screener will attempt to repeat the test before your baby goes home or you will be contacted by the baby's doctor to arrange a repeat test. It is fairly common for babies to be checked a second time. If, for some reason, your baby's hearing screening is not done at the hospital, you will be contacted by a Right From The Start representative and/or the baby's doctor to schedule an appointment for your baby to be screened.

If your baby does not pass a screening exam, the primary care provider caring for the baby and the personnel from Right From the Start Program will be in contact with you to schedule diagnostic hearing testing for your infant.

The screening and the follow-up for children requiring diagnostic work-up is paid for by some insurances and Medicaid. Additional assistance may be provided through the Children With Special Health Care Needs Program.

For more information, call:

*Office of Maternal, Child and Family Health
1-800-642-8522*

WVDHHR/BPH/OMCFH/PWH/HEAR WV/07-01

Activities for Parents

- Talk to your baby from birth!
- Talk about what you are doing and what is going on around him/her. Use your hands or gestures and other means of visual communication. Speak in short simple sentences. Don't "baby talk".
- During the first years of life, imitate your child's sounds.
- Give sound-making toys to your child.
- Read to your child using bright colorful picture books. Involve your child in reading the story.
- Sing to your child.
- Play with your child. Use "peek-a-boo," "pattycake," and fingerplays.
- Involve your child in household activities.
- Make speaking and listening fun!

Baby's Hearing Checklist

-STAGES IN HEARING DEVELOPMENT-

The following checklist will give you some general guidelines to help you detect a hearing problem early.

- | | |
|--------------|--|
| 0 - 3 months | <input type="checkbox"/> startles to a sudden loud sound |
| | <input type="checkbox"/> soothes or calms to your voice |
| 3-6 months | <input type="checkbox"/> turns head or moves eyes to find a familiar voice |
| | <input type="checkbox"/> plays at making noises and sounds |
| 6-10 months | <input type="checkbox"/> responds to his/her own name |
| | <input type="checkbox"/> begins to understand common words like "no" and "bye-bye" |
| 10-15 months | <input type="checkbox"/> repeats simple words and sounds that you make |
| | <input type="checkbox"/> points or reaches for familiar objects |
| 18 months | <input type="checkbox"/> follows simple, spoken directions |
| | <input type="checkbox"/> regularly uses 7 or more understandable words |
| 24 months | <input type="checkbox"/> understands you when you call from another room |
| | <input type="checkbox"/> points to body parts when asked |
| | <input type="checkbox"/> begins to speak in 2 word combinations like "Mommy more!" |

If you are concerned about your child's hearing, call your primary care provider or call the Office of Maternal, Child and Family Health at 1-800-642-8522.