



Any Age & Any Stage: Facts and Impacts of Postnatal Hearing Loss on Children and Families

— presented by Alison R. King, PhD.
and Valerie James Abbott, parent

Speech-Language-Hearing Association of Virginia
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Presenters

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SHAV Board Member

Disclosures

Valerie's Financial Disclosures:

Owner/founder of Padapillo PBLLC and receives royalties from the sale of her children's book Padapillo and from consulting and guest speaking fees. She received a discount on conference registration and is not receiving compensation for this presentation today.

Alison's Financial Disclosures:

Employed by and receives a salary from Longwood University. She received a discount on conference registration and is not receiving compensation for this presentation today.

Valerie's Non-Financial Disclosures:

Valerie is the parent of a child with postnatal hearing loss and an active parent-advocate.

Alison's Non-Financial Disclosures:

SHAV Board Member

Learning Objectives



Learning Objective 1:

- Summarize reasons why family members might overlook risk factors and common signs of unidentified hearing loss in infants and young children.

Learning Objective 2:

- Connect key facts about early childhood hearing loss to their own practice

Learning Objective 3:

- Examine best practices aimed at cultivating strong, long-term partnerships with families of children who are deaf and/or hard of hearing.

Pre-Knowledge Check

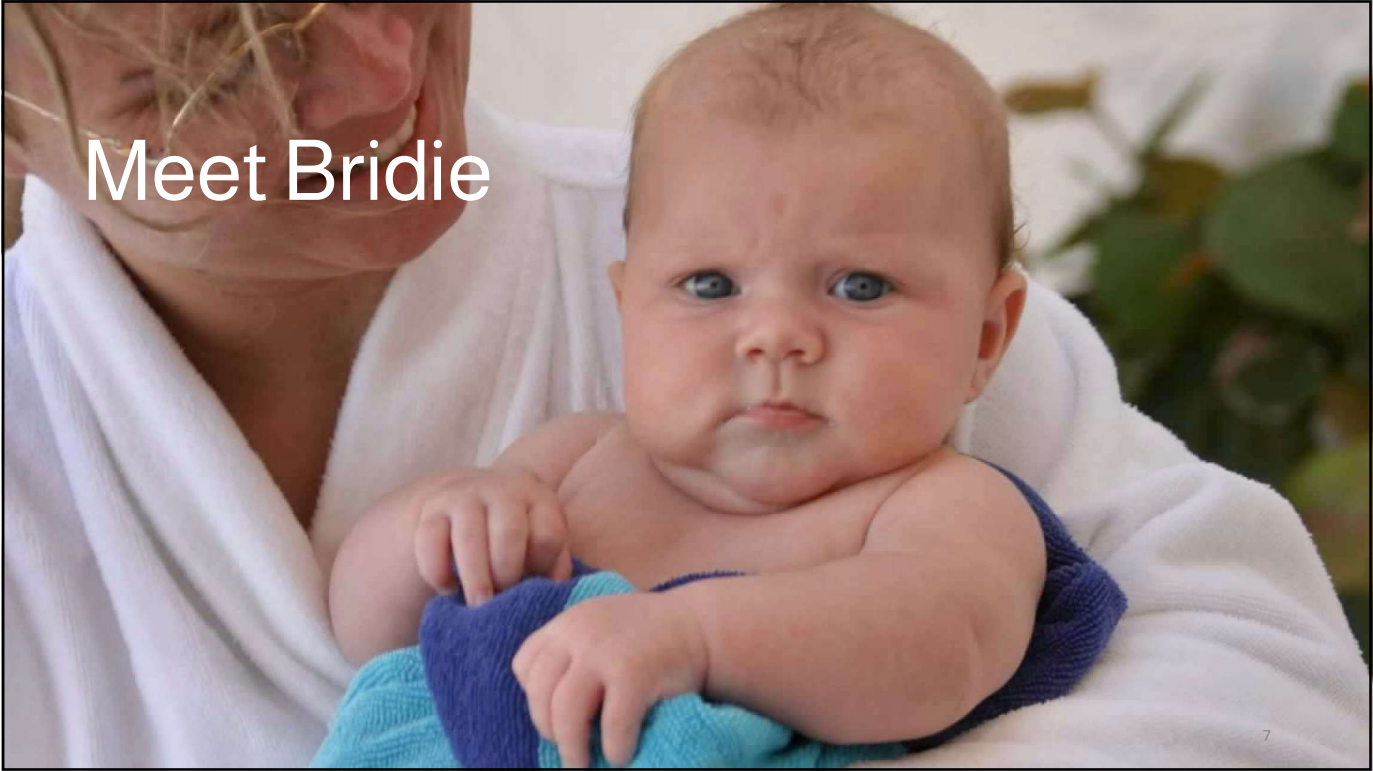
- Question 1**
How often does permanent hearing loss occur in young children (between birth and school age)?
- Question 2**
What is a leading cause of postnatal hearing loss?
- Question 3**
What is a common sign of undiagnosed hearing loss that family members and friends might not notice?
- Question 4**
What important fact do you know about families of children with hearing loss?
- Question 5**
In Virginia, at what age should infants who pass the hearing screening but who are considered at-risk for delayed onset of hearing loss be seen for a diagnostic audiologic evaluation?



