



We are Team Wendorf and this is our story...



Newborn Hearing Screen



“You don’ t know what you don’ t know.”



Otoacoustic Emissions (OAE) are sounds given off by the inner ear when the cochlea is stimulated by a sound. When sound stimulates the cochlea the outer hair cells vibrate. The vibration produces an inaudible sound that echoes back to the middle ear. The sound can be measured with a small probe inserted into the ear canal.



Auditory Brainstem Response (ABR) is a non invasive test that measures the hearing potential of the auditory nerve from the cochlea through the brainstem. ABR is performed by placing electrodes on various parts of the head to record brainwave activity in response to sound. The person sleeps quietly or rests comfortably, no response is necessary. This test can also be referred to as BAER (Brainstem Auditory Evoked Response).

OAE

Newborn hearing screen

ABR or BAER

(diagnostic evaluation)



The EHDDI Program



1-3-6



<http://www.flickr.com/photos/thewendorfs/5740479237/>

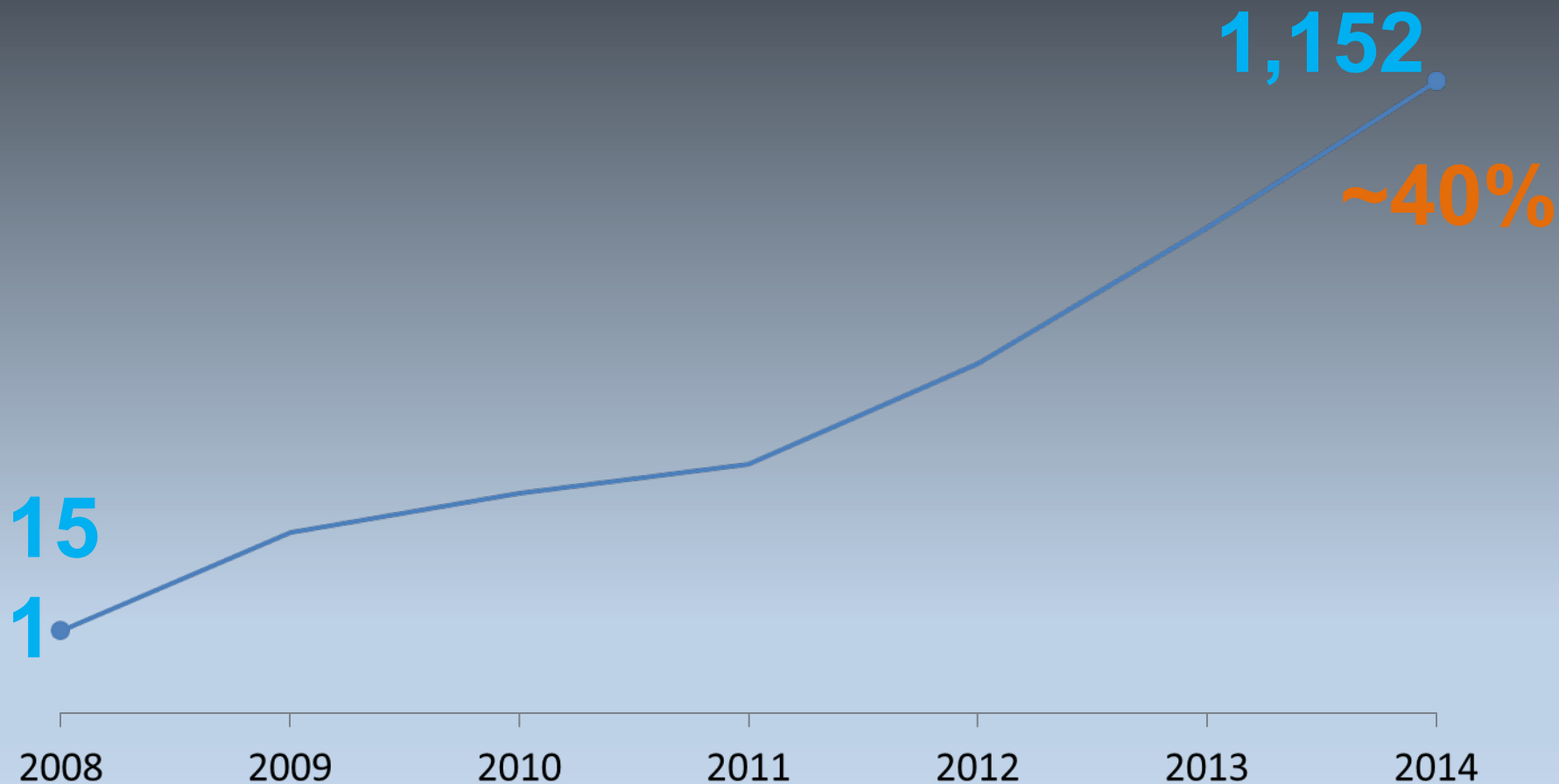




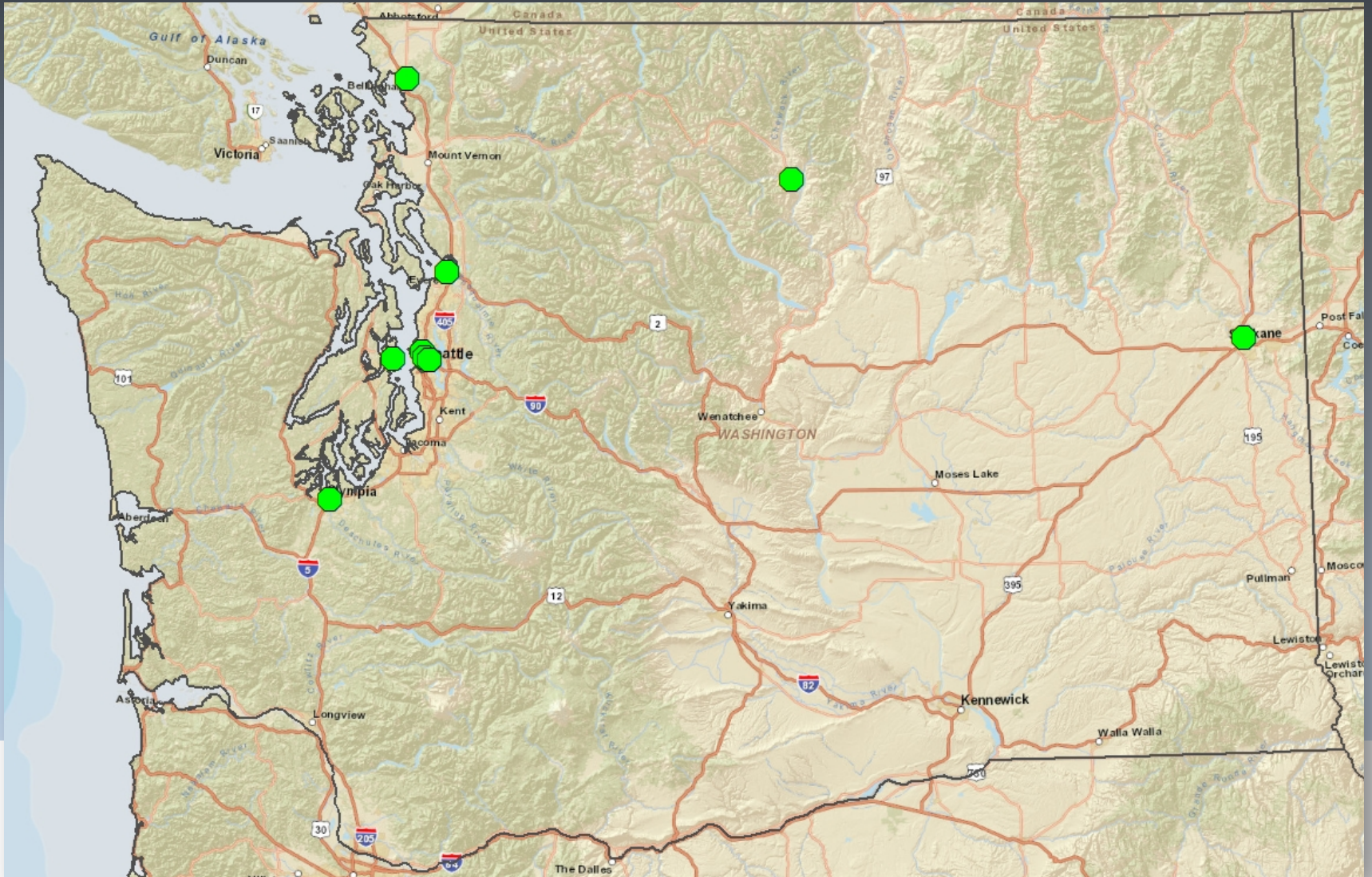


1-3 in every 1,000 babies

Number of Out of Hospital Births Screened for Hearing Loss



Midwifery Practices With Hearing Screening Equipment



Infant Hearing Screening Test Sites in Washington State

Facility	City	Age Limit	Phone #	Fax #
Island Hospital: Birth Center	Anacortes	6 months	360.229.1390	360.428.8214
