

Your child's hearing aid

Hearing Services Department

Information for Parents & Carers

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Image courtesy of Phonak Ltd.

**Caution: Hearing aid batteries can be harmful if swallowed.
Please ensure they are stored out of the reach of children.**

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Introduction

This booklet aims to give you information on your child's hearing aids and support the information you have been given in clinic. If you have any questions, please contact us by any of the methods at the end of this leaflet.

Your child has been fitted with digital hearing aids which are provided on loan and free of charge. We ask you to take good care of these as they are expensive. The hearing aids have been fitted to try and maximise your child's ability to hear and understand speech, and to help their language development.

Your child will have regular appointments with the Hearing Services Department, either at the Leicester Royal Infirmary or one of the outreach clinics. These appointments will offer hearing tests and fine tuning of the hearing aids. We can repair hearing aids and make new earmould impressions during the review appointment, but if you need these doing before the review then it is important that you get in touch to attend on one of the repair sessions.

We will send out appointments for the reviews, but it is very important that you get in touch with us if you need an appointment sooner or if you cannot make the appointment.

Types of hearing loss

There are 3 main categories of hearing loss - Sensorineural, Conductive, and Mixed:

Sensorineural (SNHL): This is an issue with the inner ear and most often is damage to the hair cells in the hearing organ (cochlea). Other causes include damage to the nerve of hearing called the auditory nerve. A SNHL can occur from birth although you can acquire a hearing loss due to age, noise exposure, chemotherapy, bacterial meningitis or because of a progressive hearing loss that may run in the family. A SNHL is permanent and is managed with hearing aids.

Conductive (CHL): A CHL is a hearing loss due to a problem in the outer ear or middle ear that may prevent sounds from getting to the organ of hearing (inner ear). There are many reasons for a CHL, most commonly in children is glue ear (middle ear congestion) which can cause a temporary hearing loss. Other reasons for a CHL may be; perforated ear drum, wax, infection or malformation of the outer ear or middle ear bones. A CHL is usually temporary but can sometimes be permanent. Temporary CHL levels can get better and worse (fluctuate). Treatment for a CHL may be hearing aids, surgery or monitoring.

Mixed: A mixed hearing loss is a combination of both a conductive and sensorineural hearing loss. There may be problems in the outer or middle ear as well as the inner ear or auditory nerve. Children with a permanent sensorineural hearing loss may also have a temporary, overlapping conductive hearing loss.

Types of hearing aids

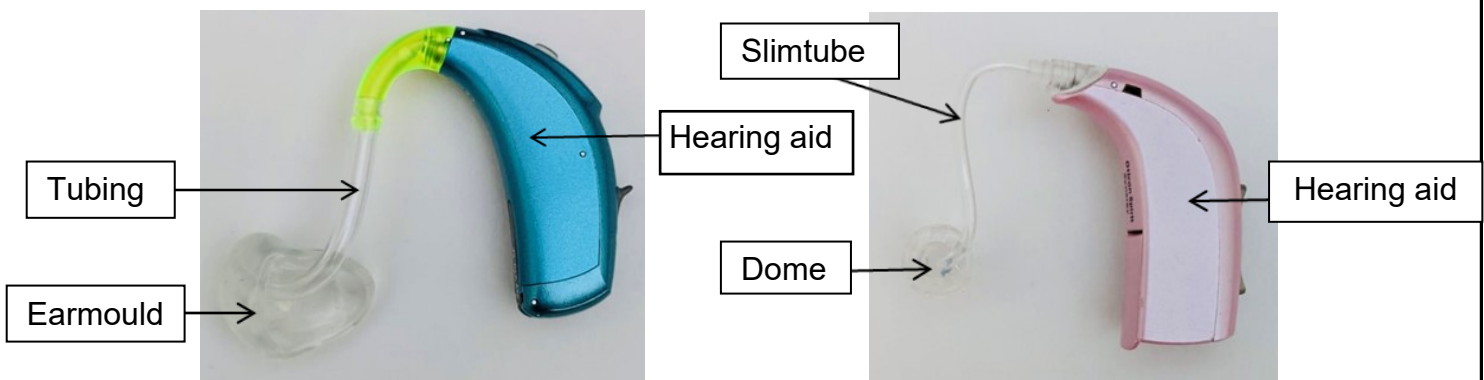
There are several different types of hearing aids that are available to your child on the NHS. The hearing aid that is recommended for your child will be based on the type and amount of hearing loss that they have. A choice of colour of hearing aid will have been offered.

Below is a simple summary of the different types of hearing aids you may come across and the hearing losses they are suitable for. Your audiologist will have discussed these options with you allowing you to make an informed decision.

