9. What are some signs that indicate my baby has normal hearing?

A. A normal hearing baby should be able to do at:

0-3 months:

- Respond to very loud sounds such as a bang. The child may blink, wake up or start crying in response to such loud sounds.

3-6 months:

- The child should be able to recognise the mother's voice and turn his head towards her voice.
- He should be showing interest in new sounds.
- He should turn towards the source of a sound.

6-9 months:

- The child should start making babbling sounds by this age.
- He will show interest in squeaky toys.

9-12 months:

- The child will start responding to his/her name.
- She/he will understand small words such as 'come', 'bye' etc.

12-18 months:

- Starts imitating small words like mama, papa…
- Tries to imitate words that he/she hears

18-24 months:

- Respond to instructions like: 'Touch your nose', 'Show your tummy' etc.
- Will start speaking small 2-3 word sentences

In case there is delay in achieving any of the milestone, bring the child for a Hearing test.

Newborn Hearing Screening

Frequently asked questions

Sound Hearing 2030

Society for Sound Hearing

www.soundhearing2030.org

FAQs
About Newborn Hearing Screening

1. What causes hearing loss in young children?

A. Hearing loss can be present at birth, or it may develop later in life. Some causes for the hearing loss in newborn are:

- Family history of deafness
- Fever with rashes in the mother during early pregnancy
- Lack of oxygen at time of birth
- Low birth weight of the baby
- Severe Jaundice following birth
- Meningitis or other severe illness following birth
- Use of medications that can harm hearing in the baby

However, hearing loss can occur even without any of the above mentioned causes.

2. What are the different types of hearing loss?

A. There are basically two types of hearing loss.

A conductive hearing loss, which means there is a problem with the mechanism that conducts sound from the environment to the inner ear. Conductive hearing loss can often be corrected by medication or surgery, and if not, the child usually does very well with a hearing aid.

A sensorineural or nerve hearing loss indicates damage to the inner ear or auditory nerve. Presently, there is no medical remedy for it. However, a child may benefit from such treatments as a hearing aid, cochlear implant and educational and communication therapies.

3. Why is newborn hearing screening important?

A. Out of every 1000 children born, there may be 2 or 3 such children who cannot hear properly. Because there are no visual indicators, most hearing-impaired children who are not screened at birth are not identified until between 1½ and 3 years of age - well beyond the critical period for healthy speech and language development.

However, with the help of newborn hearing screening, a hearing-impaired child can be identified and treated early. It has been shown by various studies that in such a case the child will most likely develop language, speech and social skills comparable to his or her normal-hearing peers and thus avoid a lifetime of hearing-loss related disabilities.

4. If I do not have a family history of hearing loss, should my baby be screened?

A. Yes. 90% of hearing-impaired babies are born to normal-hearing parents and 50% may not have any risk factors at all (e.g. family history, problems during pregnancy and delivery).

5. How is my baby's hearing tested?

A. In normal-hearing people, sounds collected by the outer ear travel through the middle ear to the inner ear where they become electrical signals that are sent to and processed by the brain. The hearing of a child can be tested through a simple machine called the OAE (Otoacoustic emissions) machine.

6. What is the OAE test?

A. OAE measures whether parts of the ear respond properly to sound. During the test, a plastic probe containing both a transmitter and a microphone is inserted into the infant's ear. The transmitter sends sounds down into the inner ear and the microphone picks up the vibrations the hair cells make in response. In normal-hearing persons, the ear "echos" sounds, and this "echo" can be detected by the OAE test.

7. Will the test cause my baby discomfort?

A. No. The probe of the machine is placed just inside the ear canal of the child. It is very soft and comes in many sizes (according to the baby size), it does not cause any discomfort in the child. The test can also be done when the child is asleep.

8. What does it mean if my baby does not pass the screen?

A. The result 'REFER'; indicates that there is a need to check the hearing again, as a clear response could not be obtained during the first test. Test cannot be performed in noisy environment, when the child's ear canal is blocked and s/he is restless.

9. **What Next?**

A. In case the child has a 'Refer' result, he will be called back for Resting by OAE again.

If he fails the second test, he will need a 'BERA' test (Brainstem Evoked Response Audiometry).

If OAE results show Refer, Please bring your baby on the given date for a retest. It's a MUST