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## EDITORIAL

### Overview of neonatal hearing screening programs in Brazilian maternity hospitals<sup>☆</sup>



### Panorama dos programas de triagem auditiva neonatal em maternidades brasileiras

Approximately 25 years ago, a few isolated pioneers began performing neonatal hearing screening, initially in a few private hospitals and later in private practice in Brazil, using objective screening methods (evoked otoacoustic emissions [OAEs] and brainstem auditory evoked potentials [BAEPs/ABR]). Initially, screening was directed at children who had a risk factor according to the Joint Committee on Infant Hearing and subsequently, after almost ten years, it was extended to all newborns. During most of the time, one of the greatest difficulties was to convince pediatricians of the need to perform this test in children without any risk factors.

Local, state, and federal-level demands for the test to be obligatory were initiated by otorhinolaryngologists and audiologists, which were successful on only rare occasions. Most of the time, the test was indicated by a pediatrician during a private consultation or consultation through health insurance, which, however, did not cover the test procedure.

After much effort at the several governmental levels, Federal Law 12,303 of August of 2010 made the test obligatory and free of charge in maternity hospitals. Almost four years have passed and we still have difficulties achieving the goal of a universal newborn hearing screening (UNHS) program.

In 2012, after seeking collaboration through representatives of the Brazilian Association of Otorhinolaryngology and Cervical-Facial Surgery, the Brazilian Society of Otolaryngology, the Brazilian Society of Pediatrics, the Brazilian Society of Audiology and Speech Therapy, the Brazilian Academy of Audiology, and the Ministry of Health, the latter released the document entitled

“Guidelines on newborn hearing screening care”, available at <http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes-atencao-triagem-auditiva-neonatal.pdf>.

This document did not include several concerns regarding hearing screening, such as the implementation of a national database, training teams for screening, diagnosis, and intervention, but at least we have begun to envision a new scenario in newborn hearing care.

Currently, in Brazil, there are hundreds of centers that perform neonatal hearing screening, including hospitals affiliated with the Brazilian Unified Health System, which conduct the test free of charge to the patient, as well as private hospitals or clinics that charge or reimburse patients through health insurance. Some of these hospitals carry out only the screening phase, whereas some are able to perform diagnostic testing in infants who fail the screening, as well as others of higher complexity that also provide prosthetics or even offer cochlear implants.

A major concern in hearing screening services is the relatively high number of children who fail the test, leading to a considerable number of retests, and consequently, a greater number who will need a test to confirm the diagnosis of hearing loss. It has been observed that this number is high at the beginning of screening implementation and, over time, the number of false positives decreases, as examiners acquire greater skill. Infants who fail the screening test twice should be referred to a diagnostic center to be better assessed.

Fortunately, in most cases, the problem lies in the middle ear. Unfortunately, we do not have a public network where hearing assessment by otolaryngologists is easily achieved. After the medical evaluation, the child must be submitted to a more detailed assessment, such as BAEP thresholds with specific frequency or use of auditory steady-state potential, and if hearing loss is confirmed, the child must be referred for diagnostic therapy and hearing aids, and when necessary, cochlear implant.

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This scenario is slowly changing for the better, once again through the personal initiative of doctors and audiologists, concerned about the devastating aspects of undiagnosed congenital deafness, rather than through government intervention.

### **Conflicts of interest**

The author declares no conflicts of interest.

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