Air conduction/ Behind the ear hearing aids:

These are the most common hearing aids. They have a plastic earmould that sits in the ear with the hearing aid then sitting behind the ear. This type of hearing aid is suitable for sensorineural hearing losses but can also be used for some conductive hearing losses.

Sound is detected and processed by the hearing aid and transferred through the outer and middle ear to the organ of hearing in the inner ear. For older children and where the hearing loss permits they may have a slimtube and dome instead of an earmould.

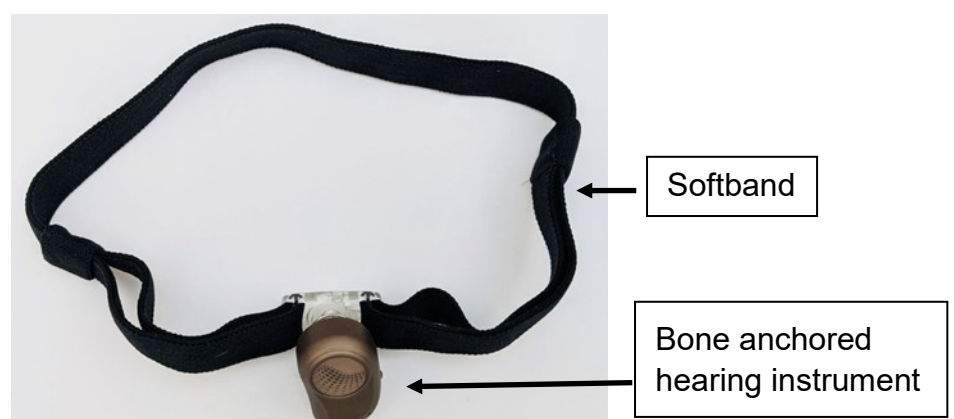


Bone conduction hearing aid:

This type of hearing aid is suitable for conductive hearing losses for those children where an air conduction hearing aid may not be suitable.

The bone conduction hearing aid is placed on the bone behind the ear and works by delivering sound vibrations through the bone of the skull to the organ of hearing in the inner ear

The hearing aid is kept in place by an elasticated headband (softband)



Hearing aid implants:

For some children, there may be problems using the air and bone conduction hearing aids so an assessment for an implanted hearing aid may be discussed.

These devices need surgery and a team of different professionals would be involved to make sure it is the right option for your child.

There are 3 types of hearing aid implant:

1. Cochlear Implant (CI) is used for large sensorineural hearing losses when air conduction hearing aids cannot make speech loud enough to be heard clearly
2. Bone Anchored Hearing Implant (BAHI) is used for permanent conductive hearing losses when other hearing aids cannot be worn successfully.. A BAHI may also be used for some children with a total hearing loss in one ear.
3. Middle Ear Implant (MEI) is used for permanent sensorineural or mixed hearing loss when other hearing aids cannot be worn successfully for medical or hearing reasons.

Caring for the hearing aids

Depending on the age of your child when they are first fitted with hearing aids, you may have to do a lot of the care and maintenance of the hearing aids yourself. As your child gets older they can start to take on some of the responsibility of looking after the hearing aids themselves.

There are a few simple steps you can take to ensure the hearing aids are working and looked after as your child may not be able to tell you when they are not working properly. Please see the troubleshooting guide in this booklet if needed.

- Check the battery is inserted and hearing aid is working by cupping it in your hand and holding it to your ear to check for the whistle (air conduction aid), feeling the vibration (bone conduction aid). This should be done every time before putting the aid into the ear.
- Check the earmould is not blocked and the tubing is clean and attached to the earmould and hearing aid correctly, using the puffer if necessary.
- Keep the hearing aids in their case when not in use and away from water and heat.
- If the air conduction aid is whistling when in the ear, check that the earmoulds have been inserted properly and that they fit well. If the bone conduction aid whistles when on the head, tighten the softband and check that the aid is positioned under the hair

Hearing aid use

Children should wear their hearing aids at all times other than for sleeping and water based activities, as they learn to communicate not only through being spoken to directly, but also when overhearing conversations. It is important to get them into a routine of using their hearing aids both at home, socially and in nursery or school. It can be difficult at times to get your child to use their hearing aids, as they may pull them out, but it is important to keep trying every day.

