

**EHDI WYOMING**

Wyoming Early Hearing Detection & Intervention



WYOMING  
EARLY  
HEARING  
DETECTION &  
INTERVENTION  
(EHDI)

HOSPITAL NURSERY  
NEWBORN HEARING SCREENING  
MANUAL

Updated April 2025

# Table of Contents

- Introduction ..... 2
- Hearing Screening Legislation ..... 3
- Why Hearing Screening is Important ..... 4
- Hearing Screening and Rescreening..... 5
- Equipment ..... 7
  - Screening Disposables ..... 7
  - Equipment Calibration ..... 8
  - Guidelines for Entering a Child’s Name into the Hearing Screening Equipment..... 8
- Risk Factors ..... 9
- Communicating Hearing Screening Results to the Parents ..... 10
  - Letters ..... 11
  - Guidance and Scripts..... 14
  - Notecards ..... 16
  - Notecard Samples ..... 17
- Commonly Asked Questions and Answers ..... 19
- Informed Consent ..... 20
- Appendix: Failed Rescreening Form ..... 21

## Introduction

The newborn hearing screening work you do is important! The Wyoming Early Hearing Detection and Intervention (EHDI) Program is excited to be working with you as a hospital nursery manager or your designee in charge of conducting newborn hearing screenings.

The Wyoming EHDI Program works to ensure that infants, toddlers and preschoolers with hearing loss are identified as early as possible. When hearing loss is found early, the child and his/her family are given the opportunity to receive timely and appropriate intervention needed in order for the child to develop to his/her full potential. The Wyoming EHDI Program works in collaboration with the Wyoming Department of Health, Behavioral Health Division Early Intervention and Education Programs, and Wyoming's birthing hospitals to provide hearing screenings, audiological evaluations, and follow-up for Wyoming's newborns.

This manual is designed to provide you with the basics on newborn hearing screening in Wyoming. If at any time you should have any questions about the Wyoming EHDI Program or newborn hearing screening, please feel free to contact the Wyoming EHDI office. We can be reached by phone at 307-721-6212 or 307-399-2889 and by email at [sarah.fitzgerald@wyo.gov](mailto:sarah.fitzgerald@wyo.gov).

The Wyoming EHDI staff would like to thank you for your dedication to newborn hearing screening. Your work ensures that Wyoming newborns with hearing loss are identified as early as possible, and receive the critically needed follow-up.

Thank you for all you do for Wyoming babies!

## Hearing Screening Legislation

The State of Wyoming recognizes how important it is to identify children with hearing loss as early as possible. In 1999, the Wyoming Legislature passed “Newborn Hearing Screening” (Wyoming Statute 35-4-801). The legislation requires that all newborn’s hearing must be screened (unless a parent waives) in accordance with accepted medical practices and in the manner prescribed by the Wyoming Department of Health. Screenings must be performed by trained personnel under the supervision of a state-approved audiology consultant; and the hospitals must notify parents and primary care physicians, in writing, if a newborn fails the hearing screening. Newborns failing the first hearing screening must be rescreened within **7-10** days of the initial screening. Diagnostic audiological assessment is recommended for infants who fail one or both ears following the second (**7-10** day) screening.

To view the bill and statute, go to <https://www.wyoleg.gov/stateStatutes/StateStatutes>

## Why Hearing Screening is Important

Most children hear and listen to sounds from birth. They learn to talk by imitating the sounds around them and the voices of their parents and caregivers. But that's not true for all children. In fact, 2-3 out of every 1,000 children in the United States are born with hearing loss. More children will develop hearing loss later during childhood. It is crucial to detect hearing loss as early as possible.

If a hearing loss is left undetected in an infant, it can negatively impact speech and language acquisition, academic achievement, and social and emotional development. If the hearing loss is detected and an appropriate Early Intervention Plan is developed and followed, these negative impacts can be diminished and even eliminated.