The Abbott Family Story



Meet Bridie



The Big Sister



Early Development



Preschool

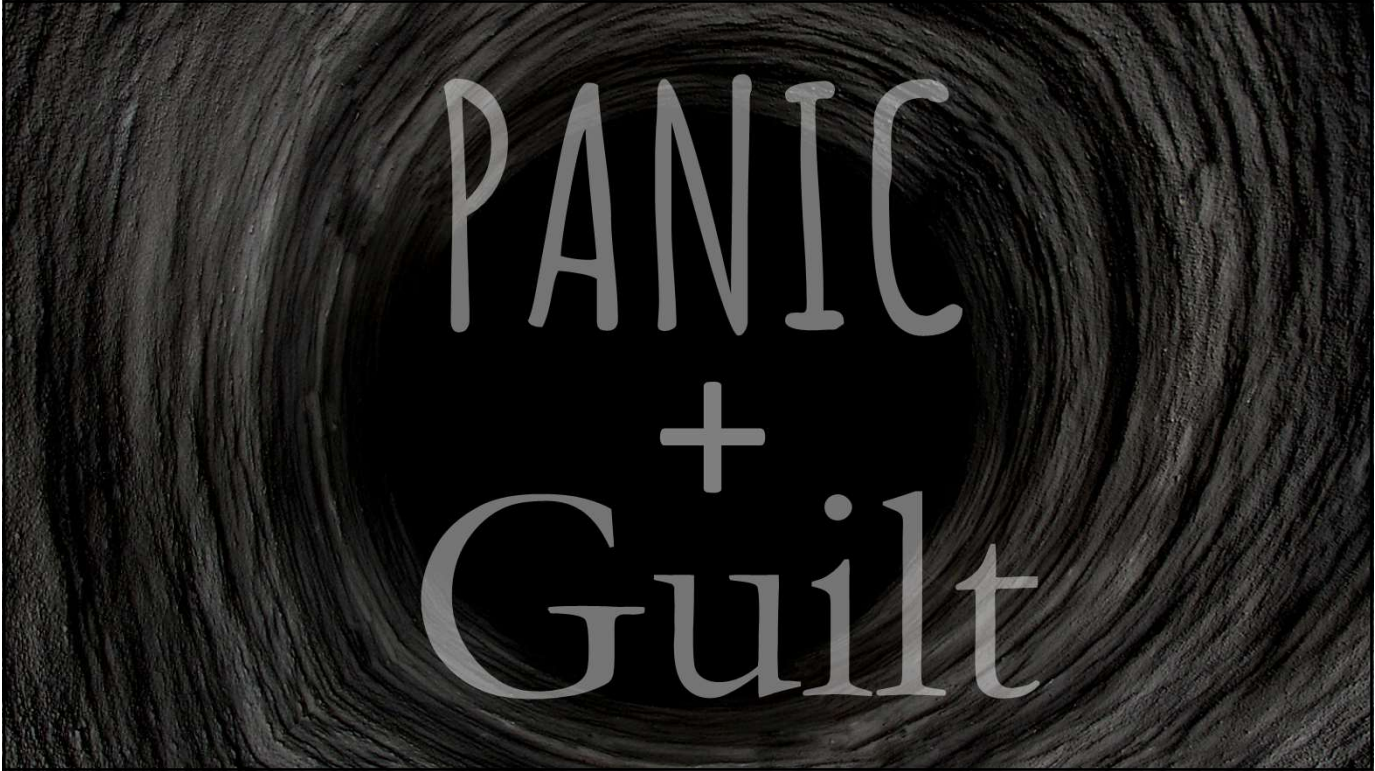


Preschool



Early Intervention





The Work Ahead

Kindergarten Readiness



Facts & Impacts

PREVALENCE

RISK FACTORS

COMMON
SIGNS

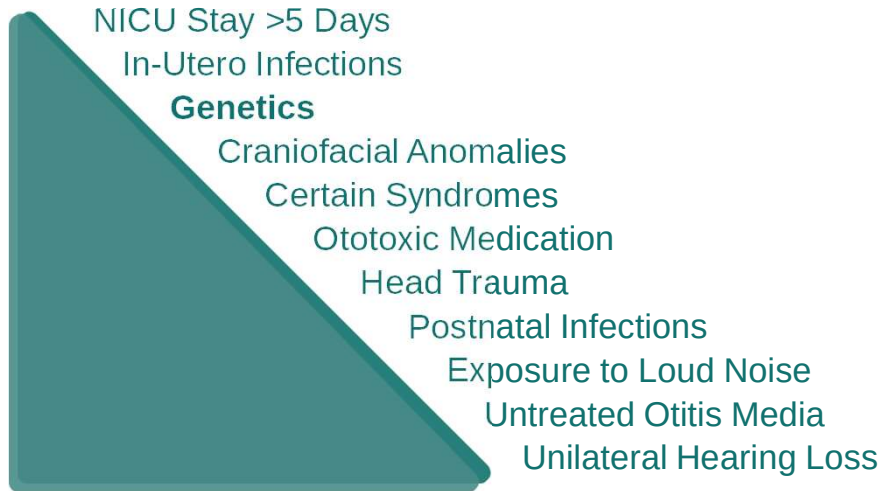
CONSEQUENCES

Prevalence

- Congenital hearing loss affects two to three newborn infants per 1,000 live births (CDC, 2007)
- Incidence of hearing loss doubles between birth and school age (Foust et al., 2013)
- Nearly 15% of students ages 6-19 have hearing loss (CDC, 2021)
- Incidence of hearing loss is higher for children in Hispanic communities in the US. (Otolaryngology, Head and Neck Surgery, 2009)



Risk Factors



Did You Know:

In Virginia, protocols require that:

Infants who pass but have an identified risk indicator for progressive or delayed-onset hearing loss (pass with risk) should have a complete diagnostic evaluation between 12-24 months of age.

(Virginia EHDI Protocols for Diagnostic and Audiologic Assessment, rev. 2018)



Common Signs

(Infants and Very Young Children)

- Limited or no speech
- **Difficult to understand**
- **Not startled by sudden or loud noise**
- Prefers high volume on TV, electronics
- **Ignores questions or struggles/responds incorrectly**
- Easily frustrated
- **Behavior problems**
- **Short attention span**
- **Watches lips during conversation**
- **Has difficulty understanding if your face is out of view**



Common Signs

(Older Children)

- Inappropriate responses to questions
- Watches other pupils to imitate what they are doing
- Speaks differently from other children his or her age
- Academic underachievement
- Does not reply when you call him or her
- Turns up the volume excessively high
- Poor self-concept
- Daydreaming
- Apparent laziness
- End of day fatigue



Did You Know:

The Joint Committee on Infant Hearing states that:

- Family concern regarding development, hearing, speech, or language **is a risk factor** and **should result in immediate referral** for audiological testing; and
- When risk factors are present, **comprehensive audiologic evaluation** should occur. The schedule for ongoing re-evaluation is based on both the specific risk factors and the observations of the child's auditory and speech/language development.

