

HEARING LOSS LEARNING HOW TO HELP YOUR BABY

For parents of a newborn baby, a diagnosis of hearing loss may be an unexpected turn in the journey ahead. With most hospitals offering universal newborn hearing screening, hearing loss is often diagnosed in early infancy. Parents experience many different feelings at this time, and have questions about what to expect, and what to do. People and organizations that can help, include:

- your doctor
- an audiologist (an expert on hearing)
- early intervention agencies
- schools
- parent groups

The exciting part of early diagnosis is the impact it has on early learning and communication. A baby's brain develops quickly early in life. This period is often called a "window of opportunity" for learning language. Most babies use their ears, eyes, and other senses to learn about the world. They learn that actions and sounds have meaning. By about 12 months of age, babies with normal hearing understand much of what is said to them. A baby with hearing loss will need extra help in learning language and communication skills.

Parents are immediately faced with decisions about how to help their baby. As part of this journey, they will learn about the different ways their child can acquire language. People sometimes have strong opinions about one way or another. Each parent must decide what is right for their child and family. Some options include:

- listening and spoken language: This approach teaches children to rely on their hearing as they learn to speak.
 - sign language: This approach is visual. American Sign Language is structurally different from English.
 - total communication: This approach combines use of a sign language system with spoken language.
- Parents should expect professionals to provide resources regarding the options that are available for language learning, and then to respect the choice(s) made by each family.

The combination of early detection of a child's hearing loss, and today's advancements in hearing technologies has opened the door for many children with hearing loss to have access to sound, including speech. For children with mild to moderate hearing loss, hearing aids often provide adequate amplification for this access. Hearing aids collect sound from the environment, amplify the sound, then direct this amplified signal into the user's ear.

Cochlear implants have provided a means for people with more severe hearing loss to access sound as well. A cochlear implant is different from a hearing aid. A device is surgically placed or "implanted" in the inner ear (cochlea) and under the bone behind the ear. A microphone and speech processor are worn externally (usually behind the ear). They pick up sound and send it to the transmitter that is held

in place by a magnet. The receiver inside the head picks up the signals and sends them to the nerve that connects with the brain. This allows sound to bypass parts of the ear that are not working.

If parents make the choice that learning to communicate through listening and spoken language is right for their baby or young child, amplification should be provided as soon as possible. This allows the brain to begin to process and make sense of sound during the important “window of opportunity”. The services of a skilled audiologist are critical for children with hearing aids or cochlear implants. Special training is required for audiologists to “map” or adjust an implant. A speech-language pathologist trained in helping new listeners make sense of sound is also critical in the journey to acquiring the auditory, language and speech skills needed for effective communication.

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