Studies have shown that children who are identified with hearing loss and placed into appropriate Early Intervention before they are six months of age are more likely to enter school with age appropriate skills as compared to those children who are identified after six months of age. It is for this reason that the Wyoming EHDI Program exists and is working together with Wyoming Hospitals and many others (i.e. audiologists, Early Intervention Programs) to make sure:

1. Every child has their hearing screening (initial screen and rescreen) completed by **1** month of age.
2. Diagnostic Hearing Evaluations are completed by **3** months of age, if necessary.
3. Early Intervention Plans are in place by **6** months of age, if necessary.

## Hearing Screening and Rescreening



Detecting hearing loss as early as possible is very important. In Wyoming, it is mandated that all infants receive a hearing screening prior to being discharged from the hospital at the time of their birth, unless the parent(s) object to or waive the screening. The Wyoming EHDI Program's goal is to ensure that all children in Wyoming have their hearing screening completed by **1** month of age; if necessary, a hearing evaluation completed by **3** months of age; and an Early Intervention Plan in place by **6** months of age, if necessary. Remember "**1,3,6**"! Wyoming hospitals nursery managers are the 1<sup>st</sup> step in the "**1,3,6**" process and key to helping infants with hearing loss being identified "in time".

To help ensure that children with hearing loss are identified early and referred to the proper Early Intervention services, we ask that you follow these guidelines when screening newborns' hearing:

1. Screen all infants (unless parent(s) have objected and waived [in writing] the screening).
2. Hearing screening must occur prior to the newborn being discharged from the hospital.
3. If possible, screening should be attempted after at least four (4) hours of life.
4. C-section babies: wait at least 24 hours for the first attempt, to allow ear canal debris to clear.
5. Make sure both ears are screened. The Joint Committee on Infant Hearing (JCIH) requires both ears to pass on the same screening attempt in order for the baby's results to be considered a pass. For example, if on a first screening attempt the child "refers" in the left ear and "passes" on the right ear and opposite results are obtained during a second screening attempt (e.g. the left ear passes and the right ear fails) the baby is considered an overall "fail" as a result of those two screening attempts. However, if a third screening is conducted and the results are "pass" for the left and "pass" for the right, then the baby is overall considered a "pass".
6. If the newborn does NOT pass the first screening attempt during their birth admission, it is recommended you wait several hours and then try another "initial" screening again.
7. **Do not** exceed three (3) **initial** hearing screening attempts before hospital discharge at the time of the baby's birth. If the newborn has failed their initial hearing screening after 3 screenings attempts, do NOT screen anymore; you run the risk of obtaining a "false negative".
8. Interview the parent(s) and conduct a chart review to determine if the newborn has risk factors for hearing loss. Discuss any risk factors that are identified and communicate to the parent that the Wyoming EHDI Program will be sending them a letter explaining where to obtain a periodic childhood hearing screenings. See the "**Risk Factor**" section in the handbook for more details (pg. 9).

If an infant fails their initial screening(s), please make sure to follow the guidelines below regarding the rescreening:

The screener or nurse should notify the parent(s), in writing, of the failed screening.

- A rescreening appointment should be made with the parent(s), before the infant leaves the hospital. This appointment date and time should be given to the parent(s), in writing.
- Rescreening should be scheduled **7-10** days after birth.
- If the baby passes the rescreening on both ears, please give the results to the parent and primary care physician, in writing. You may inform the parent(s) of hearing, vision, and developmental screenings available to them at no cost at Child Development Centers in their home communities.
- Refer infants who fail their rescreening to the Wyoming EHDI Program (use the Failed Rescreening form provided in the Appendix) and their primary care physician immediately.
- Collect the parent(s) accurate contact information including an alternate phone number (i.e. grandparent(s) number; work number; extended family member number). Please include this information on the Failed Hearing Rescreening form faxed to the Wyoming EHDI office. (See Appendix)
- Notify the primary care physician, in writing, of infants who have failed their rescreening.
- Provide the parent(s) with resources to get answers to their questions, i.e., Wyoming EHDI office 307-721-6212, [www.wyomingehdi.org](http://www.wyomingehdi.org); Wyoming Hands and Voices, 307-780-6476, [www.wyhandsandvoices.org](http://www.wyhandsandvoices.org).

