Parent Education Pages

Hearing Devices

The Joint Committee on Infant Hearing (JCIH) has representatives from Pediatrics, Otology, Speech Language Pathology, Audiology, Deaf Education and State Early Hearing Detection and Intervention (EHDI) programs. JCIH published a position statement in 2019 that provides guidance on the roles and responsibilities of the providers you may encounter on your journey with your newly identified child who is Deaf or Hard of Hearing (DHH).

When Could a Child Receive Hearing Aids?

If a family has chosen listening and spoke language (LSL) as their goal, then fitting of hearing aid amplification is recommended no later than four months of age (or as soon as there is confirmation that the child is deaf or hard of hearing) unless not medically appropriate. Pediatric audiologists may offer loaner hearing aids to reduce the time between diagnosis and hearing aid fitting.

Hearing aid amplification for children with auditory neuropathy should be held until behavioral testing thresholds can be determined. This helps to appropriately program the hearing aids for this type of hearing loss.

Why Should a Child Use Hearing Aids Designed For Children?

Hearing aids for children have features specifically designed for their age such as: Pediatric-sized earhooks, tamper-proof battery doors, and accessibility for remote-microphone (FM) technology. Also, progressive hearing loss is not uncommon in young infants, so their hearing aids should be able to accommodate potential changes in their hearing levels.

Behavioral Testing

A child's responses during behavioral testing are the best reflection of how the child hears. Behavioral testing using conditioned response should begin when developmentally the child is able to respond consistently.

Audiologist Role

An audiologist should allow time to:

- Listen to families, answer questions and support decisions made by the family
- Provide and discuss additional resources and strategies
- Refer to family support and encourage them to advocate for their needs
- Use clear and simple language
- Explain the process (referral to early intervention) and what will happen next
- Explain the next steps regarding their amplification and the overall process

Hearing Devices / Amplification

There are a variety of devices and assistive technology that may be considered dependent on the child's age, communication approaches they use, type and degree of hearing loss.

Hearing Aids

Hearing aids made for children provide safety features and are just the right size for a child's growing ear. It is just as important that the ear molds (the piece of the hearing aid that fits in your baby's ear canal) fit well and new ones are made as a child grows. Check ear molds every time a child's shoe size changes as they may have outgrown those too.

Assistive Technology

As a child grows, the use of assistive technologies should be considered. They may include: remote microphones, visual communications, video communication, flashing doorbells, etc.

Bone Conduction Hearing Devices

Infants whose external ear canal that cannot accommodate hearing aids, are eligible for bone conduction hearing devices. These infants and children can wear the bone conduction device on a soft headband until they are age five, at which point they may be eligible to get a permanent bone conduction device.

Cochlear Implants

Children with severe to profound hearing levels may be candidates for a cochlear implant. Cochlear implant surgery at 12 months of age or younger typically offers the greatest chance of speech understanding. The decision to pursue a cochlear implant is based on the audiological and medical assessment of the child, choice of the family and the family's goals for communication. It also requires years of an intensive auditory-based therapy after activiation of the implant. Cochlear implants can be provided unilaterally or bilaterally and can be used with other amplification (bi-modal) such as a hearing aid in one ear and a cochlear implant in the other.

Guidelines

The information shared here is simplified language of the guidelines set forth by the JCIH. The guidelines were written for professionals and families to set standards of care for children through the hearing screening, diagnosis and early intervention process. Parents should consider these overall recommendations and timelines may vary based on family circumstances.

All About Hearing Aids

Bone Conduction Hearing Devices

Cochlear Implants

Family Support

Things to Consider

Changes to a child's hearing levels may happen over time so it is important to have ongoing appointments with their audiologist to monitor the child's hearing levels, to check the functioning of the amplification they use and to make any adjustments if needed.

If the infant/child is not meeting expected language milestones with their appropriately fitted hearing aid amplification alone, additional language and communication approaches and/or technologies should be considered. Considerations may include American Sign Language (ASL), cochlear implantation, or additional hearing assistance technologies.

Ongoing review of the child's amplification use and language progress will help to determine if additional supports are necessary.

This project was supported by the Illinois EHDI Program