



My baby passed the hearing screen at birth, but has a risk indicator. What should I do next?

If your baby has one or more risk indicators, talk to your baby's doctor about providing a referral to a pediatric audiologist. Follow-up hearing testing by a pediatric audiologist is recommended no later than 9 months of age and, depending on your baby's risk indicator, he or she may need to have their hearing tested as soon as possible (usually within the first 1-3 months).

What is Cytomegalovirus (CMV)?

Cytomegalovirus is the most common viral infection and the leading non-genetic cause of hearing loss in infants born in the United States. CMV infection is harmless to most people. However, when contracted during pregnancy, CMV can cause symptoms in a baby including hearing loss and developmental disabilities.

When a newborn is exposed to CMV infection (either during pregnancy or soon after birth), it is strongly recommended that the child be tested for CMV.

Here's what you need to know: 1) The test is painless and is done using a baby's urine or saliva. 2) Babies should be tested for CMV in the first 21 days of life. 3) You can ask your baby's pediatrician about screening for CMV.

For more information visit the National CMV Foundation at www.NationalCMV.org and the Centers for Disease Control and Prevention (CDC) at www.CDC.gov/CMV

What are some other infections that might cause hearing loss?

Congenital toxoplasmosis, syphilis, rubella, and the herpes simplex virus (HSV) are infections that include risk for late-onset or progressive hearing. Although hearing loss is less common than with congenital CMV, it is important to closely monitor your baby's hearing.

What if my baby received NICU care for over 5 days, but has no other risk indicators?

In most cases, babies that receive care in the NICU will receive a hearing screen before leaving the hospital. Due to the special care needed for your baby after birth, your baby's doctor will monitor your baby's need for further hearing testing after you go home.

HEARING MILESTONES

Communication starts the moment your baby is born! Babies learn language by listening and watching. Even though babies are individuals who may reach milestones at different ages, here are some good things to watch for in your baby's first year.

BIRTH - 3 MONTHS

- Blinks or jumps at loud sounds.
- Turns head toward sounds (left and right).
- Quiets, smiles, or is soothed by soft sounds.
- Makes sounds like ohh and ahh.

4 - 6 MONTHS

- Looks for sounds with eyes.
- Responds to your voice, even when you are out of sight.
- Enjoys toys that make sounds.
- Uses variety of sounds and squeals.
- Starts babbling baba, mama, gaga.

6 MONTHS - 1 YEAR

- Turns head toward loud sounds (left and right).
- Responds to his or her name.
- Responds to singing and music.
- Begins to imitate speech sounds.
- Understands the words no or bye-bye.

DOWNLOAD THE CDC'S FREE MILESTONE TRACKER APP

Add a Child - Add a photo and enter personalized information about your child or multiple children.

Milestone Tracker - Track your child's developmental progress by looking for important milestones using an interactive, illustrated checklist.

Checklists Adjust for Prematurity - Updated functionality uses corrected age external icons for babies born prematurely.

Milestone Photos and Videos - Know what each milestone looks like so you can better identify these in your own child.

Tips and Activities - Support your child's development at every age.

When to Act Early - Know when it's time to act early and talk with your child's doctor about developmental concerns.

Appointments - Keep track of your child's doctors' appointments and get reminders about recommended developmental screenings.

Milestone Summary - Get a summary of your child's milestones to view and share with or email to your child's doctor and other important care providers.

HELP YOUR CHILD GROW AND THRIVE!



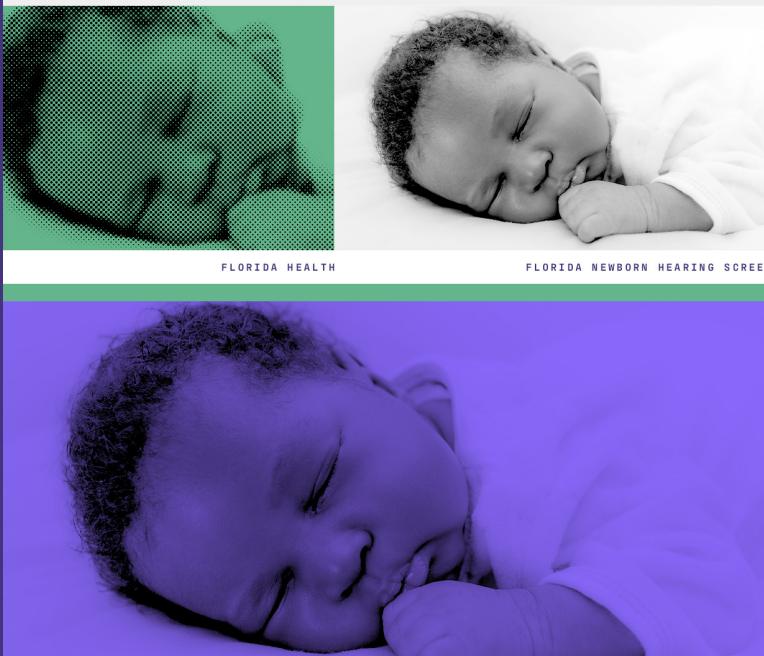


RISK INDICATORS FOR HEARING LOSS

Even if your baby passes the hearing screening in the hospital, it's a good idea to consider whether he or she has any other risk indicators for hearing loss. Ask yourself the questions below. If the answer to one or more of these is "Yes," then mention them to your baby's pediatrician. Your baby's doctor can continue to monitor your child for signs of delayed-onset hearing loss (loss that occurs later) or progressive hearing loss and can refer you to specialists if needed.

- Does your child have a family history of permanent childhood hearing loss?
- Did your child weigh less than 1,500 grams (3.3 pounds) at birth?
- Did your child stay in the neonatal intensive care unit (NICU) longer than 5 days?
- Were your child's lungs supported with an ECMO (extracorporeal membrane oxygenation) machine at any point during a NICU stay?
- Did your child require assisted ventilation at any point during a NICU stay?
- Was your child exposed to certain medications during a NICU stay, such as those used to treat cancer or severe infections? These might include gentamicin, tobramycin, or furosemide (a.k.a. Lasix) – ask child's doctor for a list of administered medications.
- Did your child require a blood transfusion to treat severe jaundice (hyperbilirubinemia)?
- Was your child exposed to any of the following infections during pregnancy: cytomegalovirus (cCMV), herpes, rubella, syphilis, and/or toxoplasmosis?

- Is your child's head, face, or ear(s) shaped or formed in a different way than usual? Examples might include a cleft palate, ear pits, and/or ear tags (skin tags).
- Does your child live with a syndrome associated with hearing loss or delayed-onset hearing loss, such as neurofibromatosis, osteopetrosis and Usher syndrome?
- Has your child experienced a head injury severe enough to require a hospital stay?
- Has your baby contracted meningitis, an infection around the brain and spinal cord?



Even if your baby does not have any of the risk indicators for hearing loss listed above, always report any concerns you have regarding your baby's hearing, speech, language, or developmental delay to your baby's doctor. After all, you know your child best and you are baby's best advocate.



CAN MY CHILD PASS THE NEWBORN HEARING SCREENING AND STILL HAVE HEARING LOSS?

Hospital hearing screenings are a crucial part of a newborn's first few days of life. These tests are reliable, and most children pass in both ears.

However, even with passing hearing results, there may be a need for a little extra monitoring or testing if your baby has other risk indicators for hearing loss. These might include certain medical conditions, family history, exposure to specific medications, or specific NICU experiences.