



Family Care and Support Network

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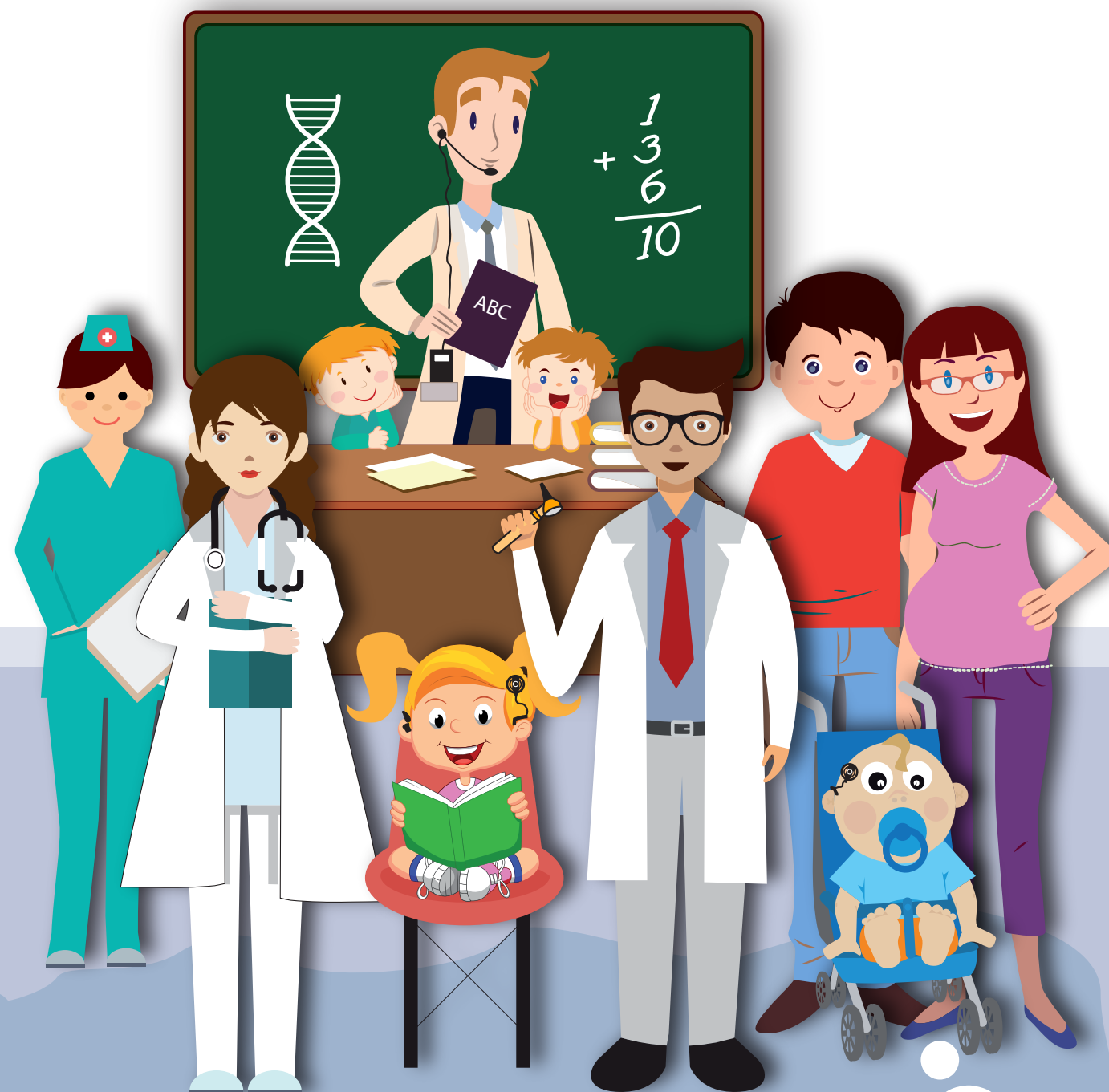
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Update on the early detection of pediatric hearing loss



ACCESS THE SPANISH EDITION

Newborn hearing loss is very common, affecting approximately 4-6 children per 1000 births.

Screening should be applied to all newborns as only 50% have risk factors for hearing loss.

Without a universal newborn screening program, identification of children with hearing problems is delayed until 2-3 years of age.

Screening should be performed before the first fifteen days of the child's life, diagnosis of those who do not pass screening before 3 months, and initiation of treatment, if applicable, before 6 months of age.

Comprehensive treatment, including fitting of hearing aids, should be carried out in the first months of life.

Children treated late have delays in speech and language development, exceeding the critical developmental period, which is essential for certain learning linked to hearing.

The existence of a coordinated, family-centered interdisciplinary team with an integrated state-level database is key to the success of screening, diagnosis and treatment programmes for childhood hearing loss.
The necessary measures must be taken to avoid loss of cases in the process.

LEVEL 1 DETECTION

- Either of the two available screening techniques (otoacoustic emissions and/or automated auditory evoked potentials) are appropriate at this stage.
- Proper identification of auditory risk factors is necessary to ensure optimal subsequent follow-up.
- Study of congenital cytomegalovirus (cCMV) infection is recommended in children who do not pass hearing screening.
- cCMV detection must be performed before 15 days of life.
- Passing newborn screening does not rule out the possibility of developing late or sudden hearing loss.
- Combined auditory, genetic and cCMV screening would overcome the limitations of current screening.