## Equipment



The Wyoming EHDl Program provides the birthing hospitals in Wyoming with their newborn hearing screening equipment. Equipment is replaced approximately every five years. This replacement schedule may vary depending upon pertinent circumstances. Fees assessed by the Wyoming Department of Health are used to provide the equipment. All hospitals in Wyoming currently use the ALGO® 5 Newborn Hearing Screener, by Natus Medical Incorporated, which utilizes the Automated Auditory Brainstem Response (AABR®) method of screening.

**When and if equipment problems arise, PLEASE call Natus Medical at 1-888-496-2887. Technical assistance is available 24/7. PLEASE do not wait** to call Natus. Natus Technical Assistance provides the best chance of identifying and making a plan for returning the equipment to working order. Repairs or replacement parts and shipping charges will most often be covered by the Wyoming EHDl Program. If funds are needed for repairs, replacement parts or shipping, call the Wyoming EHDl office (307-721-6212 or 307-399-2889) for prior authorization. Do NOT leave the equipment in non-working condition! It is helpful to note the name of the Natus representative with whom you speak and pertinent information regarding the repair plan. Alert your nursery manager of the problems and provide the information resulting from your

communication with Natus technical service to her/him. The pertinent Natus account information is as follows:

<p><b>Hospital account number:</b> (Please ask Natus Technical Service for your hospital’s account number when you call in. Note the number on this page for future reference.)</p>	<p><b>Serial number:</b> Please find this number on your ALGO® equipment, before you call Natus, as they will need this information to proceed. If you are unable to locate the serial number on the equipment, please place the call and the technical assistant will help you locate the number on the equipment.</p>
<p><b>WY EHDl account number:</b> 2739</p>	

## Screening Disposables

The Wyoming EHDl Program also provides the hospitals with individual baby hearing screening disposables/supplies packet which includes: Flexicouplers (disposable earphones) and Jelly Tabs Sensors. Please use one packet per child. The Wyoming EHDl Program sends the supply packets to the hospitals bi-annually in July and January. If your nursery runs out of supply packets, please call the Wyoming EHDl Program immediately at 307-721-6212 or 307-399-2889 to get additional supplies shipped to you. Note: supplies have an expiration date. In order to reduce the number unused/expired supplies, the number of supplies provided is based on the number of annual births at your hospital (from the previous calendar



year). If there is a significant increase or decrease in the number of births at your facility, please notify the Wyoming EHDl Program at 307-721-6212. More supplies will be shipped to your hospital upon request.

### Equipment Calibration

The annual calibration of the Acoustic Transducer Assembly (ATA) cables on the Natus ALGO® 5 hearing screening equipment is necessary in order to ensure an accurate hearing screening sound level. The Wyoming EHDl Program orders and pays for the annual ATA calibration. Newly calibrated cables should arrive at your hospital in September of each year. The old cables do not need to be returned to Natus so please dispose of the old cables when the new calibrated ATA cables have been installed on the ALGO® 5.

(See your hospital’s biomedical engineering department on protocol for disposing of old cables.)

Note: The ALGO® 5 will begin displaying a message that your ATA cables need to be replaced, starting at 90 days before the cables expire. Your equipment will work until the expiration date. Your new cables will arrive before the current one expires.

If you have any questions comments or concerns, please call the Wyoming EHDl Program at 307-721-6212 or 307-399-2889.