(JCIH Position Statement 2019)



Consequences

Left undetected, pediatric hearing loss can negatively impact:

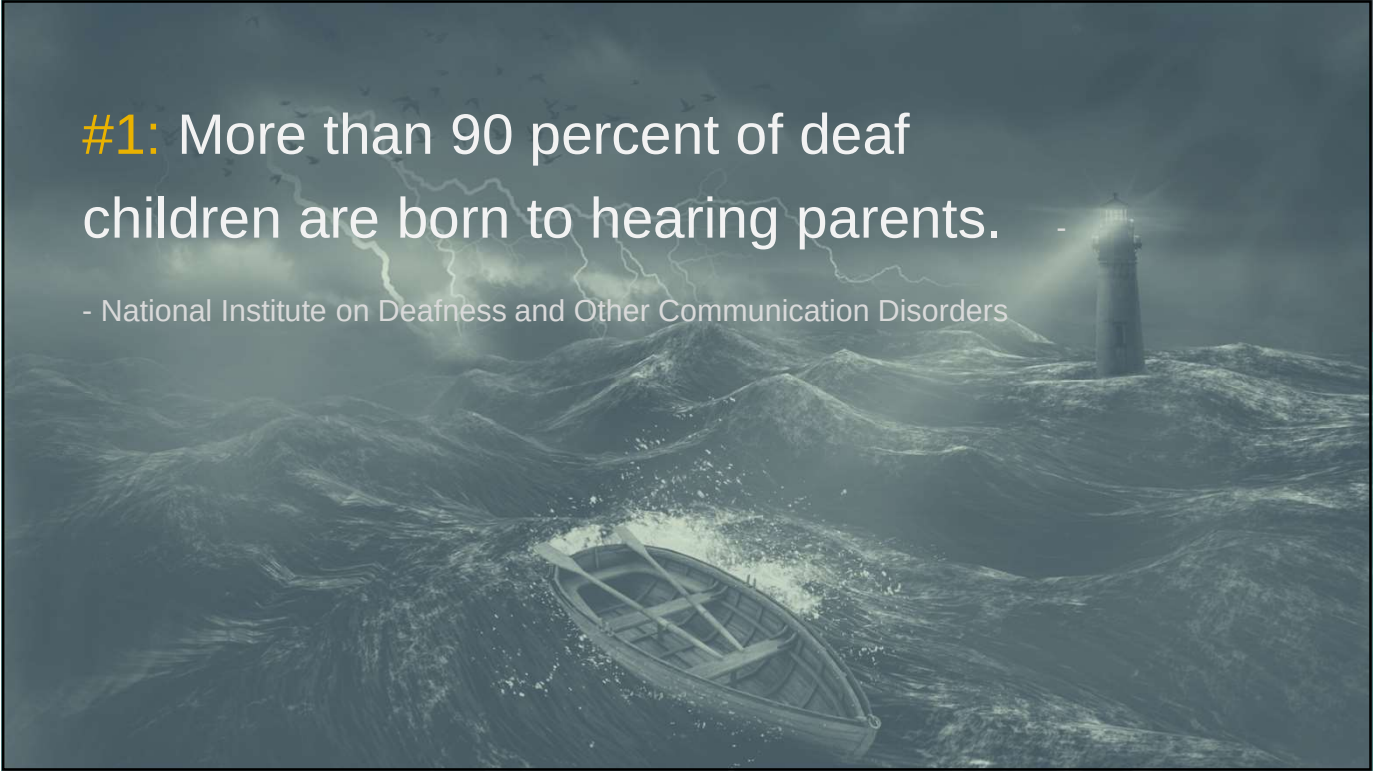
- Speech and/or language acquisition
- Cognitive growth
- Social and emotional development
- Success in the classroom
- Educational/vocational choices and achievement



Pause for a Few Questions




**Building a Boat Together
During a Hurricane:**
5 Things to Remember about
Families Facing a Pediatric
Hearing Health Crisis