Helpful hints:

- Put the aids on small babies just before they wake up. This may reduce awareness of the hearing aids and so they may be less likely to pull them out.
- If an infant keeps putting the hearing aid in their mouth, attach a teething toy to their clothing using a dummy clip, encourage them to use this instead.
- For older children, try to engage them in activities so that they are distracted when the hearing aid is being put on. Reward charts may also help.
- Putting the hearing aids in when your child is getting dressed may help you and your child to get into a routine
- You may notice that your child is still or quieter when you put the hearing aids in, this may be because they are listening to sounds and becoming more aware of their environment. This is a good opportunity to identify the sounds and talk to your child reassuringly.
- If your child removes their hearing aids, try to put them back in and then distract them by playing a game or singing a song. Clapping hands with them is a good way to keep their hands busy immediately after inserting the hearing aids.
- If your child is upset by certain loud sounds in the environment and this does not stop after reassurance it may be useful to speak to your audiologist for advice.

When not to use the hearing aids:

- The hearing aids should be removed before bed, cleaned and placed in their storage boxes to be left in a safe place where young child or pets do not have access to them.
- Hearing aids should not be worn when bathing or swimming as they are not waterproof and water entering the hearing aids can mean they stop working.
- The hearing aids will have been set to limit how loud your child hears certain sounds and so they will not damage or hurt your child's hearing even if there is a loud sound. If your child seems upset by the hearing aids when entering a very loud environment such as a concert hall or live band etc, reassure them that these are naturally loud environments. If they continue to be upset after having time to get used to the sound, it may be necessary to take out the hearing aids for the duration of time for which the loud sound is present.

It is however important not to resort to removing the aids every time there is a slightly louder sound in the environment.

- Speak to your audiologist if you are unsure about when to use and when to take out your child's hearing aids.

What if my child has problems wearing their hearing aid?

If you struggle to keep your child's hearing aids behind their ears check the following is correct:

- The earmould tubing has been cut to the right length.
- The angle that the hearing aid is attached to the earmould is right.

If the tubing is too long for your child's ear, the hearing aid will keep flopping off the top of their ear making it more likely that they will pull it out.

A safety line, attached to the hearing aids and your child's clothing can reduce the risk of losing the hearing aids if your child does pull them out.

Sticky tape which can be placed between the hearing aid and the ear to help keep the hearing aid in place if a child is active. This won't prevent them pulling the hearing aid off intentionally.

If problems carry on or you would like a safety line or sticky tape, please contact us, our contact details are at the end of this leaflet

General care and maintenance

- Even though the batteries will last longer it is important to make sure that the batteries in the hearing aids are changed every week so that the hearing aids are working correctly at all times.
- You may have been supplied with a pot and crystals for drying the hearing aids, use this at least once a week so that any moisture or condensation that builds up in the earmoulds or hearing aids is drawn out.
- If your child has 2 hearing aids it is important that the correct hearing aid is put into each ear. There will be coloured markers in the bottom of the hearing aid (red is right ear, blue is left ear). Check these markers before putting the hearing aids in to make sure that they are put into the correct ear.
- It is important that the earmould is cleaned daily and that the tubing is changed every 4 to 6 months. This helps to ensure that the quality of sound through the hearing aid does not reduce, or stop due to the tubing getting blocked. If your child is old enough get them to help as this will encourage them to start taking on some responsibility for their hearing aids.
 1. Daily, wipe the earmould with a damp, soft cloth or baby wipe to remove dirt from the earmould and wax from the hole to the tubing.
 2. Weekly, to wash the earmould; pull the hearing aid and the tubing apart where they connect, **not** by pulling the tubing out of the earmould. The earmould can be washed in warm soapy water then rinsed thoroughly under the tap allowing the clear water to run through the tubing. When the earmould is dry, use the supplied puffer to get rid of any excess moisture from the tubing.
 3. If you would like to retube the earmoulds yourself, tubing can be supplied by the Hearing Services Department and there are YouTube video's available to demonstrate how to do this, ask your audiologist to show you, or you can follow the steps on the next page.



1
Pull the old tubing out of the earmould.
Do not throw the old tubing away as you will need it later.



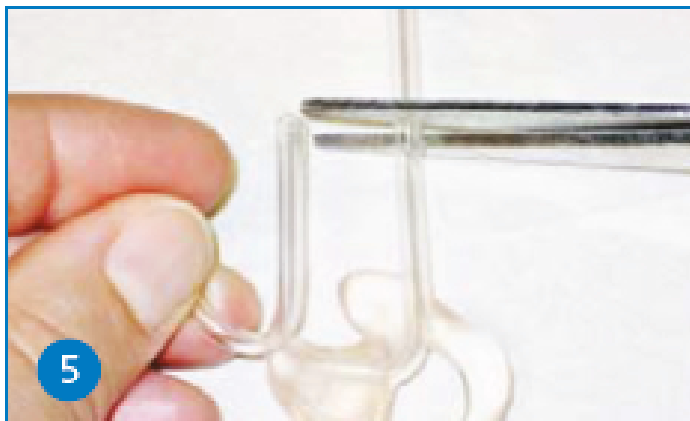
2
Cut the last 5cm (2 inches) of a pre-bent piece of tubing to a tapered end. Thread this through the earmould until it comes out the other end.



