Audiology Providers in Alabama
Alabama ENT Associates  
4515 Southlake Parkway, Suite 300  
Birmingham, AL 35244  
205-985-7393  
OAE only

Alabama Hearing Associates  
8075 Madison Blvd., Suite 108  
Madison, AL 35758  
256-319-4327  
OAE only

Anniston Ear, Nose & Throat, PC  
901 Leighton Avenue, Suite 601  
Anniston, AL 36207  
256-236-4426  
Fax: 256-238-8830  
OAE only

Auburn Univ. Speech & Hearing Clinic  
1199 Haley Center  
Auburn, AL 36849  
334-844-9600  
Fax: 334-844-4585  
OAE and AABR

Birmingham Hearing and Balance  
2700 10th Avenue South #502  
Birmingham, AL 35205  
205-933-2951  
Fax: 205-933-5893  
OAE and AABR

Center for Advanced Therapy  
635 McQueen Smith Road Suite D  
Prattville, AL 36066  
334-358-6501  
Fax: 334-358-6521  
OAE only

Children's HEAR Center  
(Children's South)  
1600 5th Avenue South  
Birmingham, AL 35233  
205-939-6741  
OAE only

Children's Rehab Service - Andalusia  
1082 Village Square Drive, Suite 2  
Andalusia, AL 36420  
334-222-5558  
OAE and AABR

Children's Rehab Service - Anniston  
1010 Christine Avenue, Suite 250  
Anniston, AL 36207  
256-235-3050  
OAE and AABR

Children's Rehab Service - Dothan  
795 Ross Clark Circle, N.E  
Dothan, AL 36303  
334-699-6600  
OAE and AABR

Children's Rehab Service - Gadsden  
1100 George Wallace Drive  
Gadsden, AL 35903  
256-547-8653  
OAE and AABR

Children's Rehab Service - Homewood  
234 Goodwin Crest Drive  
Birmingham, AL 35209  
205-290-4550  
OAE and AABR

Children's Rehab Service - Huntsville  
3000 Johnson Road, S.W  
Huntsville, AL 35805  
256-650-1701  
OAE and AABR
Children's Rehab Service - Jackson
1506 College Avenue
Jackson, AL 36545
251-246-4025
OAE and AABR

Children's Rehab Service - Mobile
1610 Center Street, Suite A
Mobile, AL 36604
251-432-4560
OAE and AABR

Children's Rehab Service - Montgomery
602 South Lawrence Street
Montgomery, AL 36104
334-613-2372
OAE and AABR

Children's Rehab Service - Muscle Shoals
1450 East Avalon Avenue
Muscle Shoals, AL 35661
256-381-1212
OAE and AABR

Children's Rehab Service - Opelika
516 W. Thomason Circle
Opelika, AL 36801
334-749-8339
OAE and AABR

Children's Rehab Service - Selma
2906 Citizens Parkway
Selma, AL 36701
334-872-8421
OAE and AABR

Children's Rehab Service - Talladega
1110 Sixth Avenue East
Tuscaloosa, AL 35401
205-759-1279
OAE and AABR

Children's Rehab Service - Tuscaloosa
1110 6th Avenue East
Tuscaloosa, AL 35401
205-759-1279
OAE and AABR

Dekalb ENT
305 Medical Center Drive
Fort Payne, AL 35968
256-844-8144
Fax: 256-844-8177
OAE only

Eastern Shore ENT
188 Hospital Drive, Suite 101
Fairhope, AL 36532
251-928-0300
Fax: 251-990-1898
OAE only

ENT Associates of Alabama
1948 Alabama Highway 157 Ste 410
Cullman, AL 35058
256-737-0368
Fax: 256-734-9530
OAE only

ENT Associates of Alabama
833 St. Vincents Dr Ste 402
Birmingham, Al 35205
205-933-9236
Fax: 205-918-1344
OAE only

ENT Associates of Alabama
3400 Hwy 78 E. Medical Tower 205
Jasper, AL 35501
205-536-7405
Fax: 205-221-4731
OAE only
ENT Associates of Alabama  
Attn: Dr. Chapman and Anderson  
1773 Platt Place  
Montgomery, AL 36117  
334-284-5470  
OAE and AABR

