



My child referred on hearing screening at preschool. What does this mean?

The hearing screen showed that more testing is needed to check your child's ears and hearing. There are many reasons why your child could have had this result on the hearing screen, like an ear infection, congestion, earwax buildup, or hearing loss. Your **primary care provider** (pediatrician or clinician who sees your child for regular health checks) needs to look closely at your child's ears to make sure nothing is blocking them, like earwax or fluid. After that, your child's hearing will need to be tested again. This can be done by your primary care provider, a hearing specialist called an **audiologist**, or our preschool hearing screening team. If there have been concerns about your child's speech, language, or hearing, it's best to have their hearing tested by an audiologist who specializes in hearing.

Why is it important to follow up with my child's primary care provider and/or see an audiologist after this hearing screening?

It's very important to know how well your child hears, because hearing is essential for listening and learning to talk. Finding hearing loss early, through screening, helps us support your child's hearing, speech, and language development. The hearing screening suggested that your child **might** have a hearing loss. You will need to see your primary care provider and/or an audiologist to determine exactly what your child is hearing and if help is needed.

What is going to happen during the follow-up process?

There are two main parts of the follow-up process after the hearing screening.

- 1) First, you'll visit your primary care provider, who will check your child's ears to see if there's anything blocking them, like earwax or fluid. They might treat it or wait a few months to see if it gets better on its own. Your primary care provider might also suggest seeing an Ear, Nose, and Throat doctor (ENT), called an Otolaryngologist, for further evaluation.
- 2) Once your primary care provider confirms that your child's ears are healthy (clear of blockages such as earwax or fluid behind the eardrum), your child's hearing needs to be tested again. If your child had an ear infection, it is recommended to retest their hearing 2-3 months after the infection. This can be done with another hearing screening at your primary care provider's office, or with a full hearing test with an audiologist. This step is very important, because it's the only way to be sure about your child's hearing level.



What are the possible outcomes of this follow-up?

Most children who do not pass the hearing screen at preschool have minor issues like fluid or earwax that can be treated. After treatment, many of these kids will have normal hearing again. The hearing screening helps find these problems easily.

A few children might still have hearing loss even after treatment of these minor issues. Finding this early helps us support their hearing, speech, and language better.

I have questions about the screening or follow-up process. Who do I ask?

You can contact the Office of Childhood Hearing 415-823-0054 or contact your primary care provider. The Office of Childhood Hearing team may contact you to answer any questions you may have.

What kind of hearing screening did my child receive?

We performed both “pure-tone” and “otoacoustic emissions” hearing screening.

Pure tone play audiometry screening is a helpful test for toddlers and preschoolers aged 2–5. The child wears headphones and listens for beeping sounds. The child is asked to do something each time they hear a sound, like putting a block in a box, putting pegs in a hole, or placing a ring on a cone. If a child does not respond to the quiet sounds, they’ll need more testing, as described above.

Otoacoustic emission screening is sometimes called OAE testing. This checks how the inner ear reacts to sound without needing the child to do anything to let us know if they heard something. To do the test, a soft foam earbud is put into the child’s ear. They’ll hear some sounds, and the machine records quiet echoes that come back out of the ear. If the machine doesn’t pick up these echoes, it might mean there’s a blockage stopping the sounds, or that the inner ear isn’t picking them up. If this happened, the child would need more testing, as described above.