Communicate with your child

Loving Your Child, Learning How to Help

Congratulations! As a parent of a precious baby or young child, you have a wonderful journey ahead. The fact that your child has a hearing loss is only one part of that journey.

Parents have lots of different feelings when they find out their child has a hearing loss. There are so many questions about what to expect—and what to do next. Remember that parenting is always a journey taken one step at a time. You already know how to love, cuddle, and comfort your baby. What will be new for you is learning about hearing loss.

There are lots of people and organizations ready to help:

- Your doctor.
- An audiologist (an expert on hearing).
- Schools and other programs.
- Parent groups.





To learn more, visit the website www.communicatewithyourchild.org and see the Find Out More section at the end of this booklet.

Windows of Opportunity

One of the most amazing things your child will learn in his or her lifetime is language. Children who are deaf or hard of hearing communicate in many ways, but just like hearing children, it is best if they start when they are very young.

Early in life, a baby's brain develops very quickly. This time is often called a "window of opportunity" for language learning. Most babies use their ears, eyes and other senses to learn about the world. By watching and listening to others, they learn that actions and sounds have meanings. They also learn to express what they feel and want by gestures and sounds.

By about 12 months of age, most babies understand a lot of what they hear and begin to say a few words.

Babies with hearing loss need special help, right away, to learn to communicate.

Children who get that help before six months of age can often learn language at the same pace as hearing children. They can do well in school and become whatever they want when they grow up. Their success depends on getting timely care from family members and professionals.

As a parent, you do not want your child to miss out on anything! Right now is your "window of opportunity" to start. Learn about communication and how to get the best help for your baby.

Getting Started

You are your child's most important teacher. There are specialists in your community who are ready to help you learn about hearing, language and child development.

Early intervention means getting help for your baby as soon as possible. Many services are available at little or no cost. Your early intervention team may include:

- •Someone who will explain how the program works and how it can help you and your child.
- A teacher.
- An audiologist (an expert on hearing).
- A speech and language therapist.
- A doctor, nurse or other health care provider.
- YOU!

The team will help you communicate with your child and help your child learn. Team members will work with you to answer questions, decide what to do next, find the help you need, and explore communication options.

Learn more about who can help you with you child's hearing loss at the website: www.communicatewithyourchild.org



Quick Facts

-Each year 12,000 children are born with hearing loss in the United States.

-Almost all of these children are born to parents who have

normal hearing.

-Most hospitals screen all newborns for hearing loss.

- There are different types and degrees of hearing loss. Babies with every kind of hearing loss can be helped.

-Some babies are born with normal hearing, but lose their hearing later.

- There are many services and programs to help all children with hearing loss. For children under 3 years of age, there is early intervention. After that, there are special education services.

Communication Options

Communication is at the heart of making relationships. Your child will need extra help from you in learning language and communication skills. As part of the journey, you will learn about different ways your child can learn language. People you meet along the way may have strong opinions that one way is "best." You need to decide for yourself what is right for your child and family. You can read about different options. You can talk with professionals and other parents. You can visit early intervention programs and watch how other children, teachers, and parents communicate.

Total Communication

combines a sign-language system with spoken language. Children are encouraged to use their eyes, ears, voices, and hands to communicate.

American Sign Language (ASL)

is a visual language. It is a unique, signed language that is different from English. Children who learn ASL as their first language will later be taught English as they learn to read and write. This is sometimes called a Bilingual approach.

Cued Speech

helps children hear and "see" speech. Teachers and parents make special hand shapes, or "cues," near their faces while they are speaking. This helps children tell the difference between words that can sound or look alike.

Listening and Spoken Language

approaches teach children to rely on their residual hearing as they learn to speak. Methods may be called "auditory oral" or "auditory verbal."

Visual Language





Hearing Technology Options

Another part of the journey with your child will be learning about hearing technologies. You will want to know how they work so you can decide whether to use them with your child.

Just as each child is different, so is each child's hearing loss. For example, one baby may hear a car honk or a dog bark, but not hear quiet voices or soft speech sounds. Another baby may have trouble hearing all sounds, even very loud ones. That is why an audiologist (an expert on hearing) must test your child to find out what he or she can hear. The testing should be done as soon as possible. The audiologist can talk with you about whether a hearing aid or other technology can help your child.

Hearing Aids

Hearing aids help some children by making sounds louder and clearer. The hearing aid is "fit" to match a child's hearing loss. The aid is usually worn behind the ear.



It collects sounds and sends them into the ear through a small earpiece. Many parents are surprised to learn that even a one-month-old baby can wear heaing aids!

Here are some things you should know about hearing aids:

- The first hearing aid fitting should happen right away. Over time, the audiologist must adjust the hearing aid to keep up with a growing child.
- The hearing aid needs to be worn all day, every day. Children learning spoken language need daily access to sound.
- The hearing aid should be checked every day. It runs on small batteries that have to be changed often.
- Hearing aids are not a "quick fix." A child will still need lots of help to develop speech, language, and communication skills.

Cochlear Implants

Children who do not benefit from hearing aids may be helped by a cochlear implant. A cochlear implant is very different from a hearing aid. During surgery, a device is 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 the damaged parts of the ear.

Here are some other things you should know about cochlear implants:

- Cochlear implants are usually not done on babies under 8 months of age.
- The cochlear implant is adjusted to how the child responds to sound. Regular visits to the audiologist are needed to adjust the implant to the child's changing needs.
- The part of the implant that fits on the outside of the head should be worn all day, every day. Children learning spoken language need daily access to sound.
- The implant should be checked everyday.
- A cochlear implant is not a "quick fix" A child will still need lots of help to develop speech, language, and communication skills.





Brochure photos courtesy of Advanced Bionics, Centers or Disease Control and Prevention, Cochlear Americas, HartloveDesign, NCHAM, OticonA/S, and Phonak



Copyright © 2008-2017 National Center for Hearing Assessment & Management, Utah State University