



## What Do I Need to Know?

### What is the difference between a hearing screen and a diagnostic hearing test?

The basic difference between a diagnostic test and a hearing screen is the amount of information gathered during the session. For example, if an infant fails the hearing screen, it is unknown if there truly is a hearing loss, how much hearing loss is present, or whether or not the hearing loss is permanent or correctable. A diagnostic test can usually answer these questions. The diagnostic test session is understandably longer and requires more interaction with the infant. Typically, a more extensive ABR is conducted, using a variety of test stimuli. OAEs are also performed to cross-check the results of the ABR. To complete a thorough test, the infant needs to sleep in the office for upward of 45 minutes. The more information that can be collected, the more complete the results will be.



### If an infant does not pass a hearing screen in the hospital, what happens next?

Most hospital screening programs will refer infants who failed the initial screening test to an audiology center that specializes in more complete testing for diagnosis. Sometimes, simple problems, such as too much residual amniotic fluid and vernix in the ear canal, will resolve prior to the diagnostic hearing test and the infant will pass the audiology test. The diagnostic hearing test is an important step in determining whether the infant is able to hear, so it should not be taken lightly.

### Where do I take my child for a diagnostic hearing test?

Most hospital screening programs will refer infants to a local audiology center that can do a complete diagnostic hearing test. If you were not referred to a local center you can call Idaho Sound Beginnings, Idaho's Early Hearing Detection and Intervention Program at (208) 334-0983 or at (208) 334-0829 for more information on where to go.