

## Sound Beginnings

### Early Screening Means Early Detection.

Three of every one thousand Arkansas newborns will come into this world with significant hearing loss. And for most, there are no known signs or risk factors for the condition. That's why the **Healthy Hearing** program was developed.

Our goals for babies born in Arkansas are:

- ❖ To screen all newborn's hearing before they leave the hospital
- ❖ To re-test those who do not pass the first screen before one month of age
- ❖ To confirm hearing loss by diagnostic audiologic testing before three months of age
- ❖ To receive appropriate early intervention services before six months of age

Because there are few outward signs of hearing loss in newborns, if left untested, infants with hearing loss may not be identified until they are as old as three years. Infants with undiagnosed hearing difficulties are at serious risk of lagging behind in developing the good speech and language skills they will need to succeed in school and in life. And the longer they go without treatment, the greater the risk of long-term hearing loss.

### Healthy Hearing Starts Now.

If your infant did not pass the hearing screen, a follow-up test before three months of age is critical. If a hearing loss is present, there are many treatment options, when started before six months of age, that can help make sure your infant has a lifetime of healthy hearing.

Your baby's hearing is important. Call the **Healthy Hearing** program at the Arkansas Department of Health, 1-800-235-0002 or visit [www.HealthyArkansas.com](http://www.HealthyArkansas.com) for more information.

## A Special Note to Physicians

### Follow-Up is Key.

The Center for Disease Control (CDC), National Institute of Health, the Joint Committee on Infant Hearing and the American Academy of Pediatrics (AAP) endorse universal newborn hearing screening before hospital discharge, diagnostic evaluation by three months of age and initiation of appropriate intervention services by six months of age. When one of your patients receives a negative hearing screening result, we urge you to follow-up with families to ensure they get a diagnostic evaluation and intervention services if needed.

If you or your staff want more information about the Early Hearing Detection and Intervention Program, intervention options or convenient access to research findings, data and answers to commonly asked questions, visit the CDC website [www.cdc.gov/ncbddd/ehdi](http://www.cdc.gov/ncbddd/ehdi) and the AAP website [www.aap.org/profed.html](http://www.aap.org/profed.html).



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# Healthy Hearing.



It Means the World  
to Your Infant.

## Can You Really Test an Infant's Hearing?

Yes, and the tests are very reliable. Arkansas is one of 35 states whose legislatures have required that every newborn receive a hearing screening before leaving the birth hospital. There are two widely used screening methods that are highly reliable and painless. One is called Otoacoustic Emissions (OAE),

the other is Auditory Brainstem Response (ABR). In both methods, a soft sound is played into the baby's ear through a tiny, specially designed earphone. A machine then measures the baby's response to the sound.

In many cases, babies don't even awaken while they're being tested.



## The Cost is Minimal, the Results are Priceless.

Newborn hearing screening is fast; it takes only minutes to administer. It is a painless process that can be done while your baby is sleeping. Often times family health insurance covers the cost of newborn screening and testing.



## Information is Plentiful and Easy to Get.

The *Infant Hearing Resource Guide*, an important guide for Arkansas families whose infants or toddlers have been diagnosed with hearing loss, is available from the Arkansas Department of Health. You'll find information about state and national support organizations, service clubs and financial assistance options in this free, informative booklet. The booklet also covers terminology, communication choices, how to deal with emotions and information about hearing and hearing loss. Call 1-800-235-0002 for more information.

## Hearing, Speech and Language Milestones

Some of the things most children will do at different ages:

### Birth to 3 Months

- ❖ Quiets to familiar voices or words
- ❖ Reacts to loud sounds, baby startles, blinks, stops sucking, cries or wakes up
- ❖ Makes soft sounds when awake, baby gurgles

### 3 to 6 Months

- ❖ Turns eyes or head toward sounds, voices, noise-making toys, dog barking
- ❖ Starts to make speech-like sounds "ga," "ooh"
- ❖ Reacts to a change in your tone of voice



### 6 to 9 Months

- ❖ Responds to own name and looks when called
- ❖ Understands simple words: "no," "bye-bye," "juice"
- ❖ Babbles, "da da da," "ma ma ma," "ba ba ba"

### 9 to 12 Months

- ❖ Responds to both soft and loud sounds
- ❖ Repeats single words and imitates animal sounds
- ❖ Points to favorite toys or foods when asked

### 12 to 18 Months

- ❖ Uses 10 or more words
- ❖ Follows simple spoken directions, "get the ball"
- ❖ Points to people, body parts or toys when asked
- ❖ "Bounces" to music

### 18 to 24 Months

- ❖ Uses 20 or more words
- ❖ Combines two or more words: "more juice," "what's that?"
- ❖ Uses many different consonant sounds at beginnings of words: b, g, m
- ❖ Listens to simple stories and songs

### 2 to 3 Years

- ❖ Uses two to three word sentences
- ❖ At two years, people can understand what the child says some of the time (25% - 50%)
- ❖ At three years, people can understand what the child says most of the time (50% - 75%)
- ❖ Follows two-step instructions, "get the ball and put it on the table"