Cascade Valley Hospital: OB Department	Arlington	8 weeks	360.618.7754	360.618.7654
Auburn Regional Medical Center: Family Birth Center	Auburn	6 months	253.545.2895	253.403.8416
Gumnut Blossom Midwifery	Bainbridge	6 months	206.954.2622	206.922.5597
Overlake Hospital Medical Center: Women's Clinic	Bellevue	6 months	425.688.5389	425.688.5454
Seattle Children's Bellevue Clinic and Surgery Center: Audiology	Bellevue	6 months	206.987.5173 option 1	206.884.9370
Gentle Hands Midwifery	Bellingham	6 months	360.752.2229	360.752.2228
St. Joseph Hospital	Bellingham	5 months	360.788.6909	360.738.6376
Harrison Memorial Hospital	Bremerton	6 months	360.337.8904	360.337.8907
*Three Rivers Hospital: East Wing	Brewster	4 months	509.689.2517	509.689.8102
Highline Community Hospital: Family Childbirth Center	Burien	6 months	206.439.5581	206.241.8210
*Lake Chelan Community Hospital: Acute Care	Chelan	2 months	509.682.3300 ext 6125	509.682.3475
Whitman Hospital & Medical Center: OB Department	Colfax	4 months	509.397.3435 ext 327	509.397.5779
Mount Carmel Hospital	Colville	4 months	509.685.5100	509.685.2099
*Whidbey General Hospital: Family Birthplace	Coupeville	3 months	360.678.7656 ext 2118	360.678.7614
Swedish Edmonds: Birth Center	Edmonds	6 months	425.640.4077	425.640.4427
*Kittitas Valley Community Hospital: Family Birth Center	Ellensburg	6 months	509.962.7328	509.933.8622
*St. Elizabeth Hospital: Women and Infant Services	Enumclaw	1 month	360.802.8530	360.802.8538