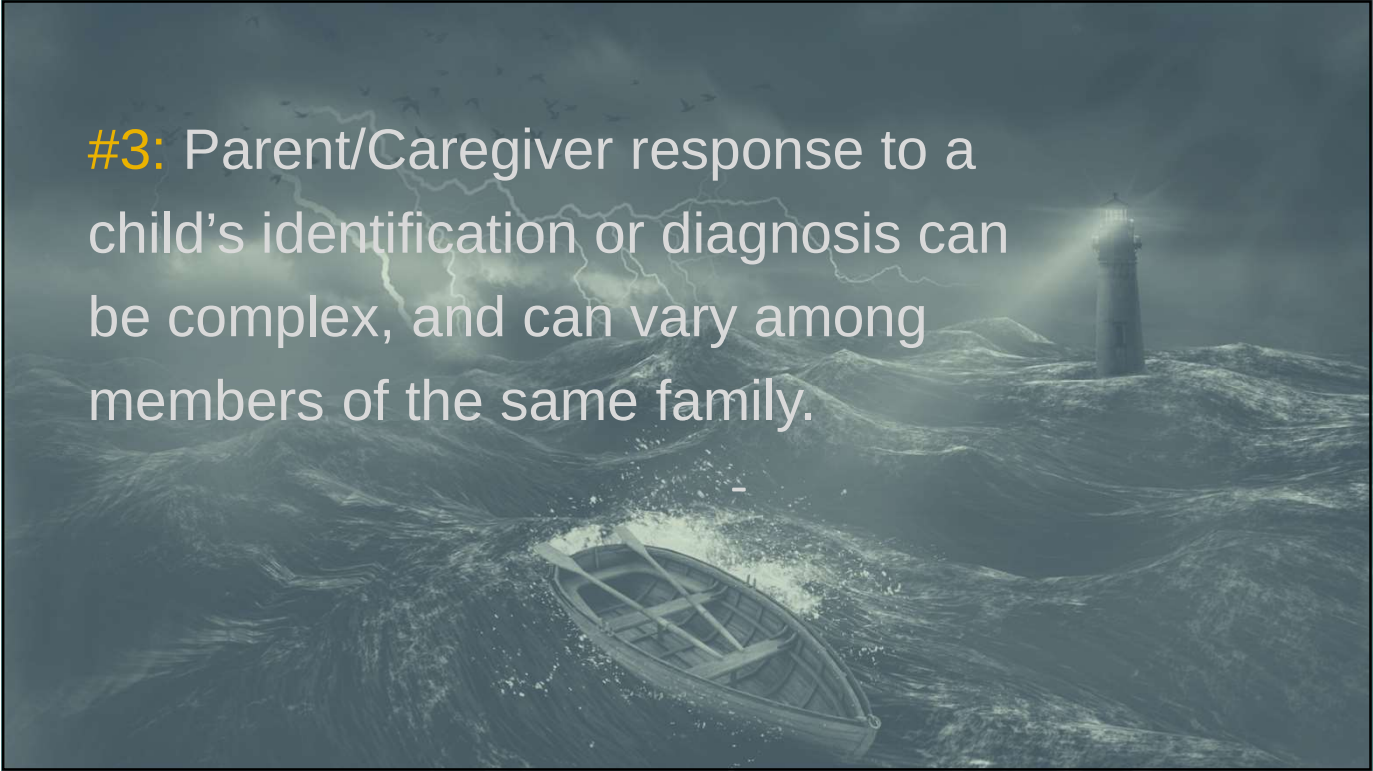
#1: More than 90 percent of deaf children are born to hearing parents.

