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Early Identification of Hearing Impairment in Infants and Young Children

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EARLY IDENTIFICATION OF HEARING IMPAIRMENT IN INFANTS AND YOUNG CHILDREN

There is a clear need in the United States for improved methods and models for the early identification of hearing impairment in infants and young children. Approximately 1 out of every 1000 children is born deaf. Many more are born with less severe degrees of hearing impairment, while others develop hearing impairment during childhood. Reduced hearing acuity during infancy and early childhood interferes with the development of speech and language skills. Although less well documented, reduced auditory input also adversely affects the developing auditory nervous system and can have harmful effects on social, emotional, cognitive, and academic development, as well as on a person's vocational and economic potential. Moreover, delayed identification and management of severe to profound hearing impairment may impede the hearing-impaired child's ability to adapt to life in a hearing world or to prepare for life in the hearing-impaired community.

The critical period for language and speech development is generally regarded as the first two years of life, and, although there are several methods of identifying hearing impairments during the first year of life, the average age of identification in the U.S. remains close to three years. Lesser degrees of hearing loss may go undetected even longer. The result is that for many hearing-impaired infants and young children, much of the critical language and speech learning period is lost. There is general agreement that hearing impairment should be recognized as early in life as possible, so that the remediation process can take full advantage of the plasticity of the developing sensory systems.

Infant hearing screening has been attempted with a number of different test methods, including cardiac response audiometry, respiration audiometry, alteration of sucking patterns, movement or startle in response to auditory stimuli, various behavioral paradigms, measurement of acoustic reflexes, and more recently, auditory brain stem response (ABR) audiometry. In addition, attention has recently turned to the measurement of otoacoustic emissions, which shows promise as a fast, inexpensive, noninvasive test of cochlear function. Each method is effective in its own way, but technical or interpretative limitations have impeded widespread application. Moreover, these approaches vary widely in their sensitivity, specificity, and predictive efficiency in identifying hearing impairment.

Today, most neonatal screening programs are focused on infants who satisfy one or more of a number of criteria for inclusion in a "high-risk registry." The preferred screening test method has come to be ABR, combined with audiologic follow-up for those infants who fail the screening protocols. Despite the relatively good predictive efficiency of ABR, its cost, time requirements, and technical difficulties have discouraged the general application of this method in screening the far larger newborn population not meeting the high-risk registry criteria. Using the high risk registry approach misses approximately 50 percent of infants with hearing impairments. Consensus on a unified approach to early identification has also been delayed by the scarcity of data on the relative sensitivity, specificity, predictive efficiency, and cost effectiveness of the hearing screening techniques currently used to identify hearing impairments in infants and young children.

This bibliography was prepared in support of the National Institutes of Health Consensus Development Conference on the Early Identification of Hearing Impairment in Infants and Young Children held March 1-3, 1993 on the NIH campus in Bethesda, Maryland. The purpose of the consensus conference was to reach an agreement on the following questions: which children should have their hearing screened or tested and at what age; which methods and models are preferred for identifying hearing impairment in infants and young children; and what are the key areas for future research. The bibliography surveys the literature on topics pertaining to the early identification of hearing impairment in human infants and young children published between January 1988 and December 1992. Literature on rare or relatively rare medical conditions involving hearing loss are not included, nor are animal studies. Journal articles are divided by subject area, and a reference can appear under more than one subject, with the exception that articles dealing with otoacoustic emissions (which may also discuss other methods) are listed only under otoacoustic emissions. Letters, editorials, news, and articles on developmental problems are selectively included, and literature on otoacoustic emissions is more comprehensively included than literature on other methods. Books (including book chapters) and audiovisuals are listed separately by format and are not included in the subject categories.

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EXP AUDITORY PERCEPTION

SS 4 = NEONATAL SCREENING

SS 5 = RISK FACTORS OR ALL MODEL# (TW) OR SCREENING (TW) OR
DECISION SUPPORT TECHNIQUES

SS 6 = 2 AND 4 OR 3 AND 4

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Journal Article:

Authors *Article Title*

Tucker SM, Bhattacharya J. Screening of hearing impairment in the newborn using the auditory response cradle. Arch Dis Child 1992 Jul;67(7):911-9.

Abbreviated Journal Title *Date* *Volume* *Issue* *Pages*

Monograph:

Authors/Editors *Title*

Fritsch, Michael H.; Sommer, Annemarie. Handbook of congenital and early onset hearing loss. New York: Igaku-Shoin; 1991. 170 p.

Place of Publication *Publisher* *Date* *Total No. of Pages*

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*For details of the formats used for references, *see* the following publication:

Patrias, Karen. *National Library of Medicine recommended formats for bibliographic citation.* Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

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METHODOLOGY, INSTRUMENTATION, AND PERSONNEL

Auditory Brainstem Response (ABR)

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