

## Working with families when hearing loss is suspected

### Hearing loss can happen at any time during childhood:

- Hearing loss can be permanent or temporary<sup>1</sup>
- 8 out of 10 children will experience an episode of temporary deafness before they are 10 years of age<sup>2</sup>
- Temporary hearing loss is often caused by otitis media with effusion (OME) - commonly known as glue ear - and may be associated with ear infections but can happen alone

This resource uses the terms deaf, deafness and hearing loss interchangeably. They are not used to imply level or type of deafness and include babies and children with mild, one-sided, or temporary deafness.

The iHV has also published a GPP on working with families where a hearing loss is confirmed which can be accessed [here](#).

### Be vigilant for hearing loss in childhood

- The newborn hearing screening programme (NHSP), using the automated otoacoustic emission (AOAE) test, is offered to all babies in the UK, ideally within the first 4 to 5 weeks after they are born. The test can be done for babies up to the age of 3 months.
- The AOAE test is designed to identify more significant hearing losses. Babies with milder hearing loss or unusual types of hearing loss may get a clear response on the newborn test.
- Hearing loss can also be acquired during childhood. Permanent deafness in childhood can be caused by a number of factors, such as: genetics, birth asphyxia, severe jaundice, intrauterine infections (such as cytomegalovirus (CMV)), childhood illness (such as meningitis) or trauma to the head or ear<sup>3</sup>.
- 2 babies in every 1,000 are born with a permanent hearing loss in one or both ears. Most of these babies are born into families with no history of hearing loss<sup>4</sup>.
- This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care<sup>5</sup>.
- Without appropriate intervention, deafness can have a significant impact on a baby or child's language and communication, speech, educational and social development.
- Early identification and intervention support children to develop and learn alongside their peers.

[More information on page 2](#)

For additional resources see [www.ihv.org.uk](http://www.ihv.org.uk)

The information in this resource was updated on 13/09/2022.

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## Signs of hearing loss

The Personal Child Health Record has a helpful section on hearing development and a checklist for 'making sounds' that parents can refer to.

Common signs of a hearing loss in babies and young children include:

- Not being startled by loud sounds
- Being startled when you come into view
- Not turning towards sound after the age of 6-months old
- Delay or lack of a variety of babble
- Not saying single words like "mama" or "dada" by the age of 1 year
- Hearing some sounds but not others
- Changes in behaviour including lack of confidence, frustration, or withdrawal
- Mishearing and mispronouncing words
- Struggling to hear and engage in noisy environments
- Watching faces intently or waiting to see what others do before joining in
- Challenges with listening and attending to spoken information for expected periods of time
- Difficulties with early literacy skills
- Speaking too loudly or too softly

## Undiagnosed deafness

Sometimes young children are flagged as having learning, language, and behavioural challenges, when in reality they have an undiagnosed hearing loss. It is important to support families in these circumstances to get their child's hearing checked through an audiology referral, as well as offering support with evidence-based interventions or referral to other specialists if required. Parents' suspicions should always be taken seriously. Babies and children can be directly referred to their local audiology service by their GP or health visitor.

## Cytomegalovirus (CMV)

Cytomegalovirus (CMV) is a common virus that is usually harmless. Sometimes it causes problems in babies if you get it during pregnancy (congenital CMV - cCMV). cCMV can cause permanent deafness in babies and children. Some babies and children will be born deaf, and others will develop deafness in the first 3 years of life. It's important that babies and children with cCMV have regular hearing tests so that any changes in hearing are picked up early and help is offered quickly.

## Ear infections

Advise families to see their GP if there are concerns about a possible ear infection. Ear infections tend to occur after a common cold or sinus infection. Most ear infections involve the middle ear. Every time a middle ear infection happens, fluid collects behind the ear drum. This fluid usually slowly clears by itself, but children who get frequent infections may suffer from OME.

### Key facts about OME<sup>6,7</sup>:

- OME is most common in babies and children between the ages of 6 months and 4 years
- OME is most common in the winter months
- More than 50% of babies and children will experience OME in the first year of life
- OME is more common in babies and children with cleft palate, Down's syndrome, cystic fibrosis, primary ciliary dyskinesia and allergic rhinitis

### Factors which increase the risk of children developing ear infections and/or OME include<sup>8</sup>:

- Household smoking – passive smoking increases the risk of the baby or child developing OME
- Feeding a baby with an unventilated or underventilated bottle can generate negative pressure in the middle ear
- Having a brother or sister who also developed glue ear
- Exposure to other children through attending nursery
- Low socioeconomic group
- Frequent respiratory infections
- Winter months
- Families with more than four members per household

More information on page 3

[www.ihv.org.uk](http://www.ihv.org.uk)

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## Babies and children at greater risk of undiagnosed deafness include:

- Families who have not completed the NHSP or attended follow up audiological testing. Health visitors have a vital role in supporting families to identify and understand barriers to non-attendance.
- Babies and children whose families who are new to the country. They may have not had their hearing screened previously. Families may have negative perceptions or experiences of deafness or may not be aware of the UK screening programme and support available for children with hearing loss.
- Babies and children with additional or complex needs have a higher chance of concurrent hearing loss, which may need repeated visits to audiology for assessment<sup>9</sup>.
- Babies who have been in a special care baby unit (SCBU) or neonatal intensive care unit (NICU) over 48 hours may have a higher chance of progressive hearing loss<sup>5</sup>.

## Further resources:

The National Deaf Children's Society (NDCS) is the leading charity for deaf children. They are there for every deaf child and their family no matter what their level or type of deafness or how they communicate.

The NDCS has a helpline and they offer free independent information, advice, and guidance on a range of topics relating to childhood deafness. 0808 800 8880

All NDCS services and publications are free of charge to members and membership is free. Registration via the [website](#) or helpline takes a few minutes.

## Further information on UK-wide newborn hearing screening:

### England

- Guidance Newborn hearing screening programme: standards: <https://bit.ly/3dg2vh4>

### Wales

- Newborn hearing screening Wales: <https://bit.ly/3P9nbV5>

### Scotland

- Newborn hearing test: <https://bit.ly/3P7zod8>

### Northern Ireland

- Newborn hearing screening: <https://bit.ly/3zBySya>

## References

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3. World Health Organisation (WHO) (2021) Deafness and hearing loss. <https://bit.ly/3d3KUzt>
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6. Rosenfeld, R.M., Shin, J.J. and Schwartz, S.R. (2016) Clinical practice guideline: otitis media with effusion (update). Otolaryngology - Head and Neck Surgery 154(1 Suppl), S1-S41. [Abstract] [Free Full-text]
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8. NICE (2021) Otitis media with effusion Last revised in June 2021. <https://bit.ly/3p1B39m>
9. National Deaf Children's Society (NDCS) (2011) Complex Needs, Complex Challenges A report on research into the experiences of families with deaf children with additional complex needs. <https://bit.ly/3U5zG7L>

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