### Guidelines for Entering a Child’s Name into the Hearing Screening Equipment

The Wyoming EHDl program is working to ensure every child’s hearing screening is matched with their legal name. When screening a newborn’s hearing, the Wyoming EHDl Program recognizes that, as a screener, you don’t always know what the legal name of the child will be at the time you enter data into the Natus Algo® 5 system. To help the Wyoming EHDl Program correctly match the newborn’s hearing record with the child’s legal name please use the following guidance when entering in a child’s name in the Natus Algo® 5 system. If you are screening twins, please try to get the first names of the child as it helps tremendously in getting the correct hearing screening matched with the child’s legal name. If obtaining their names is not possible, please identify them as Twin A or Twin B. Also, please double check that the names entered have been spelled correctly and the date of birth is correct for the newborn.

<b>Last Name Preferences in this order</b>	<b>First Name Preferences in this order</b>
1) Child’s Legal Last Name	1) Child’s Legal First Name
2) Mother’s Last Name	2) Boy or Girl (to match their Gender)
3) Mother’s Maiden Name	

## Risk Factors

When completing a hearing screening for a newborn, it is required to address the presence of risk factors which may lead to the development of a hearing loss. Typically, three (3) out of 1,000 children are born with a hearing loss. This number triples by the time these newborns enter kindergarten. To help identify the children who may develop “late onset” hearing loss, we ask the individual completing the hearing screen to conduct a chart review and a parent interview to enable them to accurately address the risk factors listed on the ALGO® 5 hearing screening equipment. If you indicate “Yes” for any risk factors listed on the ALGO® 5 hearing screening equipment, please inform the newborn’s family that they will be receiving a letter from the Wyoming EHDI Program when their child is three to six months old. This letter will provide information regarding the marked risk factor(s) for late onset hearing loss and the importance of free, annual hearing screenings at their local Child Development Center.

To guide your identification of childhood risk factors for late onset hearing loss, please use the following information:

1.	<b>Family history of hearing loss</b>	Family history of permanent <i>childhood</i> hearing loss
2.	<b>Syndrome associated with hearing loss</b>	Down Syndrome, Neurofibromatosis, Osteopetrosis, Usher Syndrome, Waardenburg Syndrome, Alport Syndrome, Pendred Syndrome, Jervell and Lange-Nielsen Syndrome, etc.
3.	<b>Perinatal infection</b>	CMV, Herpes, Rubella, Syphilis, and Toxoplasmosis
4.	<b>Bacterial meningitis</b>	Culture-positive postnatal infection
5.	<b>Ototoxic medication for more than five (5) days</b>	Gentamicin, Tobramycin, Viomycin, Vancomycin, Streptomycin
6.	<b>Hyperbilirubinemia</b>	Hyperbilirubinemia that <i>requires an exchange transfusion</i>
7.	<b>Craniofacial anomalies</b>	Malformations of the ears, head, or neck including: cleft palate, ear atresia, any anomalies that involve the pinna, ear canal, ear tags, ear pits, and/or temporal bone anomalies
8.	<b>Low birth weight</b>	less than 3 pounds, 4 ounces or 1,500 grams
9.	<b>Prolonged ventilation</b>	ventilation for 5 or more days
10.	<b>Severe asphyxia at birth</b>	

## Communicating Hearing Screening Results to the Parents

The Wyoming EHDI Program understands that it can be very difficult to tell the parent(s) that their newborn failed the hearing screening. However, we can't stress enough the importance of the manner in which parents are told of a failed hearing screening and the ability to reiterate the "next step" in the process. When a newborn is properly diagnosed and hearing loss is caught early, the child has a much improved opportunity for learning critical language and speech skills. ***The way in which you communicate the result of the hearing screening to the parent(s) will make a big difference on whether or not the parent(s) whose children need rescreening bring their child back to be rescreened. Their decision to return for the screening may impact a child with hearing loss for the rest of their lives.***