Cascade Midwives and Birth Center	Everett	6 months	425.317.0157	425.317.0756
Providence Regional Medical Center Everett: Post Partum Clinic	Everett	6 months	425.304.6052	425.304.6045
St. Francis Hospital	Federal Way	6 months	253.403.2092	253.403.1686
*Forks Community Hospital: Acute Care	Forks	No age limit	360.374.6271 ext 158	360.374.6238

Audiology Clinics for Infants

If your child has NOT passed more than one hearing screen, it is highly recommended that he or she receive a complete diagnostic test at a Level 1 Clinic.

- [S] Clinics that can provide sedation or general anesthesia (contact clinic for details)
- [HA] Clinics that can provide hearing aid services for age 0-6 months
- [F] Clinics that offer options for financial assistance

LEVEL 1 CLINICS: Complete Diagnostic Testing Available

Western Washington

Ballard Speech & Hearing [S/F]
Seattle, WA 98107
Phone: 206-789-7029
Fax: 206-789-5485

Center for Hearing & Skull
Base Surgery-Swedish Neu-
roscience Institute [S/HA/F]
Seattle, WA 98122
Phone: 206-320-8242
Fax: 206-320-1960

Evergreen Speech & Hearing
Clinic, Inc. [HA]
Bellevue, WA 98004
Phone: 425-454-1883
Fax: 425-454-2036
Kirkland, WA 98034
Phone: 425-899-5050
Fax: 425-899-5054
Redmond, WA 98052
Phone: 425-882-4347
Fax: 425-883-0043

Madigan Army Medical
Center Audiology [S]
Tacoma, WA 98431
Phone: 253-968-0927
Fax: 253-968-5927
(Tricare beneficiaries only)