LEVEL 3 TREATMENT

- After diagnosis, it is essential to start the most appropriate treatments in each case as soon as possible, based on an overall approach focused on the child and his/her family.
- Early logopaedic intervention is essential for auditory stimulation and the development of spoken language and the cognitive and learning skills derived from them.
- Hearing aid fitting must be carried out no later than 6 months of age, with behind-the-ear hearing aid devices with a magnetic induction coil.
- A trial period with hearing aids is recommended before making a decision on cochlear implantation.
- There are new indications for cochlear implantation with reference to unilateral hearing loss and the type and severity of hearing loss.
- In the near future, cochlear gene therapy will develop treatments that can preserve or restore hearing.

LEVEL 2 DIAGNOSIS

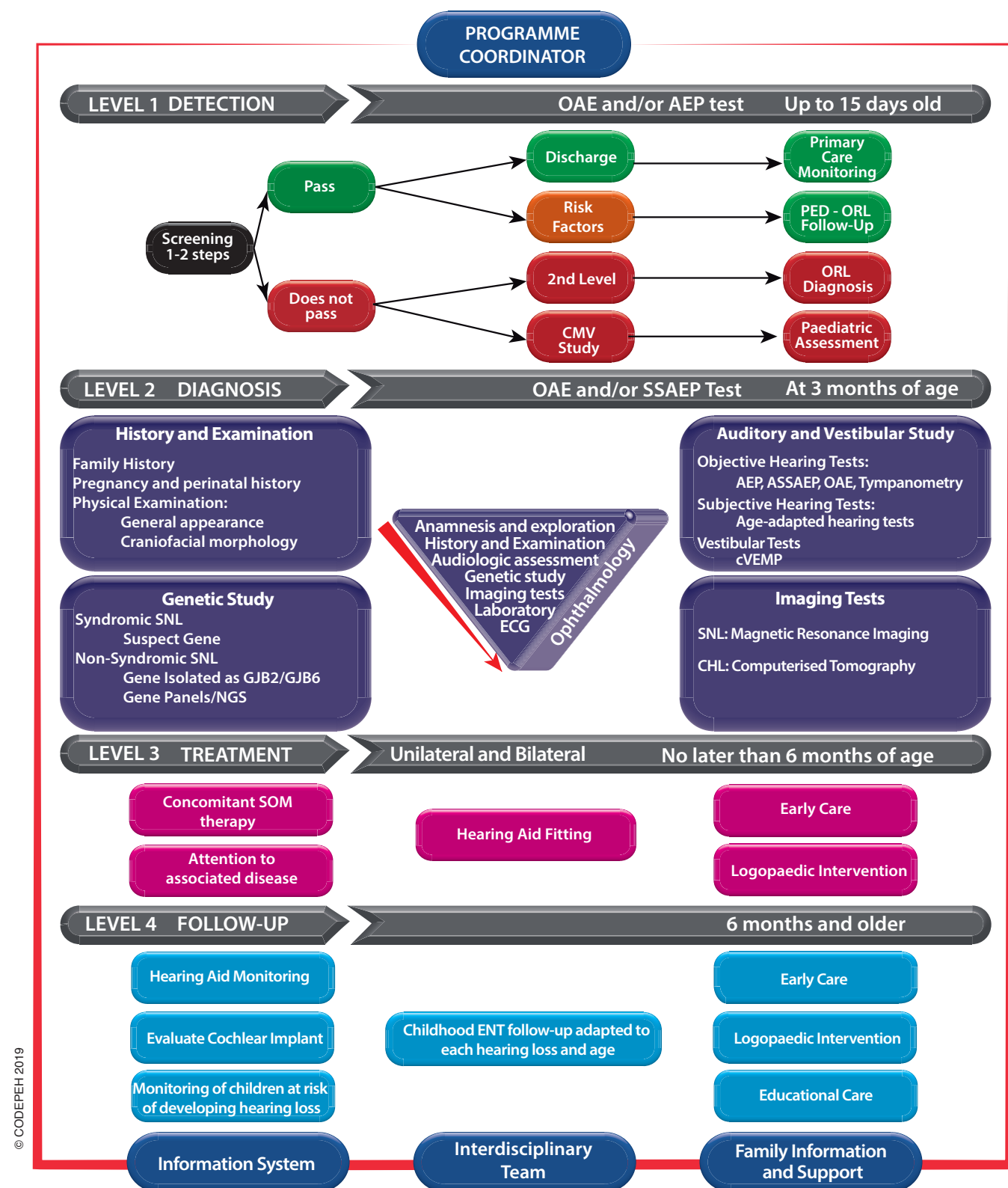
- A proper examination and medical history remain the mainstay of diagnosis.
- A single audiologic test is not sufficient for proper diagnosis and treatment. Steady-state evoked potentials are a safe and essential test.
- Diagnosis of cCMV beyond 21 days of life requires confirmation, using a biological sample in the newborn period.
- In case of known syndromes, a genetic study targeting the responsible genes is recommended. For non-syndromic deafness, next-generation sequencing panels are recommended.
- Magnetic resonance imaging should be the test of choice, which, depending on each case, can be supplemented with a computed tomography scan.
- It is advisable to assess vestibular function in all children with hearing loss using myogenic vestibular potentials.

LEVEL 4 FOLLOW-UP

- The ultimate aim of implementing an early deafness detection programme must go beyond diagnosis, focusing on early, planned and coordinated care.
- At all levels of programme development, interdisciplinary teams, working in collaboration with the family and organised by a coordinator, are required.
- The Family Partnership Movement must be a point of support throughout all stages as part of the interdisciplinary team.
- A state information system, accessible to the professionals involved, is needed to improve the exchange of information and ascertain the current status of the subject, unify protocols, reduce losses in the process and improve the development and results of the programme through continuous evaluation.

DETECTION, DIAGNOSIS AND EARLY TREATMENT OF PEDIATRIC HEARING LOSS

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