- National Institute on Deafness and Other Communication Disorders

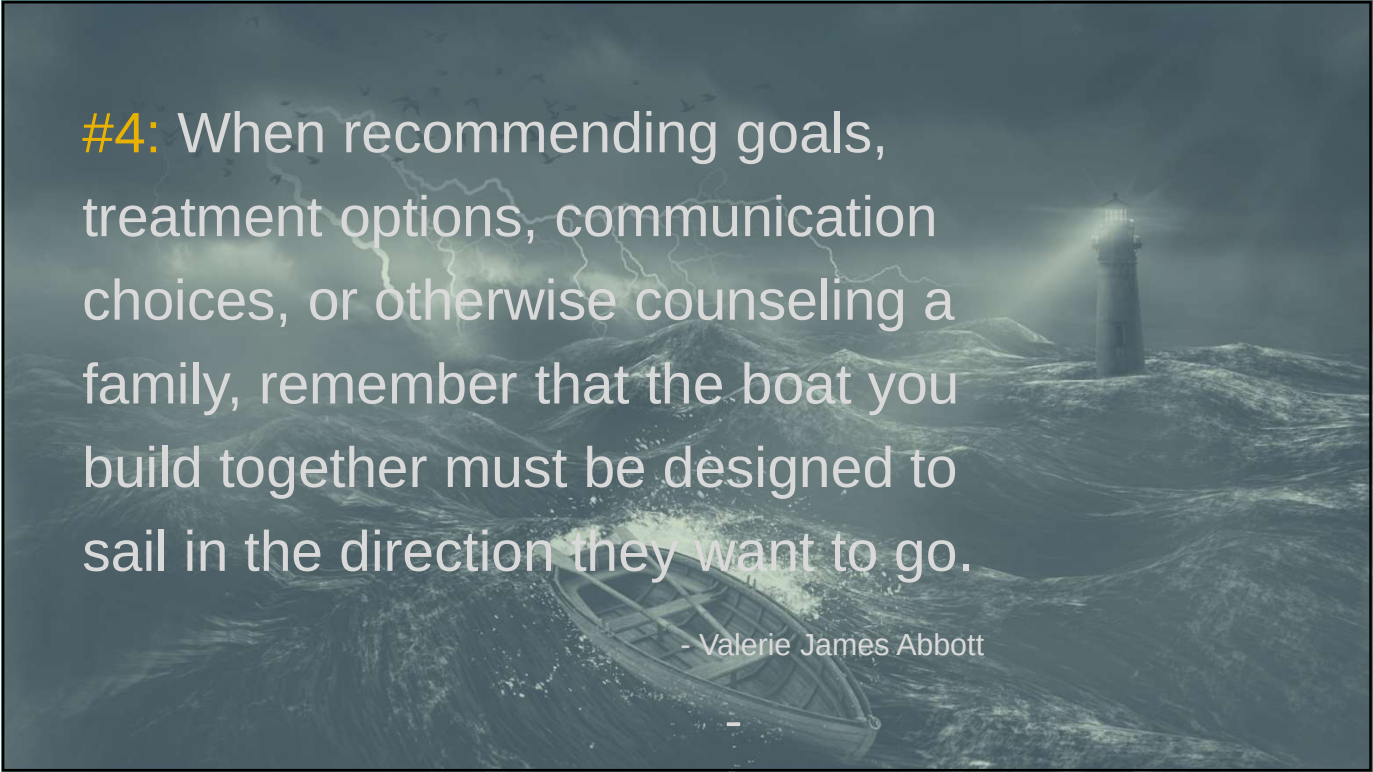


#2: Up to 40% of children who are deaf or hard of hearing have issues not just with language delay but with learning, behavior, and motor development.

- CincinnatiChildrens.org



#3: Parent/Caregiver response to a child's identification or diagnosis can be complex, and can vary among members of the same family.



#4: When recommending goals, treatment options, communication choices, or otherwise counseling a family, remember that the boat you build together must be designed to sail in the direction they want to go.

- Valerie James Abbott

#5: Begin with Family Goals/Concerns in Mind:

- I want my child to be orally bi-lingual
- I want my child to be accepted by the Deaf Community
- I don't want my child's hearing aids or cochlear implant to be visible
- I want my child to learn American Sign Language
- I want my child to start Kindergarten developmentally ready and on time
- I want my child to be a strong reader
- I want my child to use their hearing technology all the time
- I want my child to feel empowered to use their technology when/where they want to
- I want my child to be accepted by my community/culture
- I want to prioritize my child's other medical issues over hearing loss
- I want my child to communicate well with his peers in the neighborhood and at daycare/school
- I want my child to have positive self-esteem just as they are

Question for YOU

What percent of children in your community who are receiving speech, language and/or other developmental services have had a **recent and thorough** audiological evaluation by a **pediatric audiologist**?



