

The Knowledge of Gynecologists and Pediatricians from Recife Public Hospitals about High Risk Factors for Deafness

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Abstract

Hearing is one of the main forms of connection between human being and the environment; however, hearing loss is still diagnosed very late in Brazil, which directly interferes with the child's development.

Aim: The aim of this study was to check the knowledge pediatricians and gynecologists have about the risk factors for the deafness, the way they acquired such knowledge and parent education about the subject.

Materials and Methods: We enrolled 119 doctors from three public hospitals of the city of Recife. An interview was applied, before and after the educational campaign on the matter. The study was descriptive, cross-sectional, case series-type. Data analysis was descriptive and inferential.

Results: The results showed that only 3 of the 18 hearing loss risk factors listed had gotten answers above 50% in the initial stage of the study and 53.84% of the professionals educated the families. All the answers had increased in the second stage.

Conclusion: The results emphasize the need to pay more attention to this matter; therefore, primary care is an inexpensive and efficient way to fight hearing loss.

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INTRODUCTION

Hearing is one of the main connections between human beings and their environment. This bond requires whole auditory pathways, which make it possible for certain sounds to become familiar before birth, such as the mother's heart beats and voice.^{1,2}

Hearing loss is a public health issue, but it is still diagnosed late in Brazil, resulting in losses that directly affect the global development of children.³⁻⁶ It may occur in the prenatal, perinatal and postnatal periods, and one of its classifications includes a division into acquired and congenital hearing losses.^{7,8}

The incidence of acquired hearing loss in Brazil has increased markedly in recent years; the main reason is lack of prevention of the main infectious and contagious diseases. Consequently, pre- and perinatal hearing losses account for 65% of deafness cases.^{9,4}

Neonatal hearing screening may be done universally for all live births or for children with risk factors for hearing loss. Estimates suggest that the prevalence of neonatal hearing loss is about 1 to 3 for each 1,000 neonates; this number increases to 1 to 6 for each 1,000 children admitted into neonatal intensive care units.^{10-13,6} The fail rate in hearing screening increases at earlier gestational ages (under 30 weeks) and lower birth weights (below 1,500g). The possibility of failed hearing screening is 37 times higher in syndromic term births compared to non-syndromic term births; if a neonate has a family history of hearing loss, the chance of failed hearing screening is 7 times higher.^{14,15}

About 50% of hearing losses may be suspected in the neonatal unit when hearing screening is done. Of all newborn, 7 to 12% have at least one risk factor for hearing loss; 2.5 to 5% of risk neonates have moderate to severe hearing loss.^{16,17}

Health care professionals should know about the factors that cause hearing loss, especially those that affect children in the prenatal, perinatal and immediately postnatal phases, so that hearing loss may be detected early. Every effort is only valid if professionals involved in neonatal care are aware and ready to set in motion diagnostic and (re)habilitation processes.¹⁸

Gynecologists are the first health care professionals to contact women before conception; it is therefore paramount for these professionals to know about risk factors to offer primary prevention of hearing loss.⁷ In sequence, the pediatrician first contacts the child soon after birth, followed by the family; the former is in charge of identifying children with suspected hearing loss.⁷ Otorhinolaryngologists and speech therapists - because of their training - also have a relevant role in education about hearing loss, its diagnosis and eventual interventions.²

These four professionals are part of a multidisciplinary team, and it is essential for them to know about the risk factors so as to help prevent hearing loss and avoid the tragic effects resulting from lack of auditory stimulation.^{19,7}

The purpose of this study was to investigate the knowledge pediatricians and gynecologists have about the risk factors for hearing loss, and to underline the importance of such knowledge within the medical community. Additional aims were to check whether families were being oriented about the risk factors for hearing loss and about hearing screening for neonates, to verify how such knowledge was acquired, and to disseminate the need for multidisciplinary work.

MATERIALS AND METHOD

This was a descriptive, cross-sectional study – a case series, with a sample of 119 medicine graduates, from both genders, with specialization or residency in gynecology and/or pediatrics. They were broken down into two groups; one was formed by 65 gynecologists and the other by 54 pediatricians. The participants were members of the clinical staff of the hospitals investigated and we included only those who participated in the two stages of the study which investigated three public reference maternal-pediatric hospitals in the city of Recife. This study was approved by the Ethics in Research Committee of the Catholic University of Pernambuco, under protocol # 092-2004/6-7. After the participants signed the informed consent form and the committee approved, we started to collect the data by means of a semi-directed interview, followed by the distribution of an information folder, which characterized the first stage of data collection.

The interview was made up of five questions, including the interviewee's knowledge regarding risk factors for hearing impairment, how knowledge was acquired, education regarding hearing health and risk factors, how this education was done. The risk factors described by the American Committee on Auditory Hearing Loss (Joint Committee on Infant Hearing) in 2008 are: family history of sensorineural hereditary hearing loss, maternal consanguinity, syndromes, congenital infections (rubella, syphilis, herpes, cytomegalovirus and toxoplasmosis) baby's craniofacial malformations, including the pinna, the external auditory canal, hyperbilirubinemia (with levels requiring exsanguinous transfusion), use of ototoxic medication such as: aminoglycosides, their association with diuretic agents and also chemotherapeutic agents, bacterial meningitis, Apgar scores between 0 and 4 on the 1st minute or 0 to 6 on the 5th minute, use of mechanical ventilation for more than five days, baby's ICU stay for more than forty-eight hours, recurrent or persistent otitis media for more than three months, suspicion of family members

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