Mary Bridge Speech & Hear-
ing Services-Mary Bridge
Children's Hospital [S/HA/F]
Tacoma, WA 98403
Phone: 253-792-6640
Fax: 253-627-5004

The Polyclinic [HA]
Seattle, WA 98104
Phone: 206-860-4642
Fax: 206-357-5041

Seattle Children's Hospital
Audiology [S/HA/F]
Bellevue, WA 98004
Phone: 206-987-5173
Fax: 206-884-9370
Seattle, WA 98105
Phone: 206-987-5173

The Vancouver Clinic-
Columbia Tech Center [HA]
Vancouver, WA 98684
Phone: 360-882-2778
Fax: 360-604-1784

Western Washington
University Speech & Hear-
ing Clinic [F]
Bellingham, WA 98225
Phone: 360-650-3881
Fax: 360-650-2843

Eastern Washington

Confluence Health-Omak
Clinic [F]
Omak, WA 98841
Phone: 509-826-1800
Fax: 509-826-7913

Confluence Health-Wenatchee
Valley Hospital & Clinics [F]
Wenatchee, WA 98801
Phone: 509-663-8711
Fax: 509-664-1800

Walla Walla Clinic
Walla Walla, WA 99362
Phone: 509-525-3720
Fax: 509-529-9939

Yakima Valley Hearing &
Speech Center [HA]
Yakima, WA 98902
Phone: 509-453-8248
Fax: 509-248-9012

Oregon

Central Interstate Clinic [S]
Portland, OR 97227
Phone: 503-331-6052
Fax: 503-331-6051
(Kaiser Permanente
Insurance only)

Doernbecher Audiology
Clinic at OHSU [S/HA/F]
Portland, OR 97239
Phone: 503-418-2116
Fax: 503-494-5203

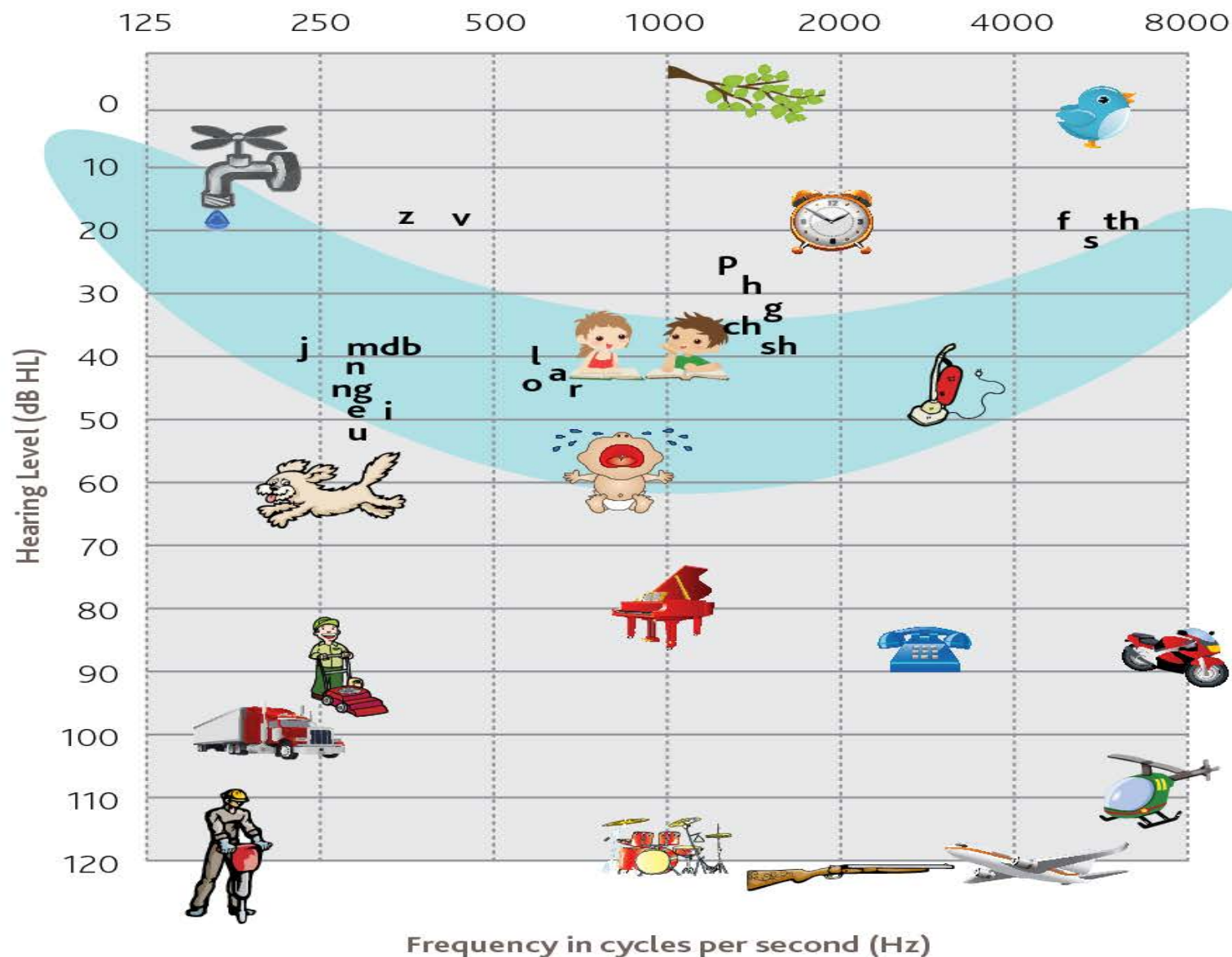
Congratulations on the newest member of your family!