Why isn't it 100%?

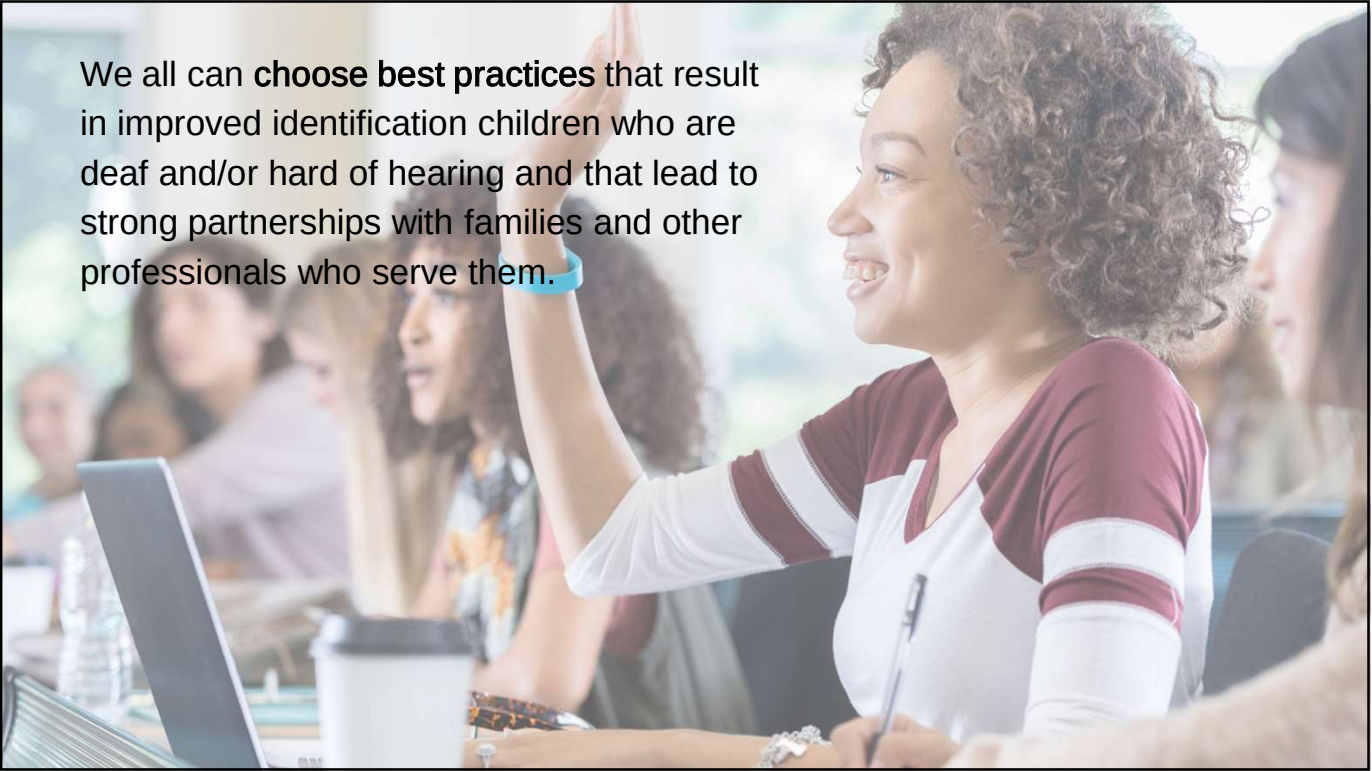
What are the barriers preventing children enrolled in speech, language and developmental services from receiving an appropriate audiological assessment?



