

# Universal Healthy Child Programme

**Jenny Whyte** examines the Universal Healthy Child Programme (HCP): Identification of hearing loss in healthy children who have passed Newborn Hearing Screening

Every child in the UK is offered a Newborn Hearing Screen between birth and three months of age; this is highly recommended by the NHS but remains parental choice. Ideally this should be within the first month as responses are more reliable due to the gross motor development of a baby influencing the test. The NHSP (Newborn Hearing Screening Programme) aims to identify moderate, severe and profound deafness and hearing impairment in newborn babies. Early identification of hearing impairment gives children a better chance of developing speech and language skills, and of making the most of social and emotional interaction from an early age (Public Health England (PHE), 2014).

The NHSP was not developed to routinely consider other forms of hearing loss, even though a conductive loss (such as fluid/liquid present from labour experience) may affect the test outcome and require further investigations. The NHSP will not identify all forms of hearing loss<sup>1</sup> and does not rule out the likelihood of a hearing loss developing later in childhood.

If a baby has a positive result from the NHSP the care pathway is clearly set out by the Department of Health (DoH) and PHE following either the well-baby or neonatal pathways – [www.gov.uk/government/publications/newborn-hearing-screening-care-pathways](http://www.gov.uk/government/publications/newborn-hearing-screening-care-pathways)

Data by PHE (2006) reported that in most developed countries approximately 1 in 1,000 live births are identified as having a significant permanent congenital hearing loss, although this may be 3-4 times higher in certain communities and in parts of the UK. PHE also reports that for some children the hearing loss is not present at birth and by the age of ten the incidence of childhood hearing loss almost doubles. This loss may be due to genetic factors but could also be an acquired hearing loss from childhood illnesses or trauma and infections such as meningitis, mumps and measles.

The DoH (2018) guidance around the childhood immunisation programme is detailed in the Personal Child Health Record (PCHR: Red Book) which is given to parents at routine antenatal visits by Health Visitors. At this visit the importance of childhood immunisations is routinely discussed with parents and the topic revisited at new birth and 6 – 8 week visits, which are core visits also undertaken by Health Visitors as part of the universal service offered by the Healthy Child Programme (HCP). Additional visits are completed if the family is identified as requiring additional support and these families are monitored under the Universal Partnership (UP) or Universal Partnership Plus (UPP) pathways.

The importance of completing the childhood immunisation programme in line with the DoH schedule should not be underestimated. The American Centre for

Disease Prevention (2017) reports that hearing impairment is a common complication of diseases including measles. The data for the children who contracted measles in the USA is that approximately one in ten children will develop a permanent hearing loss following this illness. The research into other childhood illness such as mumps or meningitis has similar if not more detrimental outcomes. The UK is currently experiencing a widespread measles outbreak with laboratory reported cases exceeding those of previous years. This is thought to be due to a population of children, now teenagers and young adults, who missed out on their MMR (measles, mumps and rubella) vaccination in relation to the discredited and unethical claim that the immunisation may have links to the development of Autistic Spectrum Disorders.

The NDCS recognises that parental or professional concerns about a child's hearing should always be taken seriously and acted on (NDCS, 2017). Hearing loss greatly impacts on not just the development of language and ability to communicate in children, but studies have also shown that over a lifespan it can also reduce chances of employment, have an impact on self-esteem and may restrict an individual's aspirations. Evidence has also shown that unidentified hearing loss can increase the risk of mental health problems. Therefore, the sooner a child is identified as having a hearing loss and the earlier they receive intervention, the greater the possibility of the child learning language, reducing the likelihood of the adverse effects of the hearing loss (WHO, 2016).

Following the NHSP outcome and identified referral pathways, the onus of recognising hearing loss which develops during childhood in the early years (0-5 years) is placed in the main upon the parents/carers. The PCHR 'Red Book' contains two pages which inform the parent/carer of signs to look out for during childhood. These pages provide parents with some identifying factors of age appropriate responses that their baby/child should be making in relation to their developmental progress and language acquisition. If a parent/carer is concerned at any time about their child's hearing, then they should raise their concerns with the child's GP or HCP Team and a referral for an initial assessment with Paediatric Audiology should be made.

All children are offered a hearing screen with parental consent at school entry aged five years in line with the school health entry questionnaire which also informs the school of any health needs of the child. Prior to that screen, if a child attends a pre-school or educational setting the professionals working with that child may also notice that the child appears to be having difficulty hearing. Concerns should initially be raised by the setting

with the parent/carer and consent gained for contact to be made with the HCP Team where a test can be arranged either at the setting or a referral made to Audiology. Parents/carers need to be supported during this anxious time as, although hearing loss in children may be permanent, it is often temporary and caused by Glue Ear (NDCS 2018) meaning this can usually be resolved through treatment and intervention.

To conclude, the NHSP in the UK has significantly increased the identification of newborn babies with hearing loss at birth. However, there continues to be evidence that the outcomes for children with later onset and acquired hearing loss are lower in comparison with children identified through the NHSP. Parents/carers play an invaluable part in the identification of childhood hearing loss and in partnership with the Healthy Child Programme, primary care and educational settings parents need to be supported to raise their concerns at the earliest time to enable best outcomes for children. ■



*Jenny Whyte is the Deputy Designated Nurse for Safeguarding Children West Sussex Clinical Commissioning Groups.*

**Note**

1 See [www.ndcs.org.uk/family\\_support/glue\\_ear](http://www.ndcs.org.uk/family_support/glue_ear) and [www.ndcs.org.uk/news/ndcs\\_news/mild\\_and\\_moderately.html](http://www.ndcs.org.uk/news/ndcs_news/mild_and_moderately.html)

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