



My Child has been Diagnosed with a Hearing Loss. What Do I Need to Know?

By Kim Dennison

Sometimes when a child is diagnosed with special needs parents are confused and don't know where to begin, especially if the diagnosis is one that we know little or nothing about.

Where do we start? What supports and services are necessary for my child? What kind of choices am I going to have to make and how will I know if I've made the correct choices? These are just a few of the questions that begin to enter a parent's mind. Professionals need to be patient with parents as they work their way through these questions and options.

Parents want to make good, informed decisions for their child, and it may take a parent a little time to move through the process and have an understanding of what is available for their child, based upon the type and level of the hearing loss.

Out of every 1,000 children, two to three are born deaf or hard of hearing, and 90% of those children are born to hearing parents. So, if a

large percentage of those parents know little to nothing about hearing loss, they are going to need some direction from the professionals working with their child.

In 2000, the Early Hearing Detection and Intervention Act was passed, and states began newborn screening programs in hospitals and birthing centers.

The goal of the EHDI Act was to identify newborns by the age of 1 month, confirm the hearing loss by age 3 months, and have the child enrolled in Early Intervention by age 6 months.

Prior to the EHDI Act, the average age a child was identified with a hearing loss was 2 ½ years of age.

By the time a child reaches the age of 2 ½ years, a lot of the critical time for language development has been lost.

Early identification is critical to the development of age-appropriate skills in communication and language development, whether spoken or visual. It is also important for the



development of your child's social and emotional skills.

Even if your child has failed their hearing screening, and it's only thought to be due to a mild to moderate fluctuating conductive hearing loss, which many times is due to fluid in the ear, it can still take a while for that fluid to go away. In some cases, tubes may be needed, and if so, early intervention should be considered. It is still a hearing loss, and intervention may be necessary to develop age appropriate speech, language, and communication skills.

What are some signs that my child may have a hearing loss?

If your child passed the newborn hearing screening, and you later notice any of the following, contact your child's pediatrician:

- You notice your child doesn't seem to jump, startle or wake up if a loud noise is made



- Your child is over the age of 3 months and doesn't respond to your voice
- By the age of 6 months your child should be turning toward noises or toward you when they hear your voice
- By the age of 12 months your child should be using a few words, da-da, mom-mom, no-no



- If your child is a toddler, or over the age of 1 year old and you notice he/she
 - Has very little or no speech
 - Doesn't respond to his/her own name or to questions
 - Seems to want volume for music, TV, videos, etc. turned up loud
 - Appears to have trouble learning age appropriate skills (shapes, colors etc.)



If you aren't seeing these skills, you should be mentioning your concern to your child's pediatrician as soon as possible. Ask your pediatrician to make a referral to a Pediatric Audiologist. That way you will have access to an Audiologist that you can be confident has experience in working with small children.



There are different types and levels of hearing loss. What are they?

When your child's hearing is evaluated you should receive a copy of an Audiogram. It will look a lot like a graph, and your child's hearing loss in the left and right ear will be marked on it. It will show at what decibel level they responded to different intensities (loudness) and frequencies (pitch) measured by Hertz (Hz) of sound.

The Audiologist will most likely be the one to go over your child's Audiogram with you.

If you don't understand your child's type and/or level of hearing loss, don't be afraid to ask questions. The better you understand these two things, the more informed you will be when you make amplification decisions regarding hearing augmentation and communication aids for your child.



Types of Hearing Loss

Conductive Hearing Loss - occurs in the outer ear and/or in the middle ear. May be treated with medication and/or surgical procedure such as tubes in the ears. Some children with excessive fluid in their ears have this type of hearing loss.

Sensorineural Hearing Loss - occurs in the inner ear. This type of loss is sometimes referred to as "nerve deafness." This type of loss can range from a mild to profound hearing loss and is permanent.



Mixed Hearing Loss - Is simply the combination of a conductive and sensorineural loss.