ENT Bessemer, LLC  
Attn: Dr. Richard Gilliland  
985 9th Avenue S.W., Suite 308  
Bessemer, AL 35022  
205-481-7780  
Fax: 205-481-7740  
OAE only

ENT Care (Dothan ENT Clinic 1)  
4300 W Main St Ste 403  
Dothan, AL 36305  
334-673-7399  
Fax: 334-673-9348  
OAE only

ENT Care (Dothan ENT Clinic 2)  
1450 Ross Clark Circle Ste 400  
Dothan, AL 36301  
334-673-7399  
Fax: 334-673-9348  
OAE only

ENT Consultants  
710 Dallas Avenue  
Selma, AL 36701  
334-872-4778  
Fax: 334-872-8646  
OAE only

Fort Rucker Audiology- Lyster Clinic  
Attn: Amy Blank- Audiologist  
301 Andrews Avenue  
Fort Rucker, AL 36362  
334-255-7185  
OAE only

Hearing Associates of Dothan, LLC  
1891 Honeysuckle Road, Suite C3  
Dothan, AL 36305  
334-702-4327  
334-702-4328  
OAE only

Hearing Associates of Dothan, LLC  
Enterprise office: Co-located with Dr. Scott Charlton, Wiregrass ENT  
101 E Brunson Street, Suite 102  
Enterprise, AL 36330  
334-308-9368  
OAE only

Hearing & Speech Clinic  
Attn: George Murphee  
303 Williams Avenue, Suite 1111  
Huntsville, AL 35801  
256-536-7405  
OAE and AABR

Hoover ENT Associates, PC  
2116 Data Park  
Hoover, AL 35244  
205-733-9595  
Fax: 205-733-9599  
OAE only

J. Scott Robertson, MD, PC  
Jennifer Smith, CCC-A  
2001 Providence Park  
Birmingham, AL 35242  
205-982-7228  
OAE only

Montgomery Otolaryngology, PC  
1722 Pine Street Ste 804  
Montgomery, AL 36106  
334-834-7221  
Fax: 334-241-9848  
OAE and AABR
Northeast Alabama Audiology Clinic
417 South 4th Street
Gadsden, AL 35901
256-543-8899
Fax: 256-543-8002
OAE only

Pappas Ear Clinic
2937 7th Avenue South
Birmingham, AL 35233
205-251-7169
Fax: 205-254-3013
OAE and AABR

Premier Medical Audiology
2880 Dauphin Street
Mobile, AL 36608
251-473-1900
OAE and AABR

Scottsboro ENT, PC
406 B Taylor Street
Scottsboro, AL 35768
256-574-6100
Fax: 256-574-3004
OAE only

Southern Head, Neck and Surgery
Attn: Lori Gore, Audiologist
3368 Hwy 280, #15
Alexander City, AL 35010
256-329-1114
OAE and AABR

Shelby ENT
Attn: Dr. Halvorson
1010 1st Street North, #301
Alabaster, AL 35007
205-621-8900
Fax: 205-621-7169
OAE only

Shoals Hearing Clinic, PC
205 South Seminary Street
Florence, AL 35630
256-740-8383
Fax: 256-740-8386
OAE only

Southeastern ENT
Attn: Amy Kennedy
107 East Watts St, P.O. Box 311307
Enterprise, AL 36331
334-393-6837
Fax: 334-393-7011
OAE only (diagnostic ABR)

Sparks Clinic (UAB)
CH 20 Rm. 101
930 20th Street South
Birmingham, AL 35205
205-934-5457 or 800-822-2472
Fax: 205-975-2380
OAE and ABR (diagnostic only)

The Charity League Hearing & Speech Center (@ Children's South)
1940 Elmer J. Bissell Road
Birmingham, AL 35243
205-824-4757
OAE and AABR

The Charity League Hearing & Speech Center (Clinic 2- ENT)
1600 7th Avenue South
Birmingham, AL 35233
205-939-6741
OAE and AABR

