



Glossary/Definitions

- ***Artifact:*** Responses that are not considered a response from the hearing nerve but rather from muscles or electrical noise.
- ***Auditory Brainstem Response (ABR):*** A test that is used to screen or to diagnose hearing loss. The ABR evaluates the nervous system response to sound.
- ***Automated Auditory Brainstem Response (A-ABR):*** An ABR screening that is fully automated and provides an objective pass/fail (refer) outcome.
- ***Cochlea:*** The 'snail' shaped portion of the inner ear that houses the sensory cells for hearing.
- ***Debris:*** Anything that is found in the ear canal following birth and include such things as vernix or fluid.
- ***Diagnostic ABR:*** When the ABR is conducted in order to diagnose a hearing loss, it is referred to as a diagnostic ABR; compared to an AABR conducted for screening purposes.
- ***Discharge:*** Release of a newborn from the hospital to the care of the parent or legal guardian.
- ***EHDI:*** Early Hearing Detection and Intervention. The acronym is used nationally to describe the program of screening, tracking and follow-up testing and enrollment in to early intervention.
- ***EHDI Follow-up:*** The steps taken following the fail of a hospital initial hearing screening such as an outpatient re-screen, or full diagnostic audiologic and medical evaluation.
- ***Early Intervention (EI):*** A program of services and supports designed to assist families in helping their children who have, or are at risk for, developmental delays and disabilities such as hearing loss.
- ***Electrical Noise:*** When equipment is plugged in to wall outlets i.e. not battery operated, line noise can interfere with the test and lead to inaccurate results.
- ***Electrodes:*** 'Band-aid'-like sensors that are placed on the head for ABR screening that help to record the responses from the nerve.



- ***Fail:*** Term used to denote the result that is not a pass on the hearing screen. It is an indication that the infant is at risk for having hearing loss and requires follow-up testing consisting of either a re-screen or referral for audiologic evaluation. A hearing screening 'fail' outcome does not mean permanent hearing loss exists, only that criteria for a 'pass' outcome were not met at the time of testing.
- ***Full Diagnostic Audiologic Testing:*** An in-depth evaluation of hearing using different tests to determine if a hearing loss exists. If a hearing loss is identified, the evaluation determines the type, degree, and configuration of the hearing loss.
- ***Hearing Loss:*** A loss of hearing of any type or degree that is sufficient enough to interfere with the development of speech and language.
- ***Hearing Screening:*** An objective screening method performed to identify infants who may have hearing loss and who need follow up or more in-depth testing.
- ***Hyperbilirubinemia:*** A condition where the baby becomes jaundiced because there is too much bilirubin in the blood. When red blood cells break down, a substance called bilirubin is formed. Babies are not easily able to get rid of the bilirubin and it can build up in the blood and other tissues and fluids of the baby's body. Because bilirubin has a pigment or coloring, it causes a yellowing of the baby's skin and tissues. This is called jaundice.
- ***Impedance:*** The amount of resistance that exists between the electrodes and the baby's skin. Low impedance is best.
- ***Incomplete Result:*** Result of initial hearing screening or re-screening that does not yield either a conclusive pass or fail outcome. Reasons for incomplete results include: broken equipment, inappropriate infant state resulting in excessive myogenic or electrical activity at the time of testing, and the presence of excessive debris in the ear canal. These are all conditions that prohibit obtaining a valid screening test result.
- ***Infant:*** A child age 30 days to 12 months.
- ***JCIH:*** Joint Committee on Infant Hearing. A national committee of professional organizations which, since 1969, proffers Position Statements and Guidelines in support of Early Hearing Detection and Intervention Programs. Member organizations include but are not limited to: Representatives from (in alphabetical order) the: Alexander Graham Bell Association for the Deaf and Hard of Hearing; American Academy of



Audiology; American Academy of Otolaryngology-Head and Neck Surgery; American Speech-Language-Hearing Association; Council on Education of the Deaf; Directors of Speech and Hearing Programs in State Health and Welfare Agencies.

- ***Loss to Follow-up:*** When a baby is not seen for necessary screening or follow-up testing.
- ***Malformations of the Ear:*** Deformities or malformations of the ear that can result in hearing loss and include such things as ear pits (small holes around the ear), ear tags (small nubbins of skin near the ear), malformed pinnae or outer ears or no ear canal.
- ***Maternal Infections:*** Infections that a mother can have that can be passed to the baby (in-utero) and cause hearing loss and include such things as cytomegalovirus (CMV), Herpes, Rubella (German measles) (viruses), Syphilis (bacteria) or Toxoplasmosis (parasite).
- ***Medical Home:*** The name given to the health care professional who cares for the baby and coordinates care when needed.
- ***Miss:*** Any newborn not receiving an initial hearing screening.
- ***Myogenic noise:*** Noise that comes from muscles when they contract such as when a baby moves or sucks that can interfere with getting accurate screening results.
- ***Newborn:*** A child age 0 to 29 days.
- ***NICU:*** Neonatal Intensive Care Unit. Babies in the NICU require special handling because of their fragile state.
- ***Noise:*** Background interference that can be caused by anything from surrounding environmental noise, to electrical interference to interference from muscle activity.
- ***Otoacoustic Emissions (OAEs):*** A screening method that measures sounds made by the sensory cells in a healthy ear that can be recorded from the ear canal. For screening purposes the test is fully automated.
- ***Ototoxic Medications:*** Medication that can cause hearing loss.
- ***Outpatient Hearing Re-screen:*** An objective test that is performed if an initial screening has a fail result. Infants whose initial hearing screening outcome was 'fail' 'incomplete' or 'miss' are to be referred for a re-screen. A 'fail' outcome of the re-screen screening requires a referral for a complete audiologic evaluation.



- ***Pass:*** An objective hearing screening outcome in both ears that indicates the infant is low risk for hearing loss, and does not require audiologic follow-up. A 'pass' outcome does not mean 'normal hearing' only that a response criteria has been met.
- ***Pediatric Audiologists:*** An audiologist with the knowledge, skills and facilities to evaluate infants and young children from birth onward.
- ***Pinna:*** The outer ear, the visible part of the outer ear.
- ***Primary Care Provider (PCP):*** The licensed health care provider to whom the infant will go for ongoing pediatric medical services.
- ***Probe Tip:*** A disposable rubber tip that fits on the end of the probe and is inserted into the baby's ear canal. A clean tip is used for each baby.
- ***Probe Replacement Tip or Probe Nozzle:*** The removable plastic tip (that clicks onto the probe head) which is replaced periodically when clogged with debris.
- ***Refer:*** A results that is not a pass, also referred to as a 'fail' screening result.
- ***Risk Indicators for Hearing Loss:*** A list of conditions that places a baby at risk for hearing loss that may not be present at birth but may occur later.
- ***Screeener:*** An individual trained to perform automated hearing screening tests (OAE and AABR).
- ***1-3-6:*** The national EHDI goals that state that screening should occur by 1 month of age, hearing loss should be diagnosed by 3 months of age and a child should be entered into early intervention by 6 months of age.