

Treatment Efficacy Summary



AMERICAN
SPEECH-LANGUAGE
HEARING
ASSOCIATION

Hearing Loss in Children

The early detection of infants and children with hearing loss is an important public health objective in the United States.ⁱ Hearing loss is one of the most common major abnormalities present at birth affecting approximately 4 infants per 1,000 births. If undetected, hearing loss will negatively impact cognitive development, communication competency, optimal child development, literacy, and subsequently academic achievement. Additionally, the prevalence of hearing loss in school age children is between 11% and 15%.^{ii, iii}

Hearing loss can be congenital (present at birth) or acquired. As such, universal detection requires screening in hospital nurseries, birthing centers, medical and audiology facilities, early childhood education/intervention programs, and schools. Additionally, there should be ongoing surveillance of children at risk for hearing loss. Infants and children who do not pass their initial hearing screen and any re-screening should begin appropriate audiological evaluations to confirm the presence of hearing loss. Regardless of prior hearing screening outcomes, infants and children who demonstrate risk indicators for delayed onset or progressive hearing loss should receive ongoing audiological monitoring. Moreover, those children who may not be acquiring developmental communication, cognitive, social-emotional, and/or

academic milestones also need immediate evaluation.

For infants, early detection of hearing loss and enrollment in intervention services within the child's first year of life is an evolving standard of care that reduces the consequences of hearing loss. Evidence demonstrates that early intervention programs are effective in reducing the extent of delay a child experiences and in easing familial stress reactions. Moreover, as a result of early intervention by audiologists and speech-language pathologists, many children have demonstrated the ability to overcome the effects of hearing loss on language and literacy development and compete successfully in school with their hearing peers.^{iv}

As experts in identification, evaluation, and auditory habilitation/rehabilitation of infants and children who are hard of hearing and deaf, audiologists are involved in the hearing screening, follow-up evaluation, and early intervention components. For the early intervention component, audiologists provide timely fitting and monitoring of amplification (hearing aids and hearing assistive listening technology) systems or the selection and monitoring of tactile aids or cochlear implants. In addition, audiologists provide direct audiological habilitation/rehabilitation services. Long-term monitoring also includes continual validation of communication, social-emotional,

cognitive, and academic development to assure that progress is commensurate with the child's abilities.

Cognitive, social, and emotional developments depend on the acquisition of language. A complete language evaluation should be performed by a speech-language pathologist for infants and children with hearing loss. In addition, the speech-language pathologist is involved with all aspects of communication including oral and/or sign language development, speech production, voice characteristics, lipreading, and aural habilitation/rehabilitation.

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ⁱ U.S. Department of Health & Human Services (2000). *Healthy People 2010*, Washington, DC

ⁱⁱ Bess, F.H., Dodd-Murphy, J., & Parker, R.A. (1998). Children with minimal sensorineural hearing loss: Prevalence, educational performance, and functional status. *Ear and Hearing*, 19, 339-354.

ⁱⁱⁱ Niskar, A.S., Kiezak, S.M., Holmes, A., Esteban, E., Rubin, C., & Brody, D.J. (1998). Prevalence of hearing loss among children 6 to 19 years of age: The third national health and nutrition examination survey. *Journal of the American Medical Association*, 279(14), pp. 1071-1075.

^{iv} Yoshinaga-Itano, C., Sedey, A.L., Coulter, D.K., & Mehl, A.L. (1998). The language of early- and later-identified children with hearing loss. *Pediatrics*, 102, 1161-1171.