

# SOUTHWESTERN NEWS

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## **Auditory screening for newborns can be successful at nation's largest hospitals, UT Southwestern researchers report**

DALLAS – Jan. 27, 2005 – Universal screening of newborns' hearing at large public hospitals, which annually deliver tens of thousands of babies, can be done more effectively when infants are not only tested four hours after birth – as required by many states – but also by rescreening those with a suspected problem before discharge and, if necessary, retesting infants at 10 days old, UT Southwestern Medical Center researchers reported.

A four-year study at Parkland Memorial Hospital, published in the January edition of the *Journal of Pediatrics*, showed that rescreening infants who fail the Universal Newborn Hearing Screening (UNHS), given four hours after birth, reduces the number of false positives and that providing outpatient retesting at the birth hospital improves the number who returned for follow-up.

“Our study demonstrates that Universal Newborn Hearing Screening can be successfully implemented in a public hospital with a larger number of annual births than many U.S. states and territories, including Rhode Island, New Hampshire, the Virgin Islands, and Guam,” said Dr. Angela Shoup, assistant professor of otolaryngology – head and neck surgery, who leads UT Southwestern's communicative and vestibular disorders program.

Doctors at Parkland – UT Southwestern faculty physicians and medical residents – deliver nearly 17,000 babies a year, more than any other U.S. hospital. Selective hearing screening for high-risk and neonatal intensive care unit newborns has been conducted since 1986. Universal screening of all neonates was begun in 1999. Babies who do not initially pass are rescreened by technicians before being discharged from the hospital. Parents of babies who still show signs of impairment are instructed to bring them back to Parkland as outpatients to be retested 10 to 12 days after discharge. Only those who do not pass again are referred for diagnostic evaluation.

“Newborns may not pass the initial hearing screening for a variety of reasons, including debris in the external ear canal and fluid in the middle ear. Rescreening prior to discharge from the hospital can help prevent over-referral of infants for diagnostic evaluation,” Dr. Shoup said. “Also, by offering

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outpatient rescreening first at Parkland, where the babies were born, we are encouraging parents to return to an environment and system where they are comfortable. Then, if they need to be referred for diagnostic evaluation, the audiologist overseeing the screening program can assist the family with navigating the often complex health-care system.”

Kris Owen, faculty associate of otolaryngology – head and neck surgery at UT Southwestern and coordinator of Parkland’s UNHS program, said, “Our changes to UNHS led to a decrease on the burden on health-care resources and limited the number of families that must deal with the uncertainty of hearing loss in their newborns. Health-care providers view hearing screening results more seriously in a program with few false positives.”

Dr. Greg Jackson, associate professor of pediatrics at UT Southwestern, and Dr. Abbot Laptook, now at Brown Medical School, also participated in the study.

The Hoblitzelle Foundation made UNHS possible with a challenge grant to Parkland.

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