



Gerd W. Clabaugh, MPA  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

**PARENTAL REFUSAL OF NEWBORN HEARING SCREENING**

Dear Parent:

Congratulations on the birth of your baby! You have indicated an objection to the birth center/midwife conducting a hearing screening test on your baby. We want you to ensure you understand some facts prior to signing this refusal form.

First, the hearing screening test would not hurt your baby. Most babies sleep through the test.

Second, hearing loss is the most commonly occurring disability in infants. Hearing loss occurs in approximately three babies out of every 1,000 born in the United States.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. Adequate hearing is important for your child to learn normal speech, language, and other developmental skills. A delay in identifying hearing loss leads to delays in a child’s ability to talk and communicate. Early detection of hearing loss and enrollment in early intervention before six months of age has been demonstrated to be highly effective in facilitating a child’s language and communication development.

Finally, you should not rely on your own ability to determine whether your baby has hearing loss. Reliance on parental recognition to detect hearing loss has not been successful, as over 50 % of newborns and infants with hearing loss go undetected until the age of two and a half. Your refusal to allow your baby to be screened for hearing loss could have significant consequences for your baby’s future development.

I, \_\_\_\_\_ [parent/legal guardian full name], am refusing to allow \_\_\_\_\_ [insert name of birth center/midwife] to conduct newborn hearing screening on \_\_\_\_\_ [baby’s full name], a baby born on \_\_\_\_\_ [date of birth].

I have been told about the importance of having my baby’s hearing tested. I have read and fully understand the above facts. I will make arrangements with my baby’s doctor or audiologist if I want to have my baby’s hearing tested at a later time.

I hereby release, waive, discharge, and covenant not to sue \_\_\_\_\_ [insert name of birth center/midwife], the Iowa Department of Public Health, and the state of Iowa, and all employees, officials, staff, and agents of any of these entities for any liability, claim, and/or cause of action arising out of my refusal to allow this birth center/midwife to conduct newborn hearing screening on my baby or arising out of any loss, damage, injury, or illness that occurs as a result of the fact that my baby was not screened for hearing loss.

\_\_\_\_\_  
Print Full Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

ORIGINAL TO BE FILED WITH THE MEDICAL RECORD OF THIS BABY AND A COPY TO BE FORWARDED TO THE IOWA DEPARTMENT OF PUBLIC HEALTH STATE EHDI COORDINATOR WITHIN SIX DAYS OF BIRTH