The Wyoming EHDI Program is here to help support both you, as a professional, as well as the parents of children with potential hearing loss. Please feel free to contact us if you have any questions, comments, or concerns. Below you will find two letters from parents with children who have hearing loss. The first letter is to you—the hearing screening professional. The second letter is to be provided to the parents whose child has failed their initial screening. In addition, you will find some guidance and scripts which may help you prepare to report the hearing results to the parents. **Remember: it is vital that a child who fails their initial screening is rescreened in 7-10 days and immediately referred for diagnosis if the 7-10 day rescreen is failed in one or both ears.**

## Letters

Dear Nurses and Staff,

My name is Monette McKee and I am writing on behalf of the Wyoming Early Hearing Detection and Intervention (EHDI) Program. As a registered nurse and mother of three children, I have seen firsthand the importance of, both, the newborn hearing screening and the referrals and follow-up information that new parents receive.

As a newborn, my now thirteen-year-old daughter was administered the hearing screening a total of three times. She was unable to pass any of these attempts. The well-meaning nurse and nursery staff convinced me and my husband that she was “fine” and that the hospital’s equipment was somewhat unreliable. The nurse offered me the chance to bring my daughter back to the nursery after discharge to rescreen, but she stressed that it would be at the nursery’s convenience, which, with their busy schedule, would be difficult at best. She also stressed that since my daughter was no longer an inpatient, I would be expected to pay for the screening. This nurse was trying to save me time and money on a screening that she was confident my daughter would most likely pass simply due to equipment malfunction or unreliability.

At the time of my daughter’s birth it was not mandatory for infants to be referred if they failed the hearing screening, and I felt confident that the staff had enough experience with their machine and the hospital policies to give me sound advice. As unfair as it may seem, I looked at the staff as experts on every aspect of newborn behavior and care, just as many parents still do. I was, after all, brand new to parenting, and I was speaking to staff members with many years of experience. So, I took my daughter home with little thought to the fact that she may have hearing loss.

At about twelve months old, my daughter did indeed start a long journey of evaluations by early childhood specialists, physicians, and therapists due to her inability to speak. My daughter, my husband, and I spent many months being frustrated with the varying reports from everyone regarding possible causes, but also with my daughter’s inability to communicate. My daughter’s frustration level was high until she was placed in a wonderful early childhood learning center at approximately eighteen months old. Once there, she learned sign language until we could figure out what was wrong. Then, at about twenty-six months old we were referred to Denver Children’s Hospital where she was diagnosed as having severe to profound hearing loss (deaf).

Since the time of her diagnosis, my daughter has been implanted with a cochlear implant, learned to use her device to hear and speak, and spent countless hours working on the language skills that she did not gain passively as an infant. Although there is no guarantee that her journey would have turned out differently, I do believe that with the prompting of the nursery staff at the time of her birth, my husband and I would have been more aware of the possibility of hearing loss, and we would have been even more proactive in finding ways to help her communicate.

*So, in conclusion, I would ask that you please seriously consider the manner in which the results of the hearing screening are given to new parents. The equipment is now very reliable and should be considered an invaluable tool in early diagnosis. The Wyoming EHDI Program has*

worked hard to pass legislation mandating referrals on all newborns who do not pass the screening, to place updated equipment into Wyoming birthing hospitals, and to spread the message that identifying hearing loss as early as possible is critical to a child's development of normal speech and language. Many parents do not realize that they have the right and obligation to advocate for their child, so please refer those families whose children fail the initial newborn hearing screening (and the repeat hearing screening **7-10** days later) to a pediatric audiologist and please stress the importance of a follow-up. We, as nurses, can of course never make a diagnosis, nor do we ever want to be the "bad guy" by implying that someone's child may have hearing loss, but if the screening is taken too lightly, results may be useless. The future of Wyoming's deaf and hard of hearing children begins with your expert advice. Thank you.

Sincerely,

Monette McKee, R.N.

Dear Parent(s) of a Newborn,

First, let me say “congratulations” on the birth of your baby. What a wonderful time of new beginnings and excitement for you and your family.