We are Team Wendorf, family of 6, and we are writing our story in hopes that your baby will hear every "I love you" you have to give them.

Our first born (our only girl) was delivered at a birth center by our lovely midwife and her team. Healthy and happy, she developed language at a very rapid rate which is typical first born girl. Fourteen months later our son Kai was born. He decided to make his entrance into the world 6 weeks early and had to be delivered at a hospital. His birth was not an ideal situation and we were anxious to get home. Before leaving the hospital he failed the new born hearing screen. Since his talkative and interactive sister never had a hearing screen we were not concerned. We assumed it was most likely due to fluid in his ear canals.

Four months later the hospital called to follow up on his inconclusive screening results and we reluctantly went back in for a retest. At that time we learned that our son had a moderate hearing loss in both ears, i.e. he was partly deaf. We were floored since we had no family history of hearing loss. We did not expect his hearing loss nor were we aware that 3 in 1,000 newborns are born with permanent hearing loss.

In retrospect we consider ourselves blessed that Kai was born at the UW hospital instead of our midwife's birthing center. We are also blessed that the hospital pursued a follow up on Kai's newborn hearing screen. Our birth center did not conduct newborn hearing screens and our midwife did not have the equipment. If our son had been born outside the hospital his hearing would have gone unscreened. He most likely would have remained undiagnosed until 2 ½ which is the average age of a child identified after birth without the hearing screen or follow up.





Washington Hands & Voices Guide By Your Side program

Providing unbiased, emotional support and resources by
trained Parent Guides to families with children with hearing loss.



Please Fax or Mail to:

Address: 2001 H Street, Bellingham WA 98225

FAX: (360) 650-9411

Attn: Guide By Your Side program

Email: GBYS@wahandsandvoices.org

Phone: (425) 268-7087

- ☐ I want to be matched with a Parent Guide
☐ I want more information about Guide By Your Side and resources.

Please contact me: ☐ today ☐ in 2 weeks ☐ in 1 month

Parent Name(s) _____

Child's name _____ D.O.B. _____

Address _____ City _____ Zip _____

Phone# Cell _____ Home _____ Email _____

Best time to contact me _____

☐ I authorize WA State/County ESIT staff, Children with Special Health Care Needs staff, Family Resource Coordinator, Audiologist, Speech Language pathologist, or my primary care provider to release my name, address, phone number, and e-mail to Washington Hands & Voices Guide By Your Side program so that I may receive information regarding Guide By Your Side program including resource information and parent support provided to families of children diagnosed with or suspect a hearing loss.

