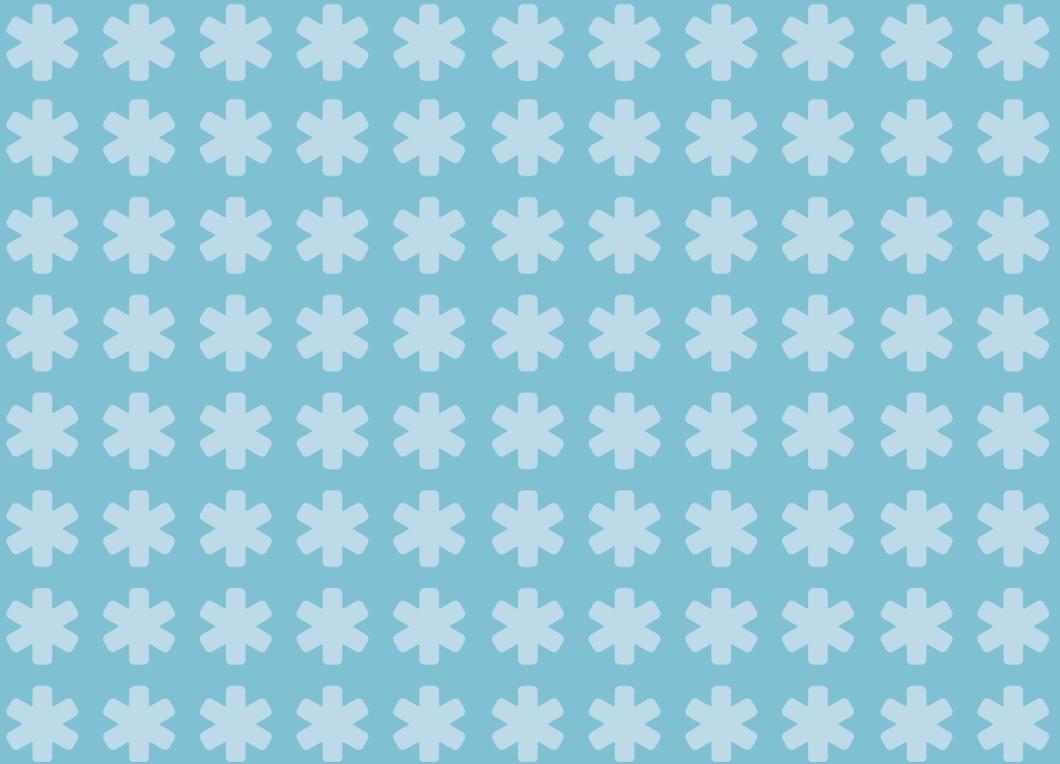


Service information guide

My Child's Hearing- Conductive Hearing Loss



Welcome to
B&NES and Wiltshire Children's Community
Audiology Services

Our team of specialist paediatric audiologists and experienced clinical support staff will assess and care for your child, supported by our administrative team.

Your child has been diagnosed with a conductive hearing loss. This booklet contains information and advice to help you support your child with their hearing. If you have any further questions or would like information on local support groups please ask your audiologist.

Copies of this leaflet for family and friends can be downloaded at our website:

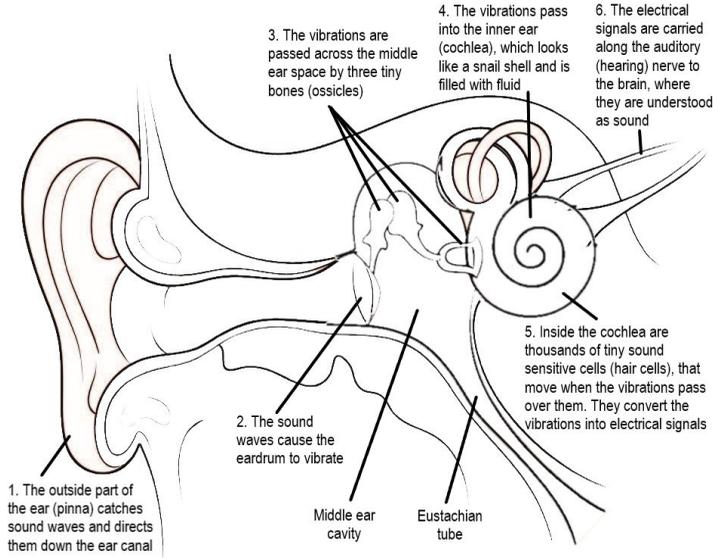
www.wiltshirechildrensservices.co.uk/audiology

The National Deaf Children's Society (NDCS) can provide additional practical and emotional support:

t: 0808 800 8880

w: www.ndcs.org.uk

How do we hear?



To hear a sound, different parts of the ear (outer, middle, and inner ear) and the brain must all work well together.

Conductive hearing loss- what does this mean?

A hearing loss originating from the outer or middle part of the ear is called a conductive hearing loss and usually refers to an issue with the eardrum, middle ear cavity(space) or middle ear bones. This type of hearing loss can affect one ear (**unilateral**) or both ears (**bilateral**). Conductive hearing loss is often temporary but can sometimes be permanent. Your child's hearing may vary from day to day and be worse with colds. They may hear some sounds better than others. Your audiologist will be able to explain your child's hearing levels using a picture audiogram, which can help to show how your child is likely to hear speech and environmental sounds. Further information can be found in the resource "Understanding your child's hearing tests" at www.ndcs.org.uk

My notes:

My child has a bilateral/unilateral hearing loss

Left ear- mild/moderate/severe/profound hearing loss

Right ear- mild/moderate/severe/profound hearing loss

Some sounds will be a bit quieter and more muffled, rather like when you put your fingers in your ears and listen to someone talking. It may also be hard for your child to work out where sounds are coming from.

