

# Hearing Screening – Facts & Misconceptions

Hearing loss is one of the most common congenital anomalies, occurring in approximately 2-4 infants per 1000 – often enough to justify legislation for universal hearing screening programs across the United States. Prior to implementation of universal newborn screening, testing was conducted only on infants who met the criteria of the high-risk register (HRR). However, given that as many as 50% of infants born with hearing loss have no known risk factors, the HRR was insufficient. Reliable screening tests that minimize referral rates and maximize sensitivity and specificity are now readily available.

Early identification and intervention can prevent severe psychosocial, educational, and linguistic repercussions. Infants who are not identified before 6 months of age have delays in speech and language development. Intervention at or before 6 months of age allows a child with impaired hearing to develop normal speech and language, alongside his or her hearing peers. Universal newborn hearing screening is essential to the normal speech and language development in the large number of infants born with hearing loss in the United States each year.

## Common Misconceptions Held by the Public and the Clinical Facts

Misconception	Clinical Fact
Parents will know if their child has a hearing loss by the time their child is 2-3 months of age.	Prior to the universal screening, the average age at which children were found to have a hearing loss is 2-3 years. Children with mild-to-moderate hearing loss were often not identified until 4 years of age.
Parents can identify a hearing loss by clapping their hands behind the child's head.	Children can compensate for a hearing loss. They use visual cues, such as shadows or parental expressions and reactions, or they may feel the breeze caused by the motion of the hands.
The HRR is all that is needed to identify children with hearing loss.	The HRR misses approximately 50% of all children with hearing loss.
Hearing loss does not occur often enough to justify the use of universal screening programs.	Hearing loss affects approximately 2-4 per 1000 live births, and it has been estimated to be one of the most common congenital anomalies.
Tests are not reliable and cause too many infants to be referred to specialists.	Referral rates are as low as 5-7%.
There is no rush to identify a hearing loss. The loss does not need to be identified until a child is aged 2-3 years.	Children identified when they are older than 6 months can have speech and language delays. Children identified when they are younger than 6 months do not have these delays and are equal to their hearing peers in terms of speech and language.
Children younger than 12 months cannot be fitted with hearing aids.	Children as young as 1 month of age can be fit with and benefit from hearing aids.