Signature _____

Relationship to child _____

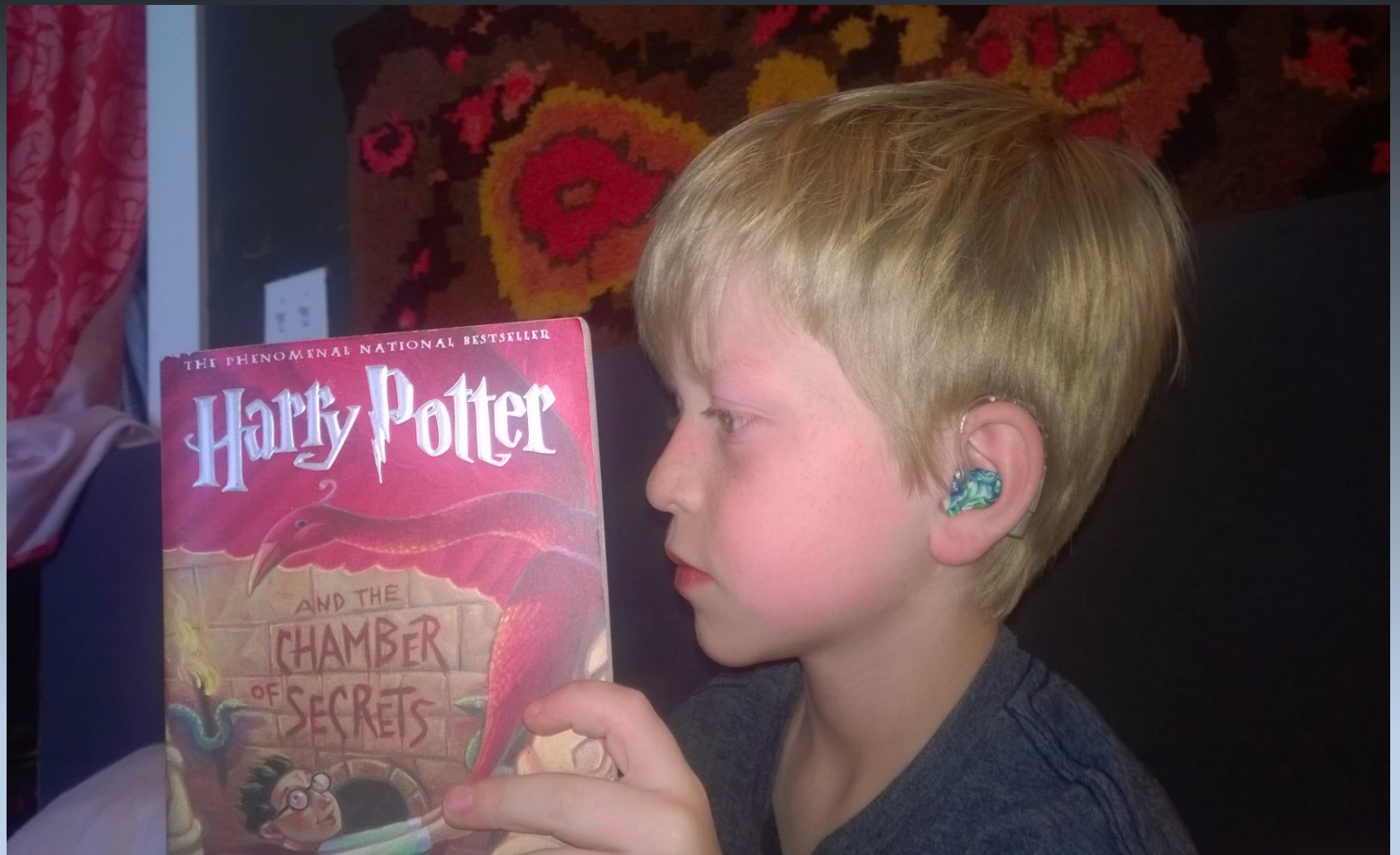
Date _____ Verbal Consent _____

Hands and Voices & the Guide By Your Side program





“I think it is good to have hearing loss because it makes me unique and special.”



[https://www.google.com/webhp?
sourceid=chrome-
instant&ion=1&espv=2&ie=UTF-8#q=flintstones
%20hearing%20loss](https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=flintstones%20hearing%20loss)





Thanks for listening to our story!

resources

www.handsandvoices.org

www.wahandsandvoices.org/gbys

[www.doh.wa.gov/YouandYourFamily/
InfantsChildrenandTeens/HealthandSafety/
EarlyHearingLoss](http://www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/EarlyHearingLoss)

www.successforkidswithhearingloss.org

Kristina Wendorf