3
Pull the tube until the bend reaches the mould. All the tapered section should have come through the other side.



4
Cut the tapered tubing as close as possible to the earmould. Any tube sticking out could rub your ear and make it sore.



5
Take the old piece of tubing you saved and line it up with the newly threaded tube. Cut the end to the same length.



6
Push the end of the tubing onto the plastic nozzle on your hearing aid. Make sure that it bends in the right direction, as shown in the picture.

Battery safety

Hearing aid batteries are small and very easily picked up by small children if left lying around. These can be extremely harmful to children if swallowed and they can get them stuck in their ears and nose. To avoid this ensure that batteries are kept in a safe place, and out of the reach of children and pets. When getting rid of batteries do so safely, and if possible take them to your nearest recycling point.

If you suspect that your child has swallowed a battery please seek immediate medical attention.

Tamperproof battery drawers are available for hearing aids. The audiologist will automatically add these on for all children under the age of 5 years old. If your child is over the age of 5 but has younger siblings or you feel they would benefit from having tamperproof battery drawers then please let your audiologist know.

If your child has tamperproofing applied to their hearing aids it is very important that this is used to keep them and other young children safe. Please contact us if the tamperproofing is broken.

Teaching your child how to use and look after their hearing aid

As your child grows it is important to teach them how to take care of their hearing aids. This is so they are able to do this themselves before they move to the adult hearing services.

Below is a basic checklist that can help to guide you through some of the skills you can begin to teach your child when using their hearing aid. Should you encounter any difficulties or require further assistance or information please tell your audiologist who will help.

Hearing aid skill	Skill Introduced	Needs help	Can do independently	Comments
Puts earmould in ear				
Can put hearing aid behind the ear				
Turns aid on				
Turns aid off				
Able to change battery				
Use puffer to clear condensation				
Able to wash earmould				
Able to change tubing on earmould				
Recognise when a new earmould is needed				
Know where to get new batteries from				
Stores the hearing aid safely in its box				
Has the hearing aid serviced regularly				
Able to inform of faults with the aid				

Trouble shooting

Below is a trouble shooting guide which will help to resolve most of the common problems that are found with use of a hearing aid. Should you find this does not fix the issue, please get in touch with the Hearing Services Department for an audiologist to have a look at the hearing aid.

Problem	Check	Solution
The hearing aid stops working	Is the battery working and inserted the correct way?	Change the battery ensuring it is inserted the correct way and is in date.
	Is the earmould blocked with wax?	Separate the earmould from the hearing aid and clean.
	Is there water or condensation in the tubing?	Clear out any condensation using a puffer, ensuring the end of the tubing is not blocked.
The hearing aid keeps whistling when in the ear	Is the earmould inserted correctly?	Re-insert the earmould.
	Is the earmould blocked?	Remove the earmould and clean.
	Is the earmould too loose or is the mould or elbow damaged?	Attend the repairs session to have an audiologist look at this for you.
	Is the tubing coming out of the earmould?	Re-tube the earmould.
	Is the softband too loose?, Is the bone conduction hearing aid positioned on top of the hair?	Tighten softband Put hearing aid flat against head and underneath hair

Getting support from other services

Even though your child has been referred to the Hearing Services Department for their hearing aids the audiologists are not the only healthcare professionals that may be involved with their care. We have links to and work very closely with the likes of the Ear, Nose, and Throat (ENT) Department and the Hearing Support Service.

The Hearing Support Service or Teachers of the Deaf (ToD) are qualified teachers that offer support and advice for parents, nurseries and schools about children with hearing loss and hearing aids. You will have been referred to this service when your child had their hearing aid, if you agreed to this. There is a Leicester City and Leicestershire County service, their contact details are:

Leicester City:

New Parks House, Pindar Road, Leicester LE3 9RN

Tel: 0116 454 4650

Leicestershire County:

Room 600, County Hall, Glenfield, Leicester LE3 8RA

Tel: 0116 305 9400

Any input from other healthcare professionals that would be helpful to your child will be discussed with you, and a referral will be made with your agreement.

Hearing Services contact details

Department: Paediatric Hearing Services

Telephone: 07950 889139 Text or Voicemail (Monday to Friday, 8am to 4.30pm)

Email: PaediatricHSD@uhl-tr.nhs.uk

Website: <https://www.leicestershospitals.nhs.uk/aboutus/departments-services/hearing-services/paediatric-hearing-services/>

