



Fact sheet

Centre for Community Child Health

Hear it all



Newborn hearing screening

After you have had a baby, there is a range of tests that will be done in order to check for the different health issues that can be detected at birth. A hearing screening is one of these tests. This is a quick, free and easy way to check whether your baby has been born with any hearing difficulties. Doing a screening soon after birth lets families be put in touch with support services as soon as possible, meaning that your baby won't miss out on any of the important speech and language development of the first few months and years, which will have flow-on effects for your child's education, and social and emotional skills.

Hearing as your baby grows

However, passing the newborn hearing screening does not mean that your baby has a pass for life. All sorts of things can

crop up as your child grows that can jeopardise hearing. Later on in life, your child could experience progressive hearing loss, late-onset hearing loss, a hearing loss acquired from illness or injury, or a loss caused by medication that your child takes for another condition.

In the first 12 months of life, your baby is listening to your voice and to all sorts of sounds. Your baby will babble and later speak recognisable words because she has been able to hear everything that's going on. Not being able to hear well can mean that your baby cannot take full advantage of the important time for language development that happens in the early years of life.

Hearing screening any time

If you're ever concerned about your child or baby's hearing, you can ask for a hearing review. Some of the reasons that you might be concerned about hearing loss include ongoing middle ear issues, speech and language development concerns, development delay or queries, or behavioural issues. Any of these scenarios could be a reason that motivates you to seek a hearing review for your child.

Your child can have a hearing assessment at any age. If you would like a hearing review for your child, talk to your child and family health nurse or GP about your concerns. You will need a referral to a paediatrician with an interest in audiology or a paediatric audiologist.

For more information for families about children's health, development and wellbeing, and to subscribe to future issues, please visit www.rch.org.au/ccch/cpreview/



Ear, nose and throat health

The ear, the nose and the throat might seem like different parts of the body, but a problem in one of these can impact on the others and all three areas are important for your child's ability to hear, speak, grow and develop.

Many ear, nose and throat issues are very common, but not all of them need to be treated with antibiotics or will require your child to see a doctor.

Middle ear infection

More than 80% of children will experience at least one middle ear infection, or acute otitis media, before they're two years old. It's a common complication of a cold or a sore throat. In most cases, a middle ear infection will clear up on its own after two or three days. It will not need antibiotics and can be treated with painkillers.

Problems in ear, nose and throat are among the most common reasons that families take children to the doctor. Doing everything you can to keep your child free of ear, nose and throat infections can help them to live a healthy life.

Glue ear

The most common cause of hearing impairment in the developed world is called glue ear. It's a sticky, glue-like fluid build up in the middle ear, which stops sounds getting through. It's most common in children between the ages of 3 and 7.

Unlike other middle ear conditions, glue ear is not generally painful. You might notice your child speaks more loudly or speaks less; your child might have trouble with conversations or hearing quieter noises. If you are concerned, contact your child and family health nurse for a hearing assessment referral.

Tonsillitis

Only around 30% of tonsillitis is caused by bacteria; the rest is viral. The germs are spread by contact with someone else with the infection, meaning it can be easily spread in childcare or kindergarten. Because tonsillitis is mostly viral, antibiotics are not usually needed. Rest, fluids and painkillers can help your child to feel better.

Protecting your child's ear, nose and throat health

Childhood brings a lot of infections, but ear, nose and throat infections can have serious impacts on your child's ability to hear — and that's important for speech and language development and learning. You can help to protect your child's ear, nose and throat health:

- Breastfeeding has both a preventive and a protective effect for your child.
- Don't smoke and avoid smoky places. Children's ears, noses and throats are still developing. They can be very easily irritated by cigarette smoke. Get help to quit if you or your partner smokes, and never smoke around children, or in the house or the car.
- Wash your hands. Good hand hygiene is really important to help prevent the spread of infection. Teach your children about proper handwashing and follow the instructions yourself!
- Stay home when you're ill. Another big part of preventing the spread of infection is staying away from others when you or your children are unwell. Rest is really important to help you and your children recover from any illness and to not spread it to others.

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