

Testing Your Child's Hearing at UVA's Sheila C. Johnson Center During Social Distancing



Because early hearing assessment is so important to long term outcomes, we have defined a set of procedures to provide essential services while also minimizing risks to child, parent, and clinician safety during social distancing.

As a University non-profit clinic, we are not encouraging families to break social distancing norms. Rather, given community closures it may take months for families with concerns to access services, even after larger medical settings open, due to mounting wait-lists during quarantine. So we are offering limited audiology procedures **now** as a service to families with emergent needs who feel compelled to seek services for the longterm health of their children or who are uncertain about the best course of action with the information they have.

The first step is a free phone consultation with our audiologist who can help provide you with information that may help in your decision to seek services now or wait.

The setting: Coming to the SJC is not like visiting a large hospital, our center is one floor with a waiting room that opens up directly to client parking immediately out front.

The only on-site services we are offering are infant and child hearing tests, with a maximum of only one scheduled per day.

You will not wait, interact with check in staff, or see any other clients or support staff in the building during your visit and multiple other precautions are accounted for. We are as concerned for the safety of our audiologists as we are for our clients.

Of course we cannot guarantee that using these services is the safest and best decision for your family. But we have taken these precautions for families who do not feel that waiting for audiological assessment and services is in the best interests of their child.

Why is early testing so important?

About 1 to 2 in every 1000 newborn babies has significant hearing loss. Research shows hearing loss has the potential to interfere with the speech, language, and psychoeducational development of children. Identifying and starting support and intervention as early as possible is essential to their future success.

Newborn hearing screening programs allow us to identify children with hearing loss or risk factors. The initial screening typically occurs at the hospital. All babies who do not pass their first hearing screening should be re-screened again (in one to two weeks) and/or have a complete hearing test.



How do we test a baby's Hearing?

You may recall when you were a child/adult having to raise your hand when you heard a beep over headphones. As you can imagine this type of hearing screen is not successful with a baby.

Thankfully, we have two ways of testing that do not require a baby to actively respond:

- Auditory Brainstem Response (ABR)
- Otoacoustic Emissions (OAE)
- Both ABR and OAE are safe, non-invasive tests.
- The testing requires a quiet, still and sleeping child and can be completed during natural sleep in babies up to 6 months of age.



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What is an OAE?

The Otoacoustic Emission (OAE) tests whether some parts of the ear respond to sound. A soft earphone is placed into the ear canal. It plays sounds and measures an "echo" response that occurs in ears with normal functioning.

What is an ABR?

The Auditory Brainstem Response (ABR) tests how the auditory nerve and brainstem that carry sound from the ear to brain respond. When sound is played in the ears, the brain creates a neural response. This response can be measured with non-invasive sensors (resembling stickers) placed behind each ear and on the baby's head and shoulder.

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