Tuscaloosa ENT
1300 McFarland Blvd. N.E., Suite 150
Tuscaloosa, AL 35406
205-758-9041
Fax: 205-345-8328
OAE only
UAB Hearing Clinic
1717 6th Avenue South, #44A
Birmingham, AL 35233
205-934-4816
Fax: 250-934-7420
OAE and AABR

University of Alabama Speech and Hearing Center
700 University Blvd. East Room 145
Tuscaloosa, AL 35487
(205) 348-7131
Fax: 205-348-1845
OAE only

USA Speech and Hearing
2000 University Commons
Mobile, AL 36688
251-380-2600
Fax: 251-445-9377
OAE and AABR

Valley ENT Associates
Attn: Dr. Frankel & Hill
17551 Hall Street
Athens, AL 35611
256-233-1650
Fax: 256-233-7244
OAE only

Valleydale ENT
2001 Providence Park
Birmingham, AL 35242
205-982-7220
Fax: 205-982-7228
OAE only
Many different things can happen in the ear to cause a hearing loss.

Our ear and hearing are made up of many parts:

- **The outer ear**
  ([ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html](http://www.cdc.gov/ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html))
- **The middle ear**
  ([ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html](http://www.cdc.gov/ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html))
- **The inner ear**
  ([ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html](http://www.cdc.gov/ncbddd/hearingloss/parentsguide/understanding/understandinghearingloss.html))
- **The ear (auditory) Nerve - The hearing (auditory) System pathway in the brain**

These terms describe hearing loss where the part of the ear that is not working in a usual way:

- **A conductive loss** — hearing loss caused by something that stops sounds from getting through the outer or middle ear.
- **A sensorineural loss** — hearing loss that occurs when there is a problem in the way the inner ear or hearing nerve works.
- **A mixed hearing loss** — hearing loss that includes a conductive and a sensorineural hearing loss.
- **Auditory Neuropathy Spectrum Disorder** — Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn’t organized in a way that the brain can understand. For more information, visit the National Institute of Deafness and Other Communication Disorders.

These terms describe the degree or the amount of hearing loss a child has:

- **Mild Hearing Loss** — a person with a mild hearing loss may hear some speech sounds but soft sounds are hard to hear.
- **Moderate Hearing Loss** — a person with a moderate hearing loss may hear almost no speech when another person is talking at a normal level.
- **Severe Hearing Loss** — a person with severe hearing loss will hear no speech of a person talking at a normal level and only some loud sounds.
- **Profound Hearing Loss** — a person with a profound hearing loss will not hear any speech and only very loud sounds.

These terms describe when the hearing loss happened:
What is hearing loss in children?
Hearing loss can vary greatly among children and can be caused by many things. In the United States, 1 to 3 children per 1,000 are born with hearing loss each year. Most children also experience mild, temporary hearing loss when fluid gets in the middle ear from allergies or colds. Sometimes as a result of an ear infection, fluid stays in the middle ears, which can sometimes cause hearing loss and delays in your child’s speech. Some children have permanent hearing loss. This can be from mild (they don’t hear as well as you do) to complete (where they can’t hear anything at all).

What are some of the signs of hearing loss?
The signs and symptoms of hearing loss are different for different children. If you see any of these signs call your child’s doctor or nurse:
- does not turn to the source of a sound from birth to 3 or 4 months of age
- does not say single words, such as “dada” or “mama,” by 1 year of age
- turns head when he or she sees you but not if you only call out his or her name: this usually is mistaken for not paying attention or just ignoring, but could be the result of a partial or complete hearing loss
- hears some sounds but not others

What causes hearing loss? Can it be prevented?
Hearing loss can happen any time during life—from before birth to adulthood. Babies who are born early, who have low birth weight, or who are exposed to infections in the womb might have hearing loss, but this can happen to full-term, normal weight babies as well. Genetic factors are the cause of hearing loss in about 50% of babies—some of these babies might have family members who are deaf. Illnesses, injuries, certain medicines, and loud noise levels can cause children and adults to lose hearing.

Some causes of hearing loss can be prevented. For example, vaccines can prevent certain infections, such as measels or meningitis (an infection of the fluid around the brain and spinal cord), which can cause hearing loss. Another cause that can be prevented is a kind of brain damage called kernicterus, which is caused by bad jaundice. This can be prevented by using special lights (phototherapy) or other therapies to treat babies with jaundice before they go home from the hospital.

