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## Newborn screening: a resounding failure in Canada

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### *Canada lags far behind other countries on inexpensive newborn hearing tests*

Hearing loss is more common than most people realize, affecting about five in every 1,000 newborns in wealthy countries such as Canada. That's why almost every developed country has a universal hearing screening program.

Not Canada.

In Canada, only four provinces screen every child for hearing loss and fewer still have standards in place to ensure timely follow-up and treatment for children who do have auditory problems.

That is inexcusable.

Newborn screening is essential and cost-effective: Babies undergo a couple of simple, non-invasive tests and, if necessary, they can get help immediately, from hearing aids to speech therapy later on.

Permanent hearing loss in a child should be considered a neurological emergency, not a catch-as-catch-can condition. Because auditory deprivation can have an impact on brain development and learning, the cost of inaction is being paid by thousands of children every year.

"Hearing loss affects a child's understanding and use of language," says Dr. Roula Baali, an audiologist and board member of Speech-Language and Audiology Canada (SAC).

"It can also affect their cognitive, social, emotional, academic and communication development. The sooner we can detect a hearing problem, the better the chances for improvement and future success."

SAC, along with the Canadian Academy of Audiology, have issued a report card on the state of newborn screening and it makes for some pretty sad reading. Eight of the 13 provinces and territories get a failing grade, four (Ontario, Nova Scotia, Prince Edward Island and New Brunswick) get a passing grade and only one (British Columbia) gets top marks.

The grades are based on having a program with standardized procedures to detect hearing loss, and then a series of measures to ensure timely intervention, including diagnosis, treatment and monitoring. And, yes, as some will note,

the groups representing audiologists and speech therapists who produced this research have a vested interest because they want more work for their members. But they also have some good scientific and economic arguments on their side.

The cost of universal screening and timely follow-up is marginal; in fact, it costs less to do early prevention and treatment than doing nothing and waiting for serious hearing problems to manifest themselves.

A Quebec study estimated that by increasing screening to 100 per cent of babies from the current 25 per cent, the province would save \$1.7-million a year. That's because the cost of educating children whose hearing loss is detected later is considerably more – almost \$18,000 a year for a hard-of-hearing student compared to \$5,000 for a hearing student.

So, here are the results of the report card, in descending order:

- B.C.: Excellent. Province-wide, with 97 per cent of babies screened; a carefully designed program with clear standards and follow-up;
- Ontario: Good. Province-wide, with 90 per cent of babies screened; carefully designed program with good follow-up;
- Nova Scotia: Good. Province-wide, with 95 per cent of babies screened; clear standards but some program limitations;
- Prince Edward Island: Screening in main hospital but by request elsewhere; 95 per cent of babies screened; program with standards but poor tracking of outcomes;
- New Brunswick: Good. Province-wide, with 95 per cent of babies screened; but significant program shortfalls;
- Newfoundland and Labrador: Insufficient. Not province-wide; 90 per cent of babies screened; program has clear standards but variable outcomes;
- Yukon: Insufficient: Not territory-wide; 90 per cent of babies screened in main hospital; program has clear standards but only informal follow-up;
- Alberta: Insufficient. Majority of babies are unscreened, and outcomes vary; province promised universal screening in March, 2013, but has not yet implemented;
- Quebec: Insufficient. 20-25 per cent of babies screened; no program standards in place; province promised universal screening in 2009 but has not implemented;
- Manitoba: Insufficient. 10-15 per cent of babies screened; no program in place but legislation introduced to develop program;
- Nunavut: No screening or standards in place;
- Saskatchewan: No screening or standards in place;
- Northwest Territories: No screening or standards in place.

Where universal screening has not been instituted, hospitals tend to only test babies considered at high risk for hearing loss, such as preemies and those who have had serious infections such as meningitis.

But a lot of children fall between the cracks. And when hearing loss is not detected at birth, it is often not discovered until around age two, when children start speaking. Sometimes parents notice problems and manage to get help, but it's not easy to do so in every jurisdiction.

Hearing impairment can vary in severity. For mild hearing loss, hearing aids are the treatment of choice, and there

are good ones for children now.

Cochlear implants are an option for children whose hearing loss is due to lack of sensory hair cells in the cochlea. In some cases, hearing can be restored by surgery, repairing structural problems to the ear. Profound hearing loss – deafness – is not reversible but children, babies even, can be taught American Sign Language, and when they acquire language they don't suffer developmental delays.

Universal screening can make a real difference by preventing disability and helping children reach their full potential for learning and social interaction. It's a plea that should not fall on politicians' and policy-makers' choosing-to-be-deaf ears.

**Follow me on Twitter:** @picardonhealth<sup>1</sup>

## References

1. <https://twitter.com/picardonhealth>

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