If you are reading this letter, your baby has failed the newborn hearing screening in one or both ears. The nursery staff will help you schedule a time for you to bring your baby back to the nursery to have his or her hearing rescreened.

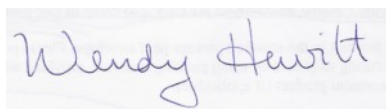
As a parent of two children with profound hearing loss, I want to share with you the importance of your follow-up appointment for a repeat hearing screening. Let me start by telling you that approximately 70% of the newborns requiring a follow-up hearing rescreening pass in both ears. The other 30% (who also fail the repeat hearing screening) will require pediatric audiometric diagnostic testing.

Both my son and daughter required a hearing rescreening. **My husband and I were sure they could hear because they were so responsive to sounds.** We later learned that our babies were responding to things other than sounds. As my husband and I went to the follow-up rescreening and diagnostic appointments, we learned some things that we had never thought about before. Your baby’s hearing is a critical component in learning to talk. From birth to age three is the most important time in your baby’s life for learning language and how to talk. That is why newborn hearing screening programs are now in hospitals throughout Wyoming. The earlier a child’s hearing loss is found, the sooner your family can begin Early Intervention services, and the better chance your baby has at developing to his or her fullest potential.

Because we caught our children’s hearing losses early, both my son and daughter are doing well with their speech, language and social/emotional development. **Please bring your baby back to the follow-up appointment; it can make all the difference in the world!** If your child has hearing loss, it is better to find out now rather than later. If you have any questions about the follow-up screening or anything regarding hearing loss, please feel free to contact me, Wendy Hewitt, at 307-782-3276, or email me at [wendy@wyhandsandvoices.org](mailto:wendy@wyhandsandvoices.org).

Thanks for your time. Wishing you all the luck, (and some sleep) when you get your little one home!

Sincerely,

A handwritten signature in blue ink that reads "Wendy Hewitt". The signature is written in a cursive style and is placed on a light-colored rectangular background.

Wendy Hewitt

## Guidance and Scripts

Many parents whose baby did not pass the hearing screen have expressed that **how the hearing screen results were shared with them was as important as the results themselves**. Parents with children diagnosed with hearing loss express intense frustration when the hearing screening results were provided in a way that led them to believe a hearing loss was not probable and the screening results were not that important. This guide is to assist you in effectively communicating hearing screening results with the newborn's parent(s).

### Things screeners SHOULD say to families when their newborn did not pass their hearing screen:

- ✓ This is a screen. More testing is needed to find out if your baby has hearing loss. The next step is to have a rescreen completed in **7-10** days.
- ✓ An appointment has been made for your newborn's hearing to be rescreened. It is very important for you to keep this appointment because for babies who have hearing loss, early diagnosis and intervention services help them to develop language, speech, and social skills to their fullest potential. This rescreening will be done on (date) at (time).
- ✓ If your baby has hearing loss, it is really important to find out early. Babies who are identified with hearing loss early and receive intervention services before 6 months of age have better language, speech, and social skills than babies whose hearing loss is identified later. Early diagnosis and intervention is key.
- ✓ If you have questions about the screening process, you can contact the Wyoming EHDI Program at 307-721-6212, or [sarah.fitzgerald@wyo.gov](mailto:sarah.fitzgerald@wyo.gov).

### Things screeners SHOULD NOT say to families when their newborn did not pass their hearing screen:

- ✗ **Lots of babies don't pass the screen and have normal hearing.**  
Many families will not keep their follow-up appointment if they are told this. They may assume that follow-up testing is not really necessary.
- ✗ **Don't worry, it's probably fluid.**
- ✗ **It's probably nothing, don't worry. Everything will be fine.**  
No one wants to provide a parent with news about their baby that may make them feel upset or uncomfortable. However, families whose babies have been diagnosed with hearing loss remember vividly what the screener said to them when given the results. Some parents report feeling more shocked and upset about the diagnosis because they were falsely reassured by screening staff that everything was going to be fine. Parents want factual information.

