

New Mexico Newborn Hearing Screening Program

Definitions - Glossary of Terms

Auditory Brainstem Response (A-ABR): A fully automated hearing screen that provides an objective "pass" or "refer" (fail) outcome. New Mexico birthing hospitals provide this type of hearing screen for newborns.

Audiogram: A graph on which a person's ability to hear different pitches (frequencies) at different volumes (intensities) of sound is recorded.

Audiologist: A person who holds a degree in audiology and is a specialist in hearing loss and testing hearing.

Debris: Anything found in a newborn's ear canal following birth such as fluid or vernix (white, cheesy substance that covers and protects the skin of a fetus).

Diagnostic ABR: The ABR is a hearing test used to diagnose a hearing loss that evaluates the infant's nervous system's response to sound.

Early Intervention (EI): A statewide program of services and supports designed to assist families in helping their children who have, or are at risk for, developmental delays and disabilities. New Mexico's early intervention program is called the Family Infant Toddler (FIT) Program. Statewide early intervention services specific to children with hearing loss and their families is provided by the NMSD Early Intervention and Involvement Division.

EHDI: National acronym used to describe the Early Hearing Detection and Intervention program in each state. New Mexico's State EHDI programs oversees newborn hearing screening, tracks hospital and outpatient hearing screening results, tracks diagnostic hearing testing results, and provides follow-up support and referral to early intervention services.

EHDI Follow-Up: New Mexico's State EHDI Program provides support for newborns who:

- "refer" (do not pass) their newborn hearing screen in one or both ears,
- are discharged without a hearing screen,
- have risk factors for hearing loss

This support is designed to assure that these infants receive an outpatient hearing rescreen or a diagnostic audiological evaluation. Infants with diagnosed hearing loss are referred to the NMSD Early Intervention and Involvement Division.

ENT: A medical doctor who specializes in the ears, nose and throat. Also referred to as an otologist or an otolaryngologist.

Fail: Term used when a newborn "does not pass" the newborn hearing screen in one or both ears. This does not mean the infant has a permanent hearing loss. Newborns who fail their newborn hearing screen must be referred for a rescreen or an audiological evaluation.

Full Diagnostic Audiologic Testing: A variety of different hearing tests used to diagnose hearing loss and determine the type, degree and configuration of the hearing loss.

Hearing Loss: A loss of hearing that can be any type or degree. Hearing loss in infants must be identified as early as possible to prevent or minimize the impact on a child's communication, language, cognitive and social-emotional development.

Hearing Screening: An objective screening method used to identify infants who may have hearing loss and who need rescreening or more in-depth hearing testing.

Incomplete Result: The initial hearing screening result or the rescreening result does not provide a conclusive "pass" or "refer" (fail) outcome. This may be due to broken equipment, debris in the ear canal, infant awake and moving about, etc.

Infant: A child ages 30 days to 12 months.

JCIH: Joint Committee on Infant Hearing. A national committee formed from professional organizations that include the American Academy of Audiology, the American Speech-Language-Hearing Association, the Alexander Graham Bell Association for the Deaf and Hard of Hearing, the Council on Education of the Deaf, etc. The committee develops Position Statements and Guidelines to support Early Hearing Detection and Intervention (EHDI) Programs.

Loss to Follow-Up: An infant needs hearing screening or follow-up hearing testing but the Newborn Hearing Screening Program cannot locate the child's parents or primary care physician.

Medical Home: The health care professional who cares for the infant and provides coordinated care when needed. A referral from the infant's health care professional is required for most outpatient hearing rescreens or audiological testing.

Miss: A newborn that does not receive an initial hearing screen.

Myogenic Noise: Noise that comes from muscles when they contract. A newborn that is moving or sucking during the hearing screen can cause interference that prevents the screener from getting accurate screening results. This may result in a "refer" (fail) result.

Newborn: A baby age 0 to 29 days old.

Otoacoustic Emissions (OAEs): A screening method that measures sounds made by the sensory cells in a healthy ear that can be recorded from the ear canal.

Ototoxic Medications: Medications that can cause hearing loss.

Outpatient Hearing Rescreen: Newborns who "refer" (fail) their initial hearing screen(s) must be referred by their physician for an outpatient hearing rescreen at the birthing hospital (if available), or by an audiologist. Some physicians have OAE screening capability in their office. Infants who "refer" (fail) their outpatient hearing rescreen must be referred by their physician for a complete audiological evaluation by an audiologist experience in testing infants.

Pass: Infant "passes" an objective hearing screen which indicates the infant is low risk for hearing loss and does not need audiological testing. A "pass" means the infant has met the hearing screen criteria but it does not guarantee that the infant has normal hearing.

Pediatric Audiologist: An audiologist with the knowledge, skills and ability to provide hearing evaluations for infants and young children.

Refer. Child “does not pass” (fails) the hearing screen.

Risk Factors for Hearing Loss: Conditions that could cause hearing loss. The hearing loss may not be present at birth but may occur later. Infants with risk factors for hearing loss require monitoring by their physician. These infants should receive a frequency specific Auditory Brainstem Response (ABR) hearing test from an audiologist experienced in testing infants by 3 months of age, with ongoing audiological follow-up as recommended by the audiologist.

Screeener. An individual trained to perform automated hearing screening tests (OAE or AABR).

1 - 3 - 6: The national EHDI goals that specify hearing screening should occur by 1 month of age, hearing loss should be diagnosed by 3 months of age, and an infant should be enrolled in early intervention by 6 months of age.