

Tips for a Successful Screening

Here are some practical tips to make OAE infant hearing screening go as smoothly as possible and lower false refer rates. *No children in the NICU should be screened using OAE.*

- 1. Find a quiet room in which to test. Noisy heating and cooling systems, people talking, telephones ringing, and crying babies can make testing unnecessarily challenging. Avoid waking them up during a ride down the hall. Sometimes an empty patient room is sufficient.
- 2. The test room with the screening system and baby should be in close proximity. Have your cleaning supplies, extra tips, electrodes and head phones (AABR only), etc., readily available. It may be helpful to dim the lights.
- 3. Wait until the baby is at least
 24 hours old, if possible.
 Birthing debris clogging the ear canal can result in a higher number of referrals. The longer you wait, the greater your chances are for a successful screen.
- 4. If possible, screen while the baby is asleep. It is possible to test a baby when it's awake, but this may slow down the test time, and increase your frustration level. If a baby is breathing rapidly in an alert state and is actively sucking on a pacifier, the baby's internal noise level can interfere with the responses you're trying to measure.

- 5. Swaddle the baby snugly. When doing only an OAE screening, you may also want to turn the baby on its side. Place a rolled towel along its back for support.
- 6. Place the probe tip deeply and firmly into the baby's ear canal. A deep, snug probe fit often is the key to obtaining a good test. Pull back on the ear with one hand, while inserting the probe with the other hand. Comfort the baby by putting pressure on the shoulder after placing the probe into the ear canal. Place the electrodes and earphone covers as you were instructed (for AABR screening only).
- 7. Massage the ear if you suspect significant birthing debris in the ear canal. Move your index finger in a circular motion just in front of the ear canal. (Think of it as a zip-lock baggy stuck together with peanut butter and you're pulling it apart.)
- 8. If your first screening session is not successful, try again before the baby goes home.



Tips for Successful Communication with Parents

1. Provide newborn hearing screening educational materials in the prenatal period.

Many parents who received educational materials while in the hospital felt they did not have the time or energy to study them.

- 2. Tell parents about the newborn hearing screening and why it is important. By law, hospitals are not required to receive permission to perform the newborn hearing screening; it is a standard of care. However, it is still best practice to tell parents about the screening and why it is important.
- 3. Provide written and verbal explanations of the newborn hearing screening results. lowa law requires that you report the results of the hearing screening to

- the parents in writing. It is also just as important to discuss the results with them. This gives parents the opportunity to ask questions and draws attention to the written information you have provided.
- 4. Provide information about speech and language developmental milestones and a resource for parents to consult if they have concerns about their child's hearing in the future.

 The lowa EHDI brochure provides speech and language milestones on the back page. This is a good way to inform

parents of what to expect as their children

grow.

What NOT to Tell Parents

- 1. "Fluid in the ear caused the baby to fail the hearing screen." It may be the reason, but we don't know that for sure and it minimizes the importance of returning for the follow up.
- 2. "This happens all the time, don't worry." This minimizes the importance of returning for the follow up.
- 3. "The equipment wasn't working right." This suggests that we are not able to keep the equipment in working order.

4. "The baby was too fussy and I couldn't get a good test."
This suggests that you are not very

good at doing what you need to do to get a baby tested.

5. "Your baby has a hearing loss."

This is only a screening, meaning that we need to test the baby again. The only thing we know for sure is that baby didn't pass at this time.

