

REFERENCE

1. Paul AK. Centralized newborn hearing screening in Ernakulam, Kerala- Experience over a decade. *Indian Pediatr.* 2016;53:15-7.

Author's Reply

1. Charge of Rs. 150/- per child is a one-time payment and covers repeat testings. Program was not supported by any grant.
2. The Cochin model of Universal Newborn Hearing Screening (UNHS) is a huge social investment for early detection and intervention. The social, emotional and physical cost of the 162 cases of deafness detected cannot be quantified just with money. The screening has a futuristic and prophylactic utility; it creates awareness for the future among the profession and the lay public to look out for possibility of hearing impairment. By paying Rs.150/-, screen negative parents are happy that their child has normal hearing and screen-positive parents are relieved their child's problem is detected early for effective management.
3. Surveys have shown that 14% mothers reported anxiety to a positive screen [1]. It is also reported that regardless of anxiety, 90% of all respondents were glad that their children had a hearing test and thought that universal hearing screening was a good idea [2]. We reiterate to the parents that the next level of

testing is undertaken to rule out for good if there is hearing impairment or not. It is soothing for most parents. Therefore, the anxiety is only similar to any other screening tool that is used in medicine.

4. Screening tests pick up hearing loss up to 30-35 db and not profound hearing loss.
5. It is unreasonable to claim that most mothers pick up deafness in children before the age of 6 months on their own. Responses to conventional sound cues are crude and non-standardized and should never be resorted to, when we have better, non-invasive standardized procedures.

Considering all these, the apprehension that the tool is not cost-effective in India does not stand to reason. The usefulness and cost-effectiveness of Newborn Hearing Screening procedure prompted the Ministry of Health and Family Welfare, Government of India to include Newborn Hearing Screening in 'Rashtriya Bal Suraksha Karyakaram' 2013.

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REFERENCES

1. Clements CJ, Davis SA, Baily AR. The False - positive in Universal Newborn Hearing Screening. *Pediatrics.* 2000;106:e7.
2. Mason JA, Herrman KR. Universal Infant Hearing Screening by automated auditory brainstem response measurement. *Pediatrics.* 1998;101:221-8.

Year of Mnemonics and Acronyms

The President of Indian Academy of Pediatrics (IAP) Dr Pramod Jog, in his Presidential Address [1], conveys a plethora of messages and advice. His inimitable style, employing mnemonics and coining acronyms, is attractive and amusing, but the messages (like many others in the past) may soon be forgotten. As examples, I refer to "comprehensive child care" (CCC) from 1996, which regularly appeared on IAP's paper mail, and "Avoid Antibiotic Abuse" (AAA), suggested more recently. The former (CCC) was adopted to emphasize that the practice of Pediatrics should not be confined just to treating sick children and carrying out preventive measures, but also addressing various problems of the underprivileged children in the community. The IAPCANCL (Child Abuse

& Neglect & Child Labor) Group was eventually established. Its members have worked and advocated on behalf of needy children. Unfortunately, the CANCL group has received very little support from the IAP. A plea to IAP Branches and even a group of members to adopt a village, for a number of activities, would be a most valuable contribution. Individual members can surely devote two hours or more per week to work for the society. Pediatricians are the largest antibiotic abusers, prescribing these drugs for diarrhea and upper respiratory infections. AAA must be vigorously advanced.

The President rightly observes that practitioners are very busy with clinical care and have very little energy left for research work. However, his advice to them to write case-reports is likely to prove very difficult to follow. Even if one is able to write a case-report, hopefully not in the style of the publication being cited [1], it would have a slim