

WHY PARENTS REFUSE NEWBORN HEARING SCREENING IN SOUTH AFRICA

De Wet Swanepoel ^{1,2,3}

Lucia Scheepers ¹

Talita le Roux ¹

¹ *Department of Speech-Language Pathology and Audiology, University of Pretoria, Pretoria, South Africa*

² *Ear Sciences Centre, School of Surgery, The University of Western Australia, Nedlands, Australia*

³ *Ear Science Institute Australia, Subiaco, Australia*

Address for correspondence

Prof De Wet Swanepoel

Department of Speech-Language Pathology and Audiology,

University of Pretoria, South Africa, 0002

Tel: +27 12 4204280

Fax: +27 12 4203517

Email: dewet.swanepoel@up.ac.za

Conveying information related to the importance of early detection for hearing loss in infants is necessary to ensure parents are able to make an informed decision related to the screening of their baby. The authors agree with the comments by Jobb and Wiwanitkit [1] on the critical role of the patient/health provider relationship to ensure informed choice on behalf of the parents who must consent to the screening of their newborn's hearing. Ideally, prior to the

birth of a baby, family physicians or pediatricians should share and discuss this information with parents. In South Africa medical health care providers who see parents before the birth of their baby, such as pediatricians, have often however been found to be unsupportive of hearing screening for newborns [2]. In addition to insufficient support from health care providers the fact that hearing screening entails an out-of-pocket expense often not covered by medical insurance schemes is a further deterrent [3, 4]. It is in light of this fact, which Joob and Wiwanitkit [1] rightly point out has persisted for many years, that we have once again recommended that newborn hearing screening be included in the overall birthing package costs as opposed to an ad hoc out-of-pocket expense [5]. It is our opinion, based on contextual research findings [2, 3, 4, 5], that the combination of insufficient support from health care providers, in particular pediatricians, for newborn hearing screening along with the additional out-of-pocket costs associated with screening are main contributors to parental refusal in South Africa. Increased awareness on the importance of newborn hearing screening as de facto medical standard of neonatal care [6] along with hearing screening as part and parcel of the birthing care package will go a long way towards ensuring increased coverage. Of course those conducting the screening must also provide parents with sufficient and appropriate information, hopefully building on what has been shared by family physicians and pediatricians, so that parents can make an informed choice in the best interest of their young baby.

REFERENCES

1. B. Joob, V Wiwanitkit. Why parents refuse newborn hearing screening. *Int. J. Pediatr. Otorhinolaryngol.* In Press
2. M.E. Meyer, D. Swanepoel, Newborn hearing screening in the private health care sector – a national survey, *S. Afr. Med. J.* 101 (2011) 665–667.
3. M.E. Meyer, D. Swanepoel, T. Le Roux, M. Van der Linde, Early detection of infant hearing loss in the private health care sector of South Africa, *Int. J. Pediatr. Otorhinolaryngol.* 76 (5) (2012) 698–703.
4. D. Swanepoel, S. Ebrahim, A. Joseph, P.L. Friedland, Newborn hearing screening in a South African private health care hospital, *Int. J. Pediatr. Otorhinolaryngol.* 71 (2007) 881–887.
5. Scheepers LJ, Swanepoel DW, Roux TL. Why parents refuse newborn hearing screening and default on follow-up rescreening-A South African perspective. *Int J Pediatr Otorhinolaryngol.* 78 (2014) 652-658.
6. R.J.H. Smith, J.F. Bale Jr., K.R. White, Sensorineural hearing loss in children, *Lancet* 365 (2005) 879–890.