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## Hearing screening in infants

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Speech development is mixture of nature and nurture. Speech and language are an essential part of any child's development. Language development impacts the child's social interactions, behavior and academic skills. The first signs of communication occur when an infant learns that a cry will bring food, comfort, and companionship. Infant's communication skills grow dramatically in their first year of life. They learn how to express themselves, respond to parents or caretakers and understand when they try to communicate with them. Early detection of speech delays requires knowledge of speech and language milestones and recognition of high-risk indicators for disorders. The primary aim of early intervention in children with hearing impairment is to restore or promote the child's communication skills and to optimize the level of language development which impacts the cognitive and socioemotional behavior. Hearing screening programs in newborns enable detection of hearing impairment in the first few days after birth.

### Biography

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Early identification and intervention with hearing augmentation within six months of age yields optimal effect. If undetected and without treatment, significant hearing impairment may negatively impact speech development and lead to disorders in psychological and mental behaviors. Infants who fail in hearing screening at hospital are referred for a repeat testing between two and eight weeks after discharge (second stage) and are examined by means of Oto acoustic emissions (OAE) followed by Automated Auditory Brainstem Response (ABR). Positive second stage results should be validated by otologic and audiological consultation. Comprehensive electrophysiological assessment includes diagnostic ABR testing and Auditory steady state response (ASSR) which are performed by audiologist. Finally, infants who are identified with a hearing loss should receive appropriate early stage intervention very soon after the final diagnosis is made and before six months of age.