



PROGRAM SARINGAN PENDENGARAN ANAK DAMIT



Kenapa anak damit saya perlu menjalani saringan pendengaran?

Saringan pendengaran dilakukan untuk mengesan masalah pendengaran anak damit awda dengan seawal-awalnya iaitu selepas dilahirkan. Ianya penting walaupun tidak terdapat ahli keluarga awda yang mengalami masalah pendengaran.

Pengesanan awal masalah pendengaran akan memberi kesan terhadap INTERVENSI AWAL anak damit awda bagi menyerlahkan lagi perkembangan pertuturan dan bahasa, potensi akademik dan perkembangan sosial mereka.

“Kira-kira tiga dalam setiap 1000 anak damit yang dirawat di Unit Rawatan Rapi sekurang-kurangnya dua hari akan mempunyai masalah pendengaran”



Bila dan di mana saringan pendengaran dilakukan?

Ia akan dilakukan 24 jam selepas anak awda dilahirkan, biasanya sebelum awda dan anak damit awda meninggalkan hospital.

Saringan pertama – Wad Selepas Bersalin di Pusat Perempuan dan Kanak-Kanak, Hospital RIPAS.

Jika diperlukan, *Saringan Kedua* – Unit SCBU, tingkat 2 di Pusat Perempuan dan Kanak-Kanak, Hospital RIPAS.

Apakah yang terlibat dalam saringan pendengaran?

Ia akan dijalankan di bilik khas yang sunyi dan tenang. Anak damit awda perlulah berkeadaan selesa dan tenang. Terdapat dua cara saringan dilakukan:

- 1) Otoacoustic Emissions (OAE)
OAE dilakukan pada saringan pertama. Penyaring akan meletakkan sejenis fon telinga lembut di bahagian luar telinga anak damit awda. Mesin ini akan memainkan bunyi “tone” ketika ujian dijalankan.
- 2) Automated Auditory Brainstem Response (aABR)
aABR dilakukan pada saringan kedua. Sensor kecil akan dilekatkan di kepala anak damit awda dan sejenis fon telinga diletakkan pada kedua telinga. Seterusnya, bunyi klik akan dimainkan ketika ujian dijalankan.

Apakah maksud keputusan LULUS pada kedua belah telinga?

Ini bermakna anak damit awda mempunyai pendengaran yang baik.



Apakah maksud keputusan RUJUK pada satu atau kedua belah telinga?

Ini sering berlaku dan tidak semestinya anak damit awda mempunyai masalah pendengaran. Ada beberapa sebab ianya terjadi:

- ◆ Anak damit resah semasa sesi saringan tersebut.
- ◆ Terdapat cecair atau halangan dalam telinga anak damit awda,
- ◆ Kemungkinan ada bunyi latar belakang yang bising semasa saringan pendengaran dijalankan.

Awda akan dirujuk ke Klinik Saringan di Unit SCBU untuk saringan kedua sekiranya keputusan RUJUK pada saringan pertama. Seterusnya, ke Unit Audiologi untuk penilaian diagnostik sekiranya keputusan RUJUK pada saringan kedua.

NEWBORN HEARING SCREENING PROGRAM

Why screen my baby's hearing?

Hearing screening can detect hearing problem soon after birth and it is essential even if none of the family members have a history of hearing loss.

Early detection of hearing loss impacts EARLY INTERVENTION which results in optimizing your baby's speech and language development, academic potentials and their social development.

“About 3 in every 1000 who have spent at least two whole days in intensive care have a hearing loss”



When and where will the screening be done?

Hearing screening will be done after 24 hours of birth, usually before your baby leaves the hospital.

First Stage Screening – Postnatal Ward at the Women and Children Block, RIPAS Hospital.

If required, *Second Stage Screening* – SCBU Unit, Second floor at the Women and Children Block, RIPAS Hospital.

What does the hearing screening involve?

Screening will be done in a quiet, special room and your baby needs to be settled and quiet. There are two main ways:

1) Otoacoustic Emissions (OAE)

OAE is done on the first screening stage. The screener will place a soft rubber tipped ear-piece in the outer part of your baby's ear. The machine plays a tone stimulus down the ear for testing.

2) Automated Auditory Brainstem Response (aABR)

aABR is done on the second screening stage. Small sensors are placed on your baby's head. Soft cupped-headphones, especially for babies, are placed on your babies ears and a series of clicking sounds are played for testing.

What does the result PASS from both ears mean?

This means that your baby almost certainly has a good hearing.



What do the REFER screening result from one or both of my baby's ears mean?

This often happens and does not necessarily mean that your baby has a hearing loss. Some likely reasons why it might be difficult to screen include:

- ◆ Your baby may have been unsettled during the hearing screen.
- ◆ There may be fluid or temporary blockage in the ear after birth.
- ◆ There may have been background noise when screening was carried out.

You will be referred to SCBU Unit for second screening if the hearing screening results showed a REFER in the first screening stage and to Audiology Unit for diagnostic assessment if the second hearing screening results showed a REFER.