

Frequently asked Questions

Why was the hearing loss diagnosed so early?

Newborn hearing screening programs were put in place to identify babies with hearing loss as soon as possible after birth. Hearing screening at an early age is strongly supported by parents of children with hearing loss. While it can be upsetting and difficult in the beginning, parents recognise that early detection results in better outcomes for their child.

What is the advantage of having an early diagnosis?

An early diagnosis provides you and your baby access to language and communication support at the most important time for language development. Research shows that babies whose hearing loss is diagnosed early and who receive appropriate intervention will have improved speech and language outcomes. Communication and language, either spoken language or sign language, is important for learning as well as social and emotional well-being.

How does the Audiologist know for sure my baby has a hearing loss; he or she is so little?

The tests done with your baby to diagnose his or her hearing loss are highly reliable and objective. Your baby's ear, nerve and brain responses to sound are recorded on a computer. The Audiologist is trained to interpret the readings and diagnose hearing problems.

Will my baby grow out of it?

A baby's hearing can change as they grow older, but it is extremely uncommon for a child's hearing to improve as they grow. Devices such as hearing aids or cochlear implants can assist your baby to make the most of his or her hearing.

Can it get worse? How will I know if it gets worse?

Some hearing losses can get worse over time. Your baby's hearing may temporarily get worse when an ear infection is present. Your professional team will closely monitor your baby's hearing. If you are concerned because your baby is not responding to sounds, you should discuss this with your Audiologist.

Can my baby hear any sounds?

The number of sounds your baby can hear depends on the type and severity of the hearing loss your child has. Most children with hearing loss are able to hear some sounds.

Can I get a second opinion?

As always, you are free to seek a second opinion about your baby's hearing. Your GP or Family Support Facilitator can advise about how to access a second opinion. The tests conducted in the first assessment are highly accurate, and you should be prepared that the results of the second opinion will more than likely match the first test results. However, there are a number of other areas on which you may want to seek a range of advice, such as the best early intervention service for you and your baby. The more you know about your options, the more confident you will feel in managing your baby's hearing loss.

What caused my baby's hearing loss?

There are many different causes for a baby's hearing loss. The hearing loss may be due to genetics, an illness your baby has had, or the way he or she grew before being born. Often there is no apparent cause for a baby's hearing problem. Your ENT or paediatrician will provide further information about the cause of your baby's hearing loss.

What other tests can be done?

If you would like more information about the cause of your baby's hearing loss, your ENT paediatrician can recommend various tests which may help to indicate the cause of the hearing loss. Sometimes, it is also recommended that other members of the family have their hearing tested.

Will the doctor find that anything else is wrong?

In some babies, hearing loss can be linked with other problems eg. cleft palate, heart problems and some syndromes, but most often parents are already aware of these problems before the hearing loss is diagnosed. Your paediatrician will discuss all the areas of your baby's health and development with you on your visit.

Will our baby learn to talk?

Most children who have a hearing loss can learn to talk. How well they are able to communicate using speech depends on many things, for example, how severe the child's hearing loss is, how much they can hear when they use hearing technology, such as hearing aids and cochlear implants, and how much support they receive to assist their development of listening and speaking.

Will we need to learn sign language?

Some children will learn to communicate best using speech, others will learn best using sign language, and others still will learn best using a combination of both. If your child uses sign language, you will need to learn to sign to be able to communicate effectively with your child and support their development.

If I have another baby, could he or she have a hearing loss?

If the cause of your baby's hearing loss is genetic, there is a greater chance of having another child with a hearing loss. You should ask for genetic counselling if you are concerned.

What is the difference between hearing loss and deafness?

Hearing loss and deafness, along with other words such as hard of hearing and hearing impaired, are all used to describe people who have difficulty hearing a range of sounds clearly. In general, people who have a hearing loss or are hard of hearing mainly use their hearing (with the assistance of amplification such as hearing aids or cochlear implants) to communicate. People who are deaf mainly rely on their vision to communicate, for example, lip-reading or sign language.

Will my baby have to wear hearing aids forever?

Hearing aids will help your baby to make the most of his or her hearing. The Audiologist at Australian Hearing will discuss this further with you.

Will a cochlear implant help?

Cochlear implants are most helpful for children who have severe to profound levels of hearing loss and receive little benefit from hearing aids. Cochlear implants are not suitable for all types of hearing loss and involve surgery and ongoing therapy. A number of professionals will raise and discuss with you whether a cochlear implant may benefit your baby, and refer you to a cochlear implant centre, if necessary.

Why is monitoring of a unilateral hearing loss important?

A small number of unilateral hearing losses may develop into bilateral hearing losses. Consequently, regular monitoring of hearing thresholds is strongly recommended. If your child has an ear infection, seek medical advice immediately. An infection in the better ear will have a greater impact on the hearing. Parents are generally the best people to look for signs that suggest your child may not be hearing so well. If you think there is a change in your child's response, have your child's hearing tested immediately.

Be aware of normal language milestones – keep a diary of all your child's language gains and compare this to normal milestones. If your child is not progressing, seek advice from appropriate professionals.

As a parent of a child who has a hearing loss, will I be able to return to work or study?

While he or she is young, your child will need extra help to learn to use their hearing and learn to communicate. This will involve regular appointments with and visits from many professionals. You will also need to do activities at home with your child to help them to learn. Because of the time these activities will take, you may need to reconsider the priorities for your family. Some parents postpone their return to work while others find returning to work manageable.

References

NSW Health, 2007, 'Hearing loss and your baby: the next step – an information resource for families in NSW,' viewed December 2007, http://www.health.nsw.gov.au/pubs/2007/pdf/hearing_baby_a4.pdf