Causes of conductive hearing loss

Middle ear fluid in newborn babies

Sometimes in babies, the middle ear space which should be filled with air still has some of the birth fluid in it. The result is that sound isn't passed through the fluid as easily as it would be through air. As your baby grows and their hearing system develops, the passages and tubes in the middle ear become wider and the fluid usually clears. In addition, gravity will help the fluid to clear as your baby becomes more mobile and learns to sit independently.

Middle ear fluid in older babies and children

Sometimes mucus or congestion enters and builds up in the middle ear space. This means the eardrum doesn't move easily so your child finds some sounds hard to hear. The mucus in the ear becomes thick and sticky, a bit like glue- that is why it is often called 'glue ear'. Glue ear is very common in children. Often, any hearing loss associated with glue ear resolves over time without any intervention, but for some children, symptoms can persist over months and years. Some conditions including Cleft Palate and Down syndrome are associated with a higher risk of persistent glue ear.

Permanent conductive hearing loss

Very rarely, a child may be born with an altered middle ear structure such as an under-developed eardrum or ossicles (middle ear bones) or eustachian tube. Sometimes children acquire damage to the middle ear from serious injury or infection. These types of conductive hearing loss are permanent. If permanent conductive hearing loss is suspected your audiologist may refer you to an Ear, Nose Throat (ENT) specialist to investigate this further.

What happens next?

It is really important to attend all audiology review appointments so that your child's conductive hearing loss can be monitored appropriately for as long as it is present. Babies identified with conductive hearing loss following the newborn hearing screening program are reviewed at 8-10 months, usually when they can sit independently and unsupported. At this appointment, we will be looking at your baby's reactions to sounds around them whilst they are awake and alert. As well as checking your baby's hearing levels, we will monitor their middle ear function to give us further information to support their hearing needs.



If the conductive hearing loss is confirmed to be persistent (does not go away on it's own), we will discuss management options with you.

Monitoring- We can continue to monitor your child's hearing for a period of active observation or 'watchful waiting'.

Grommets- If your child fulfils the NHS criteria for consideration for grommet insertion (a minimum of two hearing tests that are 3 months apart showing reduced hearing with glue ear in both ears), we can refer them to their local Ear, Nose and Throat (ENT) department for grommets. Our leaflet on grommets has further details.

Hearing aid(s)- We can discuss with you whether your child may benefit from temporary hearing aid(s) and if so refer your child to their local hearing aid Audiology Team.

How can I make hearing easier for my child?

During this time whilst your child has a conductive hearing loss, it is important that you communicate as well as possible to help them to develop speech and language as much as possible.

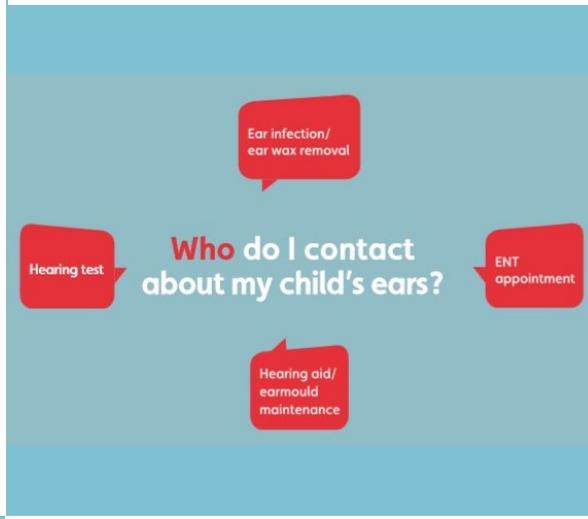
Tips to help with a conductive hearing loss

- Get your child's attention before speaking by touching them or saying their name
- Turn off the TV or music when you talk to them- background noise makes it harder to hear and listen
- Get close to your child and talk face to face. Maintain good eye contact and use facial expressions
- When reading a book out loud, sit so your child can see your face and the book- add signs/ point to pictures
- Sing and learn songs with your child- whatever their age!
- Speak clearly but try not to shout. Shouting may make your child think that you are angry and can make it harder to lipread
- Keep instructions clear, short and simple
- Listening hard may be tiring for your child and they may need breaks from concentrating. Try to spend some quiet time talking and playing with your child- this will help reassure them
- Encourage your child to blow their nose when they have a cold to help reduce congestion
- Make your home a SMOKE FREE environment.
- Tell everyone caring for your child about their hearing difficulties and share these tips
- If your child is in school with a conductive hearing loss, it will help if they can sit close to the teacher rather than at the back of the class

Consult your GP if your child has an ear infection or ear that is completely blocked with wax. They can provide treatment and onward referral if needed

Local ENT department if your child is awaiting an ear nose and throat consultation or surgery.

Virgin Care Children's Community Audiology for new hearing assessments or regular monitoring of hearing. Contact details on the back page of this leaflet



Bath
Bristol
Swindon
Salisbury
Taunton

Hearing aids (Bath):
Audiology Dept, Royal United Hospital
Bath. BA1 3NG
t: 01225 824035
e: ruh-tr.paediatricaudiology@nhs.net

Hearing aids (Swindon):
Audiology Dept, Great Western Hospital
Swindon. SN3 6BB
t: 01793 604065
e: gwh.audiology.dept@nhs.net

Hearing aids (Salisbury):
Audiology Dept, Salisbury District Hospital
Salisbury. SP2 8BJ
t: 01722 429335
e: Sft.audiology@nhs.net

Hearing aids (Taunton):
Audiology Dept, Musgrove Park Hospital
Taunton. TA1 5DA
t: 01823 342187
e: hearingaid@tst.nhs.uk

Get in touch

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