What can I do if I think my child might have hearing loss?
Talk with your child’s doctor or nurse. If you, your doctor, or anyone else who knows your child well, think your child might have hearing loss, ask that a hearing test be given as soon as possible. To have your child’s exact levels of hearing measured; see an audiologist or an ear, nose, and throat doctor (ENT, otolaryngologist) who works with infants and children. If your child is under age 2 or does not cooperate for the hearing exam, a test (called brain-stem evoked-response audiometry) could be given. This test allows the doctor to check your child’s hearing without having to rely on your child’s cooperation. Your child will not be hurt; most babies even sleep through the test. This test is done routinely with newborn babies in all states.

Hearing loss can affect a child’s ability to develop speech, language, and social skills. The earlier a child who is deaf or hard-of-hearing starts getting services, the more likely the child’s speech, language, and social skills will reach their full potential. Services can be received through your local early intervention agency or public school. To find out who to speak to in your area, contact the National Dissemination Center for Children with Disabilities by logging on to www.nichcy.org. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families (www.cdc.gov/ncbddd/ehdi).

www.cdc.gov/actearly
The Early Hearing Detection and Intervention (EHDI) Program

Promoting Communication from Birth

Every year 1 to 3 in every 1,000 children are born with hearing loss. When a child's hearing loss is identified soon after birth, families and professionals can make sure the child gets intervention services at an early age. This will help the child to have communication and language skills that will last a lifetime.

EHDI programs at the state level get support from federal and state agencies and private groups. These programs promote that all infants be screened for hearing loss and get timely follow-up testing and early intervention services. The key parts of EHDI programs are hearing screening, audiologic (hearing) and medical evaluation, and early intervention.

**Screening:** All infants should be screened before 1 month of age, ideally before they leave the birth hospital. Without universal newborn hearing screening, hearing loss is usually found when a child is 2 to 3 years of age.

**Evaluation:** All infants who do not pass the hearing screening should have a diagnostic audiological (hearing) evaluation before 3 months of age, or as soon as they can. Infants who have hearing loss should have a complete medical evaluation.

**Intervention:** All infants with hearing loss should receive early intervention services before 6 months of age (medical, audiological, educational and support services). Health care professionals will give families information about the full range of intervention options so they can make the best choices.

CDC – EHDI Program activities include:

- Providing funds to 28 states and two U.S. territories to develop surveillance systems and to assist with other EHDI activities

- Supporting research on the:
  - causes of hearing loss
  - effectiveness and cost of EHDI programs
  - long-term results of finding hearing loss early and other related family issues

- Using information from EHDI surveillance systems to find causes (environmental and/or genetic) of hearing loss that can be prevented

- Integrating EHDI data with other data from computerized child-health information systems

For more information, please visit our website, which has answers to commonly asked questions, research findings and data, and information for parents and professionals [http://www.cdc.gov/ncbddd/ehdi](http://www.cdc.gov/ncbddd/ehdi)

CDC supports the National Institutes of Health, the Joint Committee on Infant Hearing and the American Academy of Pediatrics in endorsing universal newborn hearing screening before hospital discharge, diagnostic evaluation before 3 months of age, and initiation of appropriate intervention services before 6 months of age.

Promoting the health of babies, children and adults, and enhancing the potential for full, productive living.

[www.cdc.gov/ncbddd Department of Health and Human Services](http://www.cdc.gov/ncbddd)
Screening and Diagnosis

Diagnosing a hearing loss takes two steps:

- Hearing screening
- Full hearing test

Hearing Screening

Hearing screening is a test to tell if people might have hearing loss. Hearing screening is easy and not painful. In fact, babies are often asleep while being screened. It takes a very short time — usually only a few minutes.

Babies

- All babies should be screened for hearing loss no later than 1 month of age. It is best if they are screened before leaving the hospital after birth.
- If a baby does not pass a hearing screening, it’s very important to get a full hearing test as soon as possible, but no later than 3 months of age.