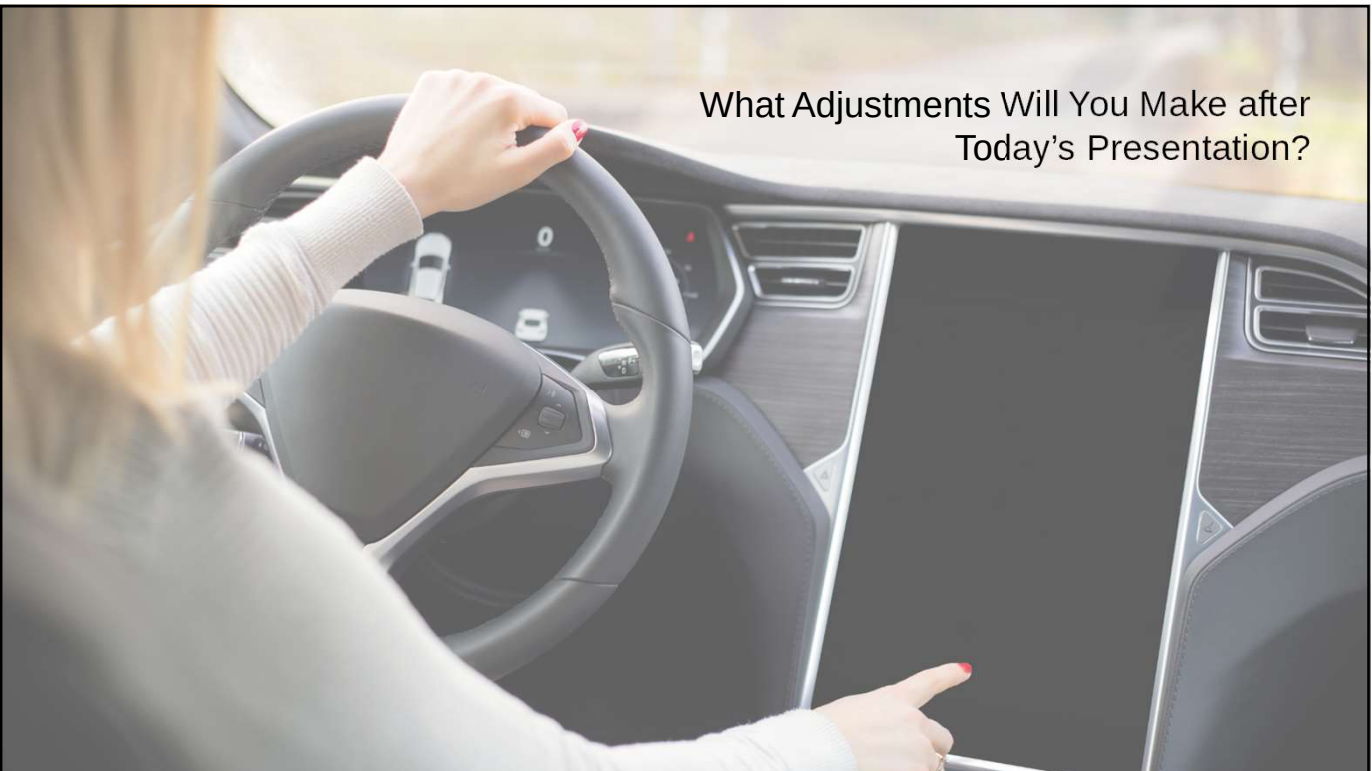
We all have the **POWER, INFLUENCE** and **PROFESSIONAL RESPONSIBILITY** to help remove barriers, improve identification rates, support family goals, and offer hope.



We all can **choose best practices** that result in improved identification children who are deaf and/or hard of hearing and that lead to strong partnerships with families and other professionals who serve them.



What Adjustments Will You Make after Today's Presentation?



Post-Knowledge Check

Question 1

How often does permanent hearing loss occur in young children (between birth and school age)?

Question 2

What is a leading cause of postnatal hearing loss?

Question 3

What is a common sign of undiagnosed hearing loss that family members and friends might not notice?

Question 4

What important fact do you know about families of children with hearing loss?

Question 5

In Virginia, at what age should infants who pass the hearing screening but who are considered at-risk for delayed onset of hearing loss be seen for a diagnostic audiologic evaluation?

FINAL QUESTION

What will you do more of, less of, or differently going forward as a result of today's session?



Working together,
we WILL find
children with
postnatal hearing
loss sooner.

Because **Every Kid** with Hearing Loss



Deserves a Chance to **Thrive.**



Thank you!



Next to love,

Hope

is the most **POWERFUL FUEL** of the human spirit.

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