

Study finds intervention helps newborns get screened for hearing loss

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Researchers at Cincinnati Children's Hospital Medical Center found that targeted intervention helps improve follow-up rates by more than 70 percent for newborns who fail initial hearing screenings at birth hospitals.

"It is important newborns are treated for [hearing](#) loss within the first six months of life because this is a critical time for speech and language development," said Lisa Hunter, PhD, FAAA, Scientific Director of Research, Division of Audiology at Cincinnati Children's. Dr. Hunter is also a faculty member with the Communication Sciences Research Center at Cincinnati Children's.

"Loss to follow-up" refers to infants who reach six months without completing rescreening or diagnostic assessment. Low income mothers are especially at risk for loss to follow-up because of multiple barriers including transportation, lack of child care, work or school schedules and insurance coverage, according to the recent study published in *Pediatrics*.

To improve hearing outcomes for babies, Cincinnati Children's collaborated with the Women, Infants, and Children (WIC) program. Over two years, there were 1493 screening referrals at six birth hospitals in Greater Cincinnati recorded by the Ohio Department of Health. Of these, 260 WIC-eligible infants were referred to the study. The loss to follow-up rates for WIC eligible infants born at intervention birth hospitals were then compared with non-WIC [infants](#).

Research coordinators from Cincinnati Children's would then inquire about an on-site rescreen at the infant's WIC appointment. After rescreening, parents were counseled regarding the results and the need for a diagnostic follow-up at an audiology facility if the infant did not pass.

The WIC collaboration improved loss to follow up rates from 33.3 percent at baseline to 9.6 percent in year one and two (a reduction of 71 percent). The intervention also improved the age at hearing diagnosis from 68 days at baseline to 34.8 days across the two years of the study (a reduction of 48.8 percent). That is the age at which an infant is diagnosed with either normal hearing or a [hearing loss](#).

"We found by working together with WIC we significantly improved the effectiveness of newborn hearing screening programs for low-income mothers and their babies," said Scott Wexelblatt, MD, medical director of Regional Newborn Services at Cincinnati Children's and co-author of the study. "The earlier an infant is correctly identified, the better the outcome for speech, language and reading."

Provided by Cincinnati Children's Hospital Medical Center

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