Older Babies and Children

- If you think a child might have hearing loss, ask the doctor for a hearing screening as soon as possible.
- Children who are at risk for acquired, progressive, or delayed-onset hearing loss should have at least one hearing test by 2 to 2 1/2 years of age. Hearing loss that gets worse over time is known as acquired or progressive hearing loss. Hearing loss that develops after the baby is born is called delayed-onset hearing loss. Find out if a child may be at risk for hearing loss (/ncbddd/hearingloss/facts.html).
- If a child does not pass a hearing screening, it’s very important to get a full hearing test as soon as possible.
Full Hearing Test

All children who do not pass a hearing screening should have a full hearing test. This test is also called an audiology evaluation. An audiologist (/ncbddd/hearingloss/screening.html), who is an expert trained to test hearing, will do the full hearing test. In addition, the audiologist will also ask questions about birth history, ear infection and hearing loss in the family.

There are many kinds of tests an audiologist can do to find out if a person has a hearing loss, how much of a hearing loss there is, and what type it is. The hearing tests are easy and not painful.

Some of the tests the audiologist might use include:

Auditory Brainstem Response (ABR) Test or Brainstem Auditory Evoked Response (BAER) Test

Auditory Brainstem Response (ABR) or Brainstem Auditory Evoked Response (BAER) (/ncbddd/hearingloss/screening.html) is a test that checks the brain's response to sound. Because this test does not rely on a person's response behavior, the person being tested can be sound asleep during the test.

Otoacoustic Emissions (OAE)

Otoacoustic Emissions (OAE) (/ncbddd/hearingloss/screening.html) is a test that checks the inner ear response to sound. Because this test does not rely on a person's response behavior, the person being tested can be sound asleep during the test.

Behavioral Audiometry Evaluation

Behavioral Audiometry Evaluation (/ncbddd/hearingloss/screening.html) will test how a person responds to sound overall. Behavioral Audiometry Evaluation tests the function of all parts of the ear. The person being tested must be awake and actively respond to sounds heard during the test.

With the parents' permission, the audiologist will share the results with the child's primary care doctor and other experts, such as:
An ear, nose and throat doctor, also called an otolaryngologist

An eye doctor, also called an ophthalmologist

A professional trained in genetics, also called a clinical geneticist or a genetics counselor

For more information about hearing tests, visit the American Speech-Language-Hearing Association website (http://www.asha.org/public/hearing/Hearing-Testing) and (http://www.cdc.gov/Other/disclaimer.html).

Get Help!

If a parent or anyone else who knows a child well thinks the child might have hearing loss, ask the doctor for a hearing screening as soon as possible. Don't wait!

If the child does not pass a hearing screening, ask the doctor for a full hearing test.

If the child is diagnosed with a hearing loss, talk to the doctor or audiologist about treatment and intervention services (http://ncbddd/hearingloss/treatment.html).

Hearing loss can affect a child's ability to develop communication, language, and social skills. The earlier children with hearing loss start getting services, the more likely they are to reach their full potential. If you are a parent and you suspect your child has hearing loss, trust your instincts and speak with your doctor.

Services for children with hearing loss are available through a local early intervention agency or public school. To find the contact for your state, call the National Dissemination Center for Children with Disabilities (NICHCY) at 1-800-695-0285. Or visit the website:

Babies 0-3 Years of Age (http://nichcy.org/babies) and (http://www.cdc.gov/Other/disclaimer.html)

Children 3-22 Years of Age (http://nichcy.org/schoolage) and (http://www.cdc.gov/Other/disclaimer.html)

Related Pages

Birth Defects (http://ncbddd/bd/default.htm)
Child Development (http://ncbddd/child)
Developmental Disabilities (http://ncbddd/dd)
Learn the Signs. Act Early. Campaign (http://ncbddd/actearly)
CDC’s National Center on Birth Defects and Developmental Disabilities (http://ncbddd/index.html)
Just In Time
So your baby's care is right on time
Is Your Child "AT RISK" for Hearing Loss?

If you checked one or more boxes below, your child may be at risk for hearing loss.

☐ Spent 5 days or more in the NICU or had complications while in the NICU. (Check with your health care professional.)

