

Maine Newborn Hearing Program Information for Families

High Risk Factors for Childhood Hearing Loss

Most babies born in Maine are given a simple hearing screening when they are a newborn in the hospital. The result of the hearing screening at the hospital shows how a baby was hearing on that day. Some babies who have a normal hearing screening at birth are found to have some risk factors for developing hearing loss later.

It is important to know about any hearing loss as soon as possible in order to get the extra help needed for language and communication development. Research shows that the first three years of a child's life are very important in the development of speech and language.

Some things that could make a baby have a higher risk of developing hearing loss in early childhood are the following:

- Family History of Childhood Hearing Loss
- Some infections during the mother's pregnancy
- Abnormalities of the head or face (for example, cleft lip and palate or abnormal ears)
- Very Low birth weight (less than 3 pounds at birth)
- Hyperbilirubinemia (severe jaundice)
- Bacterial meningitis (a severe infection of the tissue covering the brain or spinal cord)
- Certain medications given to the newborn to fight severe infections (such as Gentamycin and others)
- Certain disorders that are likely to have hearing loss as part of the disorder
- Being admitted to a Neonatal Intensive Care Unit for more than two days
- Low Oxygen during birth
- Being on a infant breathing machine for more than five days

If an infant or child has a high risk factor, it does not always mean that the child will develop a hearing loss. It means that the doctors and parents should watch carefully for any signs of hearing loss that has developed during the early years of childhood.

Doctors and other experts recommend that children with high risk factors for hearing loss have their hearing checked by an audiologist every six months until three years of age.

A referral from your child's healthcare provider is needed in order to get an appointment with an audiologist. Please talk your child's healthcare provider to find out more.

Maine law established the Maine Newborn Hearing Program in 2000. The purpose of the program is to enable children, their families and caregivers to obtain information about newborn hearing screening. The program is authorized to establish a system of tracking and follow-up for infants and children who have hearing loss.

Department of Health and Human Services
Maine CDC, Division of Family Health
Maine Newborn Hearing Program
11 State House Station, Augusta, Maine 04333-0011
(207) 287-6879 OR 1-800-698-3624 (voice)
1-800-606-0215 (TTY)



**NO BABY IS TOO YOUNG
FOR A HEARING TEST...
ASK YOUR PROVIDER**

**MAINE NEWBORN
HEARING PROGRAM**



AUDIOLOGY FOLLOW-UP EVALUATION

Usually, a doctor must refer your child to an audiologist in order for audiology testing to be performed. Below are some of the tests and measurements that an audiologist can do to find out more about your child's hearing.

Depending on the age of your child, some tests may or may not be performed. An audiologist who has experience with infants and children knows which tests to perform according to the age of the child at the time of the testing.

- **Child and Family History:** The audiologist asks questions to find out more about the child, the parents, and other relatives and any hearing loss.
- **Physical Exam:** A complete examination of the child's physical appearance helps the audiologist know if the child has any medical conditions that could be associated with hearing loss.
- **Otoscopic Exam:** A simple test where a lighted tool called an otoscope is used to look inside the ear canal and see the eardrum. This exam can help find out if there are any infection or fluid in the child's middle ear.
- **Middle Ear Measures:** A test called Tympanometry helps the audiologist know how well the child's middle ear is working. A small, soft probe is placed at the opening of the child's ear canal and a tiny puff of air is pumped in and out to see how well the eardrum moves.
- **Inner Ear Measure:** A test called Evoked Otoacoustic Emissions helps the audiologist know more about the inner ear and cochlea. In this test, a small, soft probe containing a microphone and a receiver is placed in the child's ear canal. The microphone makes sounds and the sounds reflected back from the cochlea are recorded and measured by a computer.
- **Behavioral Response:** In this examination, a child is placed in a sound-proof room called a sound booth. Different sounds are sent into the booth and the audiologist observes the child's response, such as turning the head or startling. Older children who can understand simple requests may be asked to do something after they hear a sound or they may be asked to repeat sounds or words if they are able to talk.

PAYMENT FOR FOLLOW-UP TESTING

Private Insurance: If you have questions about insurance coverage for audiology testing, please be sure to check with your insurance company or with the audiologist before your appointment. It is important to know that many insurance plans require a referral from the regular doctor before the cost of testing is covered.

MaineCare covers the cost of audiological evaluation services for eligible children. To find out if your child is eligible and for enrollment information, contact:

Department of Health & Human Services, MaineCare Program
Statewide Toll Free 1-800-977-6740 (voice) OR 1-800-977-6741 (TTY)

Child Development Service System (CDS) : Children enrolled in the CDS System may qualify for assistance. For more information and to find your local CDS Agency contact:

Central Office, Augusta (207)624-6660 (voice) OR 1-888-577-6690 (TTY)

The Children with Special Health Needs Program (CSHN): Part of the Maine CDC, the CSHN Program may help cover the cost of the testing for eligible children. To find out if your child is eligible and for enrollment information, contact:

(207) 287-5139 OR Statewide Toll Free 1-800-698-3624 (voice)
Statewide Toll Free 1-800-606-0215 (TTY)