Newborn Hearing Screening in Japan – Past, Present, and the Future

Jason Hollowell
Department of British and American Studies, Musashi University, Tokyo, Japan (Professor)
International University of Health and Welfare, Tokyo, Japan (PhD Student)
Shizuoka Prefectural General Hospital – Hearing and Language Center, Shizuoka, Japan (Researcher)
Macquarie University – Honorary Fellow

Early detection and habilitative intervention for children born with severe to profound hearing loss enables linguistic and cognitive development on par with that of hearing peers. Failing, however, to identify and provide intervention services as early as possible, can result in language acquisition and cognitive developmental delays which subsequently threaten to impact the individual's level of academic achievement, career opportunities, and social wellbeing (Pimperton et al., 2016), (Cupples et al., 2018), (Geers et al., 2019). Thus, a carefully designed and implemented newborn hearing screening program can significantly reduce the developmental, social, and economic, impact of newborn hearing loss.

In Japan, a 2019 report, summarized a survey conducted in 2017, which provided information collected, in 2016, from 1,797 institutions on 724,280 childbirths. The number of newborn screening tests administered was reported to be 634,216 representing 87.6% of the total childbirths. Whilst this percentage represents a marked increase over rates reported from previous years, it is somewhat misleading as the total number of births for the same year, as reported by the Ministry of Health, Labour and Welfare, was 946,065. Calculating the screening rate, from the total known births, results in a "known screening" rate of 67%. These data provide insight into the difficulties associated with designing, implementing, and monitoring a large-scale universal newborn hearing screening system for newborns with hearing impairment.

This talk will introduce an ongoing analysis of newborn hearing screening throughout Japan wherein reported screening rates have climbed from a "known screening" rate of 13% in 2014 to 80.7% in 2019.