



Our Mission: To advance access to the gift of hearing provided by cochlear implantation through research, advocacy and awareness.

Comments of the American Cochlear Implant Alliance in response to the Pediatrics Clinical Report published by the American Academy of Pediatrics (September 2023) entitled Hearing Assessment in Infants, Children and Adolescents: Recommendations Beyond Neonatal Screening (September 18, 2023)

Families need comprehensive, unbiased information to make decisions for their children who are deaf or hard hearing—and federal laws mandate it

The September 2023 AAP clinical report directs needed attention to the critical importance of hearing healthcare in children including assessment protocols and mention of CMV as a leading cause of childhood hearing loss. Unfortunately, it provides inaccurate or incomplete information on several important topics. Given that many pediatricians are unfamiliar with the opportunities for children who are deaf or hard of hearing (D/HH) and how they can play a key role in supporting families in their child's hearing loss journey, we were disappointed with the report's inaccurate and biased information. The authors sought input from only one outside organization (National Association of the Deaf)—a group with a very specific approach to communication in D/HH children (American Sign Language, ASL) as a core value—and this bias permeated the recommendation section. Notably absent is the involvement of hearing care clinicians who provide families with a comprehensive perspective on options to develop this report.

The report notes the importance of parent choice but does not provide representational citations on outcomes associated with various communication options. For example, the report includes studies supporting the benefits of ASL but not published papers supporting benefits of listening and spoken language (LSL) without ASL in outcomes for children who are D/HH (Geers 2017, Dettman 2013). The authors pose ASL as a way to prevent language deprivation and optimize brain development without acknowledging the implications of this recommendation for families without experience with hearing loss differences or ASL, who need to learn a second language (which may take two years or more) while their child learns their first language. More than 90% of children who are D/HH are born to two parents with typical hearing, but few studies examine language outcomes for children born to two hearing parents using ASL as their main language—a serious omission. Many families have neither the time nor the resources to learn a second language and then teach it to their child. Children whose families provide exposure to a home language rich in quantity and quality whether that is English, Spanish, ASL or another are more likely to develop age-appropriate language and reach literacy milestones (Bunta



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2016). Regardless of parent choice, families must readjust to accommodate use of technology or ASL to foster effective and efficient communication with their child.

The authors note cochlear implants as an option that provides more listening opportunity than hearing aids for some children, but do not discuss current communication outcomes for children with severe to profound hearing levels who do not receive a CI.

The recommendations often muddle hearing screening versus assessment. Furthermore, the report contradicts screening recommendations by the American Academy of Audiology (2011) and, despite emphasizing the importance of hearing in young children fails to recommend hearing screening for those 6 months to 4 years.

We urge the American Academy of Pediatrics to withdraw this report and convene a representative group of clinicians, organizations, and parents to provide an up-to-date, balanced, and representative clinical report on options for children who are D/HH.

References

Geers AE et al. Early sign language exposure and cochlear implantation benefits. *Pediatrics* July 2017, V 140.

Dettman S, Wall E, Constantinescu G, Dowell R. Communication outcomes for groups of children enrolled in auditory-verbal, aural-oral, and bilingual-bicultural early intervention programs. *Otology & Neurotology* 2013, 34, 451-459.

Bunta F et al. Dual language versus English only support for bilingual children with hearing loss who use cochlear implants and hearing aids. *Int J Language Disorders* 2016 Jul; 51(4): 460-472.

American Academy of Audiology. Hearing Screening Guidelines, 2011.

Read the Pediatrics Clinical Report here: <https://publications.aap.org/pediatrics/article/152/3/e2023063288/193755/Hearing-Assessment-in-Infants-Children-and?autologincheck=redirected>