

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 loss. Although hearing loss is less common than with congenital CMV, it is important to closely monitor your baby’s hearing.



FLORIDA HEALTH

FLORIDA NEWBORN HEARING SCREENING

My baby passed the newborn hearing screening after discharge, but I am still worried about hearing loss because my baby has risk indicators. What should I do?

If your baby has risk indicators and passed the newborn hearing screening while in the hospital or after discharge (went home), be sure to ask you baby’s doctor for a referral to a pediatric audiologist for further testing to closely monitor your baby’s hearing.

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

Ask yourself the questions below. If the answer to one or more of these is yes, then mention the indicators to your baby’s doctor. 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 the 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 (CMV), 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? Examples such as: neurofibromatosis, osteopetrosis and Usher syndrome?
- Has your child experienced a head injury severe enough to require a hospital stay?
- Has your child 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, 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 your baby’s best advocate.

What is Cytomegalovirus (CMV)?

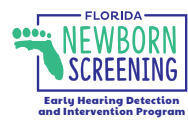
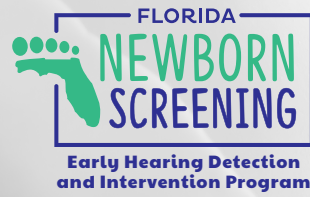
CMV is the most common viral infection and the leading non-genetic cause of hearing loss in infants born in the United States. CMV is spread from one person to another, usually by direct or prolonged contact with bodily fluids, including saliva, urine, and breast milk. A CMV infection causes cold-like symptoms that are 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 contracts CMV prior to birth, it is known as a congenital CMV infection. This is the type of CMV that is most likely to cause hearing loss and developmental delay, so babies should be tested for CMV in the first 21 days of life.

Here’s what you need to know: 1) 1 in every 200 babies are born with congenital CMV each year. 2) About 1 in every 5 children born with congenital CMV infection will have long-term health effects, including hearing loss. 3) The test is painless and is done using a baby’s urine or saliva.

If your baby has tested positive for congenital CMV, talk to your baby’s doctor about next steps, including the need for follow-up hearing testing with a pediatric audiologist. It is very important that a doctor monitors your child’s hearing for some time, as hearing loss can develop later or even worsen into the teen years.

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



CAN YOU TELL
WHICH CHILD HAS
HEARING LOSS?



My baby did not pass the final
newborn hearing screening at birth.
What happens next?

The next step is to schedule a follow-up hearing test appointment when your baby has been discharged from the hospital, ask baby’s pediatrician for an audiology referral at your baby’s very first visit. It’s important to schedule follow-up hearing testing as soon as possible.