Fluctuating Hearing Loss - a loss in hearing that varies. An example would be for a child that has fluid in his middle ear or an ear infection, resulting in a temporary reduction in hearing.

Your child will have either a **Unilateral Hearing Loss** - meaning in only one ear, or a **Bilateral Hearing Loss** - meaning in both ears.

What are the different degrees of hearing loss and will my child need amplification?

<u>Degree</u>	<u>Decibels</u>	<u>Amplification</u>
Normal	0-15 dB	N/A
Slight/Minimal	16-25 dB	Possibly not necessary Consider noise level
Mild	26-40 dB	Necessary
Moderate	41-55 dB	Necessary
Moderate-Severe	56-70 dB	Necessary
Severe	71-90 dB	Necessary
Profound	91+ dB	Necessary

What types of Amplification are available?

Most young children are fitted with **Behind the Ear (BTE)** amplification. This works with a soft mold that fits in the child's ear through which the hearing aid delivers sound. An impression of the child's ear will be made so that the ear mold will fit into the ear. As a child grows, this will need to be done possibly multiple times a year, so that the device will remain anchored in the ear.

Today's technology options change rapidly. Your Audiologist will be valuable in helping you to understand your options and what would be the best fit for your child.

Another option is a surgically implanted device called a **Cochlear Implant**. This is typically an option for those children that wouldn't benefit from other amplification options, and usually a severe to profound hearing loss is involved.





What about communication options for my child?

Listening & Spoken Language - This approach teaches the child HOW to listen and talk with the support of hearing technology. (Hearing aids, FM System, Cochlear Implant)



Cued Speech/Language - Visual communication used to demonstrate phonetic information for children. It is designed to enhance lip-reading by combining natural mouth movements of speech with 8 hand shapes (cues) that represent different sounds of speech

American Sign Language - Manual communication taught as the child's first language and English as the second language. It involves the use of symbols and gestures combined with facial expressions to communicate. This mode of communication is the most popular used by the deaf and hard of hearing.

Total Communication - Simultaneous communication where signing and speaking occur at the same time.



It's important to think about what your options are, and what services and supports are available in your area.

Think about, and even write down, what the advantages and disadvantages are of each mode you are considering. Think about your child interacting with family members, social gatherings, etc.

If you feel that someone is pushing you to choose an option based on how things worked out for them and their child, find someone unbiased to talk with about your concern.

It is also very important that **YOU** learn the mode of communication that you choose for your child. Having access to someone who is appropriately trained in teaching the mode of communication for your child is extremely important.



Do your homework, research each option and make a good, informed decision for your child and your family.



Learning!

Children with any level or degree of hearing loss can, will and do learn. They may learn differently, and it might take them a little longer to learn some things.

One thing we do know from research is that when one of our senses isn't doing its job the way it's supposed to, another one picks up and is stronger so as to compensate for the loss of the other.

Most children with hearing loss are visual learners. The use of pictures along with the written word and sign, if you choose to learn sign language, helps the child to learn language.

Getting your child appropriate Early Intervention services by someone with knowledge of working with the deaf and those with hearing loss is important. That person will aid you in understanding how best to assist and teach your child using the mode of communication you have chosen.



Resources:

National Association of the Deaf
(NAD)

<https://www.nad.org/resources/early-intervention-for-infants-and-toddlers/information-for-parents/>

A.G. Bell – Alexander Graham Bell
Association for the Deaf and Hard of
Hearing

www.agbell.org

Getting the Facts - from Boys Town
National Research Hospital

www.babyhearing.org



**Ohio Coalition for the Education of Children with Disabilities
(OCECD) Newsletter April – June 2019**

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OCECD is the Ohio Parent Training and Information Center, funded by the U.S. Department of Education's Office of Special Education Programs, Grant #H328M150052. The content of this newsletter and any documents cited herein do not necessarily reflect the views or policies of the U.S. Department of Education.

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