

Congenital Cytomegalovirus (CMV) testing in Audiology

Introduction

Your baby did not have a clear response on their hearing screen and has been referred for a more detailed hearing test. The test may show that your baby's hearing is normal, but it might show that your baby has a hearing loss. In most cases hearing loss in babies is temporary, often as result of blockage in the outer or middle parts of the ear. A small number of babies will be found to have a permanent hearing loss that will affect one or both ears.

There are many causes of permanent hearing loss in babies and young children. Up to 20% of cases are caused by congenital CMV.

What is congenital CMV?

CMV is a common virus. In adults it can present as cold, flu or show no symptoms at all. CMV infection affects 1% of pregnancies in the UK. If an unborn baby is exposed to the virus it is called congenital CMV. It is diagnosed by testing body fluids (urine/saliva) before 3 weeks of age. About 90% of babies who have congenital CMV are well with no signs of the infection, however it can cause hearing problems in babies who are otherwise well.

Why is it important to test babies for congenital CMV?

CMV is the only treatable cause of hearing loss in newborn babies. To try and stop the hearing worsening and to see the full benefits of the treatment, it is important that infection is confirmed and treatment started within the first 4 weeks of life.

Will you test my baby for CMV and how will you do it?

Before your baby's hearing test we will place either a piece of cotton wool or a collection bag inside their nappy to collect a sample of their urine whilst their hearing is tested. If the hearing test shows that your baby has a permanent hearing loss, we will send the sample to a laboratory to test for the virus. If your baby's hearing is normal or has a temporary hearing loss the sample will be discarded.

What if my baby has congenital CMV?

A specialist children's doctor will contact you by telephone to arrange a medical review appointment. This will be arranged as soon as possible so that early treatment can commence if it is suitable.

Regular hearing tests will also be offered to your baby.

Sources of information

<http://cmvaction.org.uk/>

<https://www.ndcs.org.uk/>

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner. If you wish to contact us please call Paediatric Audiology, Tel: 0300 131 5679 or Email: esht.audiology@nhs.net

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: 0300 131 4731 (direct dial) or by email: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Dr Nisha Gupta – Associate Specialist in Community Paediatrics

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Paediatric Audiology

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Responsible clinician/author: James Penfold – Lead Paediatric Audiologist

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