☐ Needed special procedure (blood transfusion) to treat bad jaundice (hyperbilirubinemia)

☐ Was exposed to infection before birth

☐ Has head, face or ears shaped or formed in a different way than usual

☐ Has a condition (neurological disorder) that is associated with hearing loss (Check with your health care professional.)

☐ Had an infection around the brain and spinal cord called meningitis

☐ Received a bad injury to the head that required a hospital stay

☐ Was given certain medications, like cancer chemotherapy or other medications that might hurt hearing (Ask your health care professional.)

☐ Your family has a history of children with hearing loss

☐ You are worried about your child's hearing for any reason

Ask your child's health care provider for information & help

Schedule an appointment

Have your child's hearing checked every 6 months

Early Hearing Detection and Intervention
www.cdc.gov/ncbddd/ehdi
When a Newborn Doesn't Pass the Hearing Screening:

When a Newborn Doesn't Pass the Hearing Screening: How Health Professionals Can Encourage Follow-up Hearing Evaluations for Newborns

On this page:

Each year, approximately 12,000 babies are born with hearing loss in the United States. If hearing loss is discovered during the "critical period" for children to develop their speech and language skills—from birth to the first two to three years of life—they will have a much better chance of keeping up with their peers in learning language and speech skills. If they miss this critical period of development, they can fall far behind their peers in these areas. This delay, in turn, can affect a child's ability to learn and interact socially.

Medical and allied health professionals across the United States have played a vital role in helping identify hearing loss during a child's first months of life. As of July 2003, mandatory newborn hearing screening programs have been implemented in 38 states and the District of Columbia. As a result, roughly 86.5 percent of all infants are now screened for hearing loss, usually before they leave the hospital.

But screening is only the beginning of a successful path for infants who are deaf or hard-of-hearing. Newborns who don't pass the screening should receive an audiological evaluation and medical diagnosis before the child is three months of age. An audiologist is a health professional who conducts a series of tests to determine whether the child has a hearing problem and, if so, the type and severity of that problem. An otolaryngologist, or ear, nose, and throat doctor, will try to find out the reason behind a hearing loss and offer treatment options. These professionals will help direct parents or other caregivers to resources that can help them. (See the NIDCD fact sheet.)

In the year 2000, only approximately half of the children who were referred for a follow-up examination were brought back for one. Parents of deaf or hard-of-hearing children in this group were much less likely to take advantage of the many resources that could give their children the best start possible and the best long-term outcome.

Why don't some parents return for a follow-up examination?

A working group of the National Institute on Deafness and Other Communication Disorders identified several important factors regarding why some parents do not bring their child back for a follow-up examination. They concluded that the number of children who return for the follow-up examination could be increased if:

Parents fully understood their child's screening results,

Parents fully understood the importance of the diagnostic evaluation, and

Parents were provided with necessary contact and resource information.

A few of the most commonly cited reasons for the low response rate are included below, along with communication initiatives that you, the medical professional, can implement to help improve the outcome.

"With so many people involved in the process, it's difficult to be sure that the information is being relayed to parents."—Charles

Take responsibility. This is particularly true if the child is sent to the neonatal intensive care unit (NICU). A NICU physician may not see the parents again until several days after the child is born, if ever. A person on the medical team should be responsible for understanding and being able to interpret and carefully explain to parents the infant's screening results. It is extremely important that this individual be able to explain to parents why a follow-up examination is needed. Outdated wisdom that "parents can check back in a year to see if..."
When a Newborn Doesn't Pass the Hearing Screening:

there is a change is shortchanging children who could benefit from early intervention services.

**Develop a protocol** Develop a protocol for obtaining information during their baby's birth and hospital stay. The more consistent the procedure and message, the less likely that a family will leave the hospital without understanding the next steps they need to take and why. With shortened maternity stays, this protocol becomes even more critical.

"There's no system in place to make sure that parents make and keep the follow-up appointment."—Jocelyn

**Obtain the family's contact information** Medical staff should check in with families after they leave the hospital to make sure they've taken their child to the diagnostic evaluation. To facilitate ongoing communication, ask families to complete a discharge questionnaire before they leave the hospital, including names, addresses, phone numbers, e-mail addresses, and any other useful contact information.

