



# Parental Refusal for Treatments, Procedures, and Vaccines in the Newborn Nursery

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## Keywords

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- Infant metabolic screen • Hearing screen • Antivaccine movement

## Key points

- Parental refusals of standardized care in the newborn nursery seem to be occurring more frequently.
- Parents and caregivers must be educated about the importance of newborn treatments and risks of refusal.
- Parents receive their information about newborn care from a wide range of sources, with important demographic differences.
- Providers need to know how to manage parental expectations and how to deal with difficult parents.

## INTRODUCTION

In this current era of medicine, a pediatrician's job not only includes the difficult task of keeping infants and children healthy but also addressing parents' hesitation and distrust of Western medicine. With increased use of the Internet and social media, parents are turning from their health care providers to other sources of information that are often replete with misinformation. The increasing antivaccine movement has trickled down to refusals for standard

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newborn care. Although information needs to be continually provided to parents, physicians also need to educate themselves regarding the reasons standard newborn care is delivered, what the common sources of misinformation are, and how to better communicate with parents. We have included direct quotations at the beginning of each section from parents and nurses to provide examples of reasons for refusals.

## HEARING SCREEN REFUSAL

“I don’t want my baby’s ears to explode.” “It just isn’t necessary.” “I know he can hear without the test.” “It looks like it hurts his ears.”

The universal hearing screen is a simple, fast, noninvasive, and painless test performed prior to nursery discharge. It can alert parents and providers to potential hearing loss. Detecting hearing loss at an early age is crucial to infants’ speech and brain development, and early intervention is key to developing speech and other forms of communication. Approximately 1 to 3 of 1000 infants are born with hearing loss, 50% of whom do not have risk factors for hearing loss. All states have statutes mandating newborn hearing screens. The United States Preventive Services Task Force (USPSTF) and the American Academy Pediatrics (AAP) both endorse universal hearing screen guidelines [1].

Otoacoustic emissions (OAEs) are the primary screening test that can detect conductive hearing loss. OAE screening measures the presence of sound waves generated by the outer hair cells when the cochlea is stimulated by sound. It is an appropriate test for those who are unable to verbally respond to sound stimuli, such as newborns, and does not require sedation. A small earpiece with a microphone and speaker is placed at the entrance of the external canal, sounds are generated, and the emission from the cochlea is recorded. OAE screening, however, is not able to measure central hearing loss so providers should further screen for hearing loss if speech delay is detected at future well visits [1].

If a newborn does not pass OAE screening, audiologists may perform an auditory brainstem response test, which measures cochlear nerve function. Electrodes are placed on the forehead, and brainwave responses to sound are recorded. This is also appropriate to use in newborns because a response is not required. This test lasts only a few minutes longer than OAE screening [1].

Providers must ensure that every infant has the opportunity to acquire the skills needed to develop appropriate milestones. Poor parental understanding of the scheduled appointment time for follow-up if an infant has failed a hearing screen and the cost of the test itself have been factors associated with refusal of the newborn hearing screening [2]. Without hearing, speech acquisition is delayed, which can have an impact on other developmental milestones.

## NEWBORN METABOLIC SCREEN REFUSAL

“We don’t have any diseases in our family.” “I don’t want my baby to cry from the pain.” “My baby does not need this.” “I don’t want the government storing information about my baby.”

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