- ✘ **The baby was fussy.**  
If the baby was fussy, then the results for the screen are not valid and another screen should be performed.
- ✘ **The screening equipment isn't working right.**  
If screeners are having difficulty with the equipment, or feel that something just isn't right (for example, an increase in referrals in a particular ear), contact the Wyoming EHDI Program or Natus Medical Incorporated immediately. They can assist in troubleshooting as well as securing replacement equipment, if necessary.
- ✘ **The baby has hearing loss.**  
Screening is the first step in identification of hearing loss. Follow-up hearing testing is the only way to determine the complete hearing status of a baby. Babies who do not pass the screen may actually have hearing loss or may have a temporary condition, such as fluid in the middle ear.

## Scripts

### Informing Parents of the Screen:

*Hi! Congratulations on the birth of your baby. You have received information stating that we provide hearing screening to all babies born. We are going to screen your baby now.*

### Passing:

*Congratulations on the birth of your baby. We just completed the hearing screen; the results are a pass. Here is a brochure that talks about development of speech and language. It is always important to monitor the progress of your baby's development, especially their speech and language, because your baby's hearing can change any time. If you are ever worried that your baby can't hear, talk to your baby's doctor right away and ask for a referral to a pediatric audiologist that is skilled at testing infants and young children. Wyoming Child Development Centers offer hearing screening for children through age five. These screenings are provided at no charge to parents.*

### Not Passing:

*Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass the screen today. This does not mean that your baby has a hearing loss, but without additional screening we can't be sure. Please be sure you keep your appointment for a hearing rescreening. Your appointment for your rescreening is (date) at (time).*

## Notecards

The Wyoming EHDI Program has developed notecards that are available for hospitals to use to give to parents whose babies have had their hearing screened. There are two notecards: one for parents whose child passed their hearing screening and one for parents whose child did not pass their hearing screening. The cards provide an area on which to place the hearing screening results as well as other information for the parents about the hearing screening and the Wyoming EHDI Program resources. If your hospital needs more notecards, please contact the Wyoming EHDI Program at 307-721-6212, or [sarah.fitzgerald@wyo.gov](mailto:sarah.fitzgerald@wyo.gov).

## Notecard Samples



Dear Parent(s),

Congratulations on the birth of your baby!

S/he passed their newborn hearing screening. Please keep in mind, however, that hearing ability can change over time. To prevent your child from developing hearing loss, it is important to protect their ears from loud noises. For example, cap guns, chainsaws, farm equipment, firearms, iPods, snowmobiles, and some toys can all potentially cause hearing loss in your child and you.

Hearing plays a very important role as your baby learns to talk. If you have concerns about your child's hearing, contact their physician or your local child development center.

The website below has information on hearing screenings available in Wyoming.

[www.wyomingehdi.org](http://www.wyomingehdi.org)

Place hearing screening results sticker here.

Don't forget!

My hearing  
rescreening  
is right  
around the  
corner.



Dear Parent(s),

Congratulations of the birth of your baby!

\_\_\_\_\_ did **NOT** pass the **initial** hearing screening. This does not mean that s/he has a hearing loss. It does mean that you need to return to the hospital in 7-10 days to have your baby's hearing **rescreened**.

It is very important that you keep this appointment for your baby. You and s/he are scheduled to return to the hospital on:

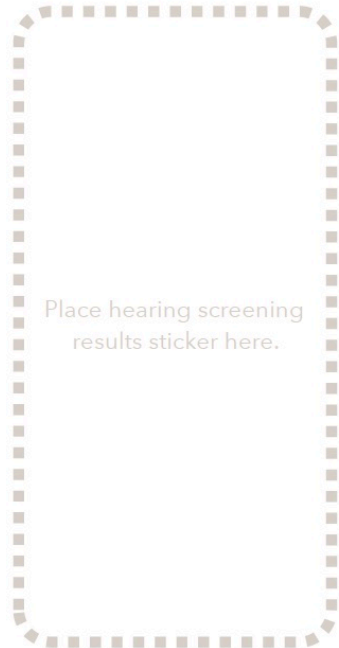
Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you have any questions, please contact the nursery at:

\_\_\_\_\_

The website below has additional information on newborn hearing screening in Wyoming.