**Connect the child with a "medical home"** As soon as a child is born, the family should be connected to the child's "medical home," a term used by the American Academy of Pediatrics (AAP), refers to healthcare services that are coordinated, comprehensive, family-centered, and accessible, among other things. This centralized system makes it easier for medical staff to track a child's medical visits, recognizing immediately from his or her records whether the follow-up examination has been completed. To learn more about the "medical home" concept.
Silence isn't always Golden.

Infants and young children with hearing problems can have difficulty developing speech and language.

Some babies are born with hearing problems. Other children are born with normal hearing and begin to have hearing problems as they grow older. Hearing problems can be temporary or permanent. Hearing problems can happen because of ear infections, injuries, or diseases.

You can help your child's doctor to decide if your child's hearing needs to be tested. Look at the hearing checklist on the next page. Find your child's age. Check "yes" or "no" for every item. After you complete the checklist, show it to your child's doctor. Ask the doctor questions. Talk about the items checked "no." If you think your child has trouble hearing, tell the doctor right away.

If your child doesn't hear well or speak clearly, take action...actions speak louder than words.
Your child's hearing checklist.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Birth to 3 Months</th>
<th>Yes</th>
<th>No</th>
<th>10 to 15 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Reacts to loud sounds.</td>
<td></td>
<td></td>
<td>Plays with own voice, enjoying the sound and feel of it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is soothed by your voice.</td>
<td></td>
<td></td>
<td>Points to or looks at familiar objects or people when asked to do so.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Turns head to you when you speak.</td>
<td></td>
<td></td>
<td>Imitates simple words and sounds; may use a few single words meaningfully.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is awakened by loud voices and sounds.</td>
<td></td>
<td></td>
<td>Enjoys games like peek-a-boo and pat-a-cake.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smiles when spoken to.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seems to know your voice and quiets down if crying.</td>
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3 to 6 Months

|     |    | Looks upward or turns toward a new sound. |
|     |    | Responds to “no” and changes in tone of voice. |
|     |    | Imitates his/her own voice.               |
|     |    | Enjoys rattles and other toys that make sounds. |
|     |    | Begins to repeat sounds (such as ooh, aah, and ba-ba). |
|     |    | Becomes scared by a loud voice.           |

6 to 10 Months

|     |    | Responds to his/her own name, telephone ringing, someone’s voice, even when not loud. |
|     |    | Knows words for common things (cup, shoe) and sayings (“bye-bye”). |
|     |    | Makes babbling sounds, even when alone. |
|     |    | Starts to respond to requests such as “come here.” |
|     |    | Looks at things or pictures when someone talks about them. |

15 to 18 Months

|     |    | Follows simple directions, such as “give me the ball.” |
|     |    | Uses words he/she has learned often. |
|     |    | Uses two- to three-word sentences to talk about and ask for things. |
|     |    | Knows 10 to 20 words. |

18 to 24 Months

|     |    | Understands simple “yes-no” questions (“Are you hungry?”). |
|     |    | Understands simple phrases (“in the cup,” “on the table”). |
|     |    | Enjoys being read to. |
|     |    | Points to pictures when asked. |

24 to 36 Months

|     |    | Understands “not now” and “no more.” |
|     |    | Chooses things by size (big, little). |
|     |    | Follows simple directions, such as “get your shoes” and “drink your milk.” |
|     |    | Understands many action words (run, jump). |
Talk to your doctor.

Talk to your doctor if you think your child has a hearing problem.

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<th>Yes</th>
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Some words the doctor may use:

**audiogram**: a chart that shows how well a person can hear.

**audiologist**: a person who tests and measures hearing.

**earache**: pain in the ears caused by infections or growths.

**otitis media**: infection of the middle ear.

**otolaryngologist**: a doctor who treats diseases and problems of the ear, nose, and throat.

**otologist**: a doctor who treats diseases of the ear.

**pediatrician**: a doctor who takes care of infants and children and who treats their diseases.

**speech/language pathologist**: a person who helps people improve speech, language, and voice.
Newborn period to 4 mo.
Normal infant is aroused from sleep by sound signals of 90 dB (SPL) in a noisy environment, 50-70 dB in quiet.

