



Information for parents of babies with possible mild hearing loss

IT'S IMPORTANT TO KNOW YOUR OPTIONS IF YOUR BABY IS DIAGNOSED WITH A MILD HEARING LOSS. YOUR AUSTRALIAN HEARING AUDIOLOGIST CAN HELP YOU MAKE AN INFORMED DECISION ABOUT THE BEST COURSE OF ACTION FOR YOU AND YOUR BABY.

How is my baby's hearing tested?

A baby's hearing can be tested using electrophysiological (*electro-fizzy-ological*) tests. These tests measure the electrical response of a specific part of the auditory system to sound and provide an estimate of hearing levels, based on average results for large groups of children. This means that individual children may have hearing that is slightly better or slightly worse than predicted.

For babies with significant hearing loss, this small inaccuracy does not change the fact that the baby needs hearing aids to hear and learn language. However, when test results fall into the mild loss range,

we can't be sure if the baby will have normal hearing or will have a mild hearing loss for some sounds. This can make decisions about hearing aids and intervention difficult.

What do the results mean?

If your baby's predicted hearing falls within the range of 20-40dB

We believe there is time to learn more about your baby's hearing before making a decision about intervention or the need for hearing aids. The reasons for this are:

You are usually close to your baby when you talk to them.

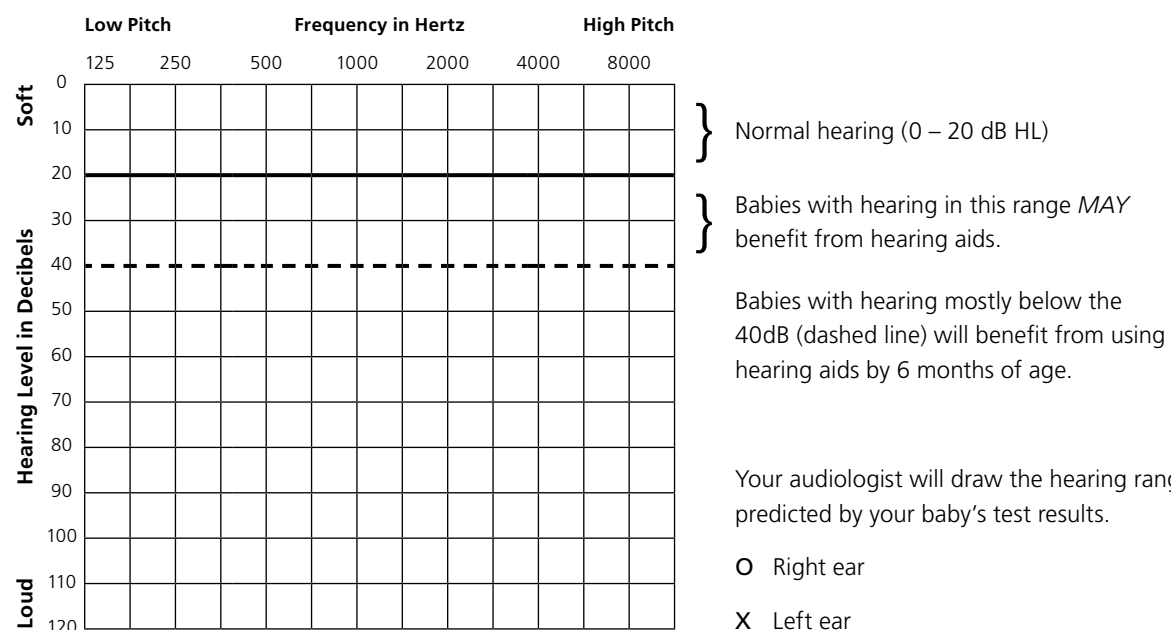
Your baby will spend a lot of their early months sleeping. When your

baby is awake, you will probably be quite close when you talk to your baby. Even if your baby has a mild hearing loss, they will easily hear the sounds in your voice because you are close by.

Your baby can hear his/her own voice

Even if your baby does have a mild hearing loss, they will still be able to hear most or all the sounds in their own voice when they cry or babble.

At this very early age, we do not believe a very mild hearing loss will cause delay in your baby's development of speech and language.



How long until we know for sure?

With most normally developing babies, it is possible to establish accurate, reliable behavioural hearing levels somewhere between 8 and 12 months of age. If your baby's hearing results are normal at that time, hearing aids will not obviously be required. However, further hearing tests may be recommended, depending on your baby's medical and family history.

If your baby's test results do show a mild loss, your audiologist will discuss the option of hearing aids and other assistance. Hearing aids are available at no cost (fully subsidised) to children through Australian Hearing's paediatric program (A small annual maintenance fee is charged if hearing aids are fitted). At this point, some families decide to trial hearing aids and see what sort of difference they make for their baby. Other families prefer to take a wait-and-see approach.

What are the benefits of early intervention?

Until recently, a mild hearing loss in a child usually went unnoticed until around school age. But that has changed. Various states in Australia are now putting in place newborn hearing screening programs. These programs are intended to identify children with moderate or greater hearing loss; however they may also identify some babies with much milder degrees of hearing loss.

Research has shown that babies with a hearing loss of about 40dB or more in both ears benefit from wearing hearing aids early in life. For these babies, fitting hearing aids by six months of age, and using them consistently, is important in for their speech and language development. But, research hasn't yet shown us the best approach to take for babies with milder losses.

What are the effects of a mild hearing loss?

At school age, some children with very mild losses never use hearing aids and appear to have few or no difficulties at school as a result of their hearing. Other children with very mild losses do have significant difficulties related to their hearing. A study conducted on school-aged children in Victoria during 2006 showed that children who had a slight or mild sensorineural hearing loss in both ears performed no differently from normally hearing children on a range of language, reading, behaviour and quality of life measures¹.

As yet we cannot predict which babies with very mild loss are at risk for hearing-related difficulties by school age and which are not. Regular checks of hearing and assessment by a speech-language pathologist are recommended during the preschool years.

A separate Australian Hearing information sheet gives more detail on some of the hearing aid issues you may want to consider if your baby is confirmed as having a mild loss.

What should we do in the meantime?

While we do not know if there is any need for special intervention for infants and babies with very mild hearing loss, there are some simple,

natural activities helpful for promoting language development in all babies. These are recommended whether or not your baby has a hearing loss.

- * Talk (and sing and read) and talk some more to your baby.
- * Whenever you can, be close and make eye contact when talking to your baby. Babies respond much more to speakers who are close to them, and eye contact is an important stepping stone in learning to talk.
- * If your baby cries or laughs or pulls faces, respond with your voice and your face. All babies and young children hear better if there is no background noise when someone is talking to them.
- * Try sitting on the floor with your knees bent and your baby lying back against your legs. Now you can hold baby's hands or feet or tickle his tummy while you talk face to face.
- * Visit www.babyhearing.org for more advice about how to promote good communication with babies.

References

1. Wake M, Tobin S, Cone-Wesson B, Dahl HH M, Gillam L, McCormick L, Poulakis Z, Rickards F W, Saunders K, Ukoumunne O C, Williams J (2006), *Slight/mild sensorineural hearing loss in children. Pediatrics* 2006;118:1842-1851.



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