**INTRODUCTION**
- Approximately 2 per 1000 babies born will have a bilateral moderate, severe or profound hearing loss.
- Benefits: significantly better language is achieved if children are aided before the age of 6 months.
- Effects: Children with a significant hearing loss are at risk of poor language development, early diagnoses and management (Kanji et al. 2010, Yoshinaga-Itano et al. 2004).
- Cost of special education and lost employment due to hearing impairment can burden the economy (WHO, 2010).
- Benefits of these programmes are well-documented (Yoshinaga-Itano et al. 1995, 2004; Yoshinaga-Itano & Thompson, 2000; Yoshinaga-Itano et al. 1998).

**Universal newborn hearing screening (UNHS)**

<table>
<thead>
<tr>
<th>Test</th>
<th>JCIH</th>
<th>UKMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening rate</td>
<td>At least 95%</td>
<td>98%</td>
</tr>
<tr>
<td>Refer rate</td>
<td>No greater than 4%</td>
<td>4%</td>
</tr>
<tr>
<td>Return rate</td>
<td>At least 70%</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Flowchart**

- **POSTNATAL WARD**
  - **Referral**: To see the assistant science officer
  - **AAH**: To be seen by the audiologist

- **NICU**
  - **Diagnostic hearing test**: To see the audiologist same day
  - **Normal**: To be seen by the audiologist
  - **Abnormal**: Discharge

- **AAH**
  - **Pass**: Follow up
  - **Refer**: To the hospital

**RESEARCH OBJECTIVES**

- To describe the socio-demographic of defaulters in the Universal Newborn Hearing Screening Program at UKMMC and to identify the associated factors.

**METHODOLOGY**

- A cross-sectional study has been carried at UKMMC from December 2011 until May 2013. Default is patient who failed to attend the first stage hearing screening at UKMMC and also defaulted follow up at the Audiology Unit between January 2010 and May 2011.
- The information was obtained through telephone inquiries to the parents using the set of questionnaire.
- The factors studied were awareness on hearing loss, distance to the hospital, appointment date, financial and transportation difficulties.
- Project code: FF-396

**RESULTS**

<table>
<thead>
<tr>
<th>Race</th>
<th>Malay</th>
<th>Chinese</th>
<th>Indian</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (%)</td>
<td>196(71.7)</td>
<td>42(15.3)</td>
<td>8(2.9)</td>
<td>27(9.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (%)</td>
<td>146(52.1)</td>
<td>134(47.8)</td>
</tr>
<tr>
<td>Delivery</td>
<td>LSCS</td>
<td>Normal</td>
</tr>
<tr>
<td>Total (%)</td>
<td>6(2.1)</td>
<td>274(97.8)</td>
</tr>
</tbody>
</table>

**Causes for default**

- The others associated factors which were appointment date was not given (n=173, 61.7%), distance to the hospital (n=126, 45%), and appointment date given is too long (n=57, 20.4%), appointment date was not given (n=123, 41.3%), and financial difficulties (n=93, 31.4%)

**STUDY LIMITATIONS**

- Factors contributes to our high default rate are:
  - Financial difficulties
  - Lack of awareness

**REFERENCES**

- Ng PK et al in 2004 - 347 respondents, majority of mothers (88.1%) are aware of the significance of a hearing impairment for their child's speech and language development.
- Olusesnya BO et al in 2009. Most of the parents perceived that the hearing loss was perceived as not to be life threatening.
- Ng PK in 2004 - mothers does not wish to return to the hospital solely for a hearing test.
- According to Kanji et al in 2004 - return rate was likely to be influenced by distance from the hospital rather than factors such as maternal age or affordability of service.
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