3 to 4 mo.
Normal infant begins to make a rudimentary head turn toward a sound signal 50-60 dB (SPL).

4 to 7 mo.
He turns his head directly toward the side of a signal 40-50 dB (SPL) but he cannot find it above or below him.

7 to 9 mo.
He directly locates a sound source of 30-40 dB to the side and indirectly below him.

9 to 13 mo.
He directly locates a sound source of 25-35 dB (SPL) to the side and below.

13 to 15 mo.
He localizes directly sound signals of 25-30 dB (SPL) to the side and below; indirectly above.

16 to 21 mo.
He localizes directly sound signals of 25-30 dB (SPL) on the side, below, and above.

21 to 24 mo.
He locates directly a sound signal of 25 dB (SPL) at all angles.
INSTRUCTIONS FOR AUDITORY RESPONSE SCREENING

1) Do not let child see you present the sounds.

2) Stand at least two feet away from the child when presenting the sounds.

3) Present each sound for about two seconds. Pause at least 30 seconds between presentations. It may be necessary to repeat the sound several times.

4) Present the sounds in a room that is quiet and as free from distractions as possible.

SOUNDS:

1) Noise toys (rattles, squeeze toys, etc.)

2) Call child's name.

3) Shake tab of pop can in the pop can (high frequency, high intensity).

4) Shake one teaspoon of rice or macaroni in a baby food jar (high frequency, low intensity).

5) Drum bottom of empty coffee can (1, 2 or 3 lbs.) or oatmeal box (42 oz.) or malt box (16 oz.) with a blunt eraser or a pencil (low frequency, high intensity).

6) Drum bottom of empty milk carton (qt., pint or ½ gallon) with blunt eraser or pencil (low frequency, low intensity).

7) Bang pans (or spoon on pan).

8) Turn on environmental noises (blender, disposal, TV, radio, etc.).

9) Play instruments (horns, whistles, etc.).

10) Knock on doors, cabinets, etc.

RESPONSES TO LOOK FOR:

1) startle response

2) eye blink

3) cessation of activity

4) increased activity

5) crying

6) searching (with eyes or head)

7) localizing

8) vocalization

AIDB 1194
Alabama Early Hearing Detection & Intervention (EHDI) Information

State Websites
- Alabama Department of Health—Newborn Hearing Screening Program
- State Stakeholder Meeting Agenda is not yet available. Please contact your state EHDI coordinator.

Early Hearing Detection & Intervention Contacts:

Rovetta Hanna, BSN, RN
Newborn Hearing Screening Program Coordinator
Alabama Department of Public Health
201 Monroe Street, Suite 1350
Montgomery, AL 36104
Phone: 334-206-2944
Fax: 334-206-3791
Email: Rovetta Hanna

For Health Care Providers
- Diagnostic Audiology & Pediatric Rehabilitation Services [PDF]
- Medical Home

Program Evaluation Tools: None Currently Available
FUNCTIONAL HEARING SCREENING

Name: ___________________________ DOB: ___________________________

________________________________________ has been screened for hearing

informally at __________________________ on __________________________

(Location) (Date)

________________________________________ Passed/Failed this screening.

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Parent/Guardian’s comments regarding child’s response to sound.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Recommendations:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Screened by: ___________________________

Date: ________________
(We can't assume this.)

- It's just a virus.
- The equipment isn't working right.
- The results of the screening are invalid.
- The baby was on sedative medication.
- The baby doesn't need follow-up testing.
- (Many results are wrong.)
- A lot of babies don't pass.
- Probably nothing's wrong.
- The baby has a hearing loss.
- The doctor lied.

**DO NOT say misleading messages:**

**GET A PASS.**

**SCREENS IN AN ATTEMPT TO**

**DO NOT perform multiple**

**Newborn Hearing Screening**

**Communicating „REFER“ Results to Families**

- Do give „Hearing Screen“
  - Brochure:
  - For your baby:
    - The next step is to have a full hearing test.
    - needed about your baby's hearing.
    - screening:
      - What means high-more information is
        - Your child's referred (nurture/doctor's ear(s))
      - Your child did not pass the hearing