

Determining if Your Child Has a Hearing Loss

If you think that your child has a hearing loss, you might be right. The following checklist will assist in determining whether or not your child might have a hearing loss. Please read each item carefully and check *only* those factors that apply to you, your family or your child.

More than 3 million American children have a hearing loss. An estimated 1.3 million of these are under three years of age. You, the parents and grandparents, are usually the first to discover hearing loss in your babies, because you spend the most time with them. If, at any time, you suspect your baby has a hearing loss, discuss it with your doctor.

Your baby's hearing can be professionally tested at any age. Computerized hearing tests make it possible to screen newborns. Some babies are in a higher risk category for having hearing loss than others. If you check any items on this list, your child should have a hearing test as soon as possible.

All children should have their hearing tested before they start school. This could reveal mild hearing losses that the parent or child cannot detect. Loss of hearing in one ear may also be determined in this way. Such a loss, although not obvious, may affect speech and language.

Hearing loss can even result from earwax or fluid in the ears. Many children with this type of temporary hearing loss can have their hearing restored through medical treatment or minor surgery.

In contrast to temporary hearing loss, some children have nerve deafness, which is permanent. Most of these children have some usable hearing. Few are totally deaf. Early diagnosis, early fitting of hearing aids, and an early start on special educational programs can help maximize the child's existing hearing.

Use this simple list to answer the question "**Is My Baby's Hearing Normal?**"

RISK CRITERIA --- CHECK EACH ITEM THAT APPLIES:

During Pregnancy

Mother had German measles, a viral infection or flu

Mother drank alcoholic beverages

My Family

Has one or more individuals with permanent or progressive hearing loss that was present or developed early in life

My Newborn (Birth to 28 Days of Age)

Weighed less than 3.5 pounds at birth

Has an unusual appearance of the face or ears

Was jaundiced (yellow skin) at birth and almost had or did have an exchange blood transfusion

Was in neonatal intensive care unit (NICU) for more than two days

Received an antibiotic medication given through a needle in a vein

Had meningitis

My Infant (29 Days to Age Two Years)

Received an antibiotic medication given through a needle in a vein

Had meningitis

Has a neurological disorder

Had a serious injury with a fracture of the skull with or without bleeding from the ear

RESPONSE TO THE ENVIRONMENT (SPEECH AND LANGUAGE DEVELOPMENT):

Newborn (Birth to 6 Months)

Does not startle, move, cry, or react in any way to unexpected loud noises

Does not awaken to loud noises

Does not freely imitate sound

Cannot be soothed by voice alone

Does not turn his/her head in the direction of my voice

Young Infant

Does not point to familiar persons or objects when asked

Does not babble, or babbling has stopped.

By 12 months is not understanding simple phrases such as "wave by-bye", "clap hands", by listening alone

My Infant (13 Months through Two Years)

Does not accurately turn in the direction of a soft voice on the first call

Is not alert to environmental sounds

Does not respond to sound or does not locate where sound is coming from

Does not begin to imitate and use simple words for familiar people and things around the home

Does not sound like or use speech like other children of similar age

Does not listen to TV at a normal volume

Do not show consistent growth in the understanding and the use of words to communicate

What you should do

If you have checked one or more of these factors, your child may be *at risk* for hearing loss. *At risk* simply means there is a better than average chance of a hearing loss.

If your child is at risk, you should take him or her for an ear examination and a hearing test. This can be done *at any age*, as early as just after birth.

If you did not check any of these factors but you suspect that your child is not hearing normally, even if your child's doctor is not concerned, have your child's hearing tested by an audiologist and when appropriate, his or her speech evaluated by a speech and language pathologist. If no hearing loss exists, the test will not have hurt him or her. However, if your child does have a hearing loss, delayed diagnosis could affect speech and language development.

This leaflet is provided as a public service to parents who are concerned that their child might have a hearing loss. It is not a substitute for an ear examination or a hearing test. Hearing loss can exist in children even though none of these checklist items are present.

WHAT IS OTOLARYNGOLOGY-HEAD AND NECK SURGERY?

Otolaryngology-head and neck surgery is a specialty concerned with the medical and surgical treatment of the ears, nose, throat and related structures of the head and neck. The specialty encompasses cosmetic facial reconstruction, surgery of benign and malignant tumors of the head and neck, management of patients with loss of hearing and balance, endoscopic examination of air and food passages and treatment of allergic, sinus, laryngeal, thyroid and esophageal disorders.

To qualify for the American Board of Otolaryngology certification examination, a physician must complete five or more years of post-M.D. (or D.O.) specialty training.

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