[www.wyomingehdi.org](http://www.wyomingehdi.org)



## Commonly Asked Questions and Answers

The following is a list of common questions and answers regarding the hearing screening:

### **Why screen babies?**

Infants who are identified with hearing loss early and receive intervention services before 6 months of age have better language, speech, and social skills than children whose hearing loss is found later. Before newborn hearing screening took place, babies with hearing loss were often identified as late as 2 or 3 years old.

### **Who performs the hearing screening?**

Newborn hearing screenings can be done by people who have been properly trained at the hospital. Nurses, technicians and highly trained volunteers often perform the hearing screening.

### **How is the hearing screening done?**

A special piece of equipment shows if your baby responds to sounds. The screening is simple and does not hurt.

You will get the results before you leave the hospital.

### **If my baby does not pass the hearing screening, does that mean that my baby has hearing loss?**

No, a screen looks for signs of possible hearing loss. If your baby did not pass a hearing screen, it means that your baby needs a follow-up appointment for further hearing testing. These tests will give you more information about your baby's hearing and it is very important to keep this appointment.

### **Can babies born with hearing loss have parents who hear?**

Yes, 90% of babies born with hearing loss have parents who hear. Only about 10% have parents who are deaf themselves.

### **What services are available for babies with hearing loss?**

The Wyoming EHDI Program helps parents of children from birth to 3 years of age to recognize and understand their child's special developmental needs. If your baby is found to have hearing loss, Early Intervention services are available to your family.

## Informed Consent

Wyoming Statutes 35-4-801 and 35-4-802 mandate that the State of Wyoming Department of Health make rules and regulations necessary for the provision of screening for detection of genetic and metabolic diseases and hearing defects in newborn children born in Wyoming. The Statutes further require informed consent of parents/guardians be obtained in order for an infant to receive or waive the screenings.

Each of the Wyoming hospitals has established policies and procedures to obtain informed consent. Please refer to your hospital's policies and procedures for obtaining informed consent from the parents/guardians prior to conducting the hearing screening.

**Appendix:**

**Failed Rescreening Form**

*Thank you*  
for sending my information to the  
Wyoming EHDI Program!  
It is **important** for me!



**FAILED HEARING RESCREENING FORM**

❖ **TIME SENSITIVE** ❖

When an infant fails **both** an initial newborn hearing screening **AND** rescreening (repeat hearing screening 7-10 days later) on one or both ears, please contact the Wyoming EHDI Program within 24 hours in one of the following ways:

- Via phone at 307-721-6212
- Via fax at 307-721-6313
- Via email at [sarah.fitzgerald@wyo.gov](mailto:sarah.fitzgerald@wyo.gov)

---

**Child Name**

**Date of Birth**

---

**Birth Hospital**

**Name of Person Reporting Results**

---

**Primary Care Provider/Physician**

---

**Initial Screening Date**

**Rescreening Date**

**Ear(s) Failed:**      \_\_\_\_\_ **Left**

\_\_\_\_\_ **Right**

\_\_\_\_\_ **Both**

---

**Parent/Guardian Name(s)**

---

**Cell Phone**

**Home Phone**

**Work Phone**

---

**Parent Email**

---

**Emergency Contact Name**

**Telephone**

Wyoming Early Hearing Detection and Intervention (EHDI) Program  
1771 Centennial Drive, Suite 220 • Laramie, WY 82070  
Phone (307) 721-6212 • Fax (307) 721-6313  
[www.wyomingehdi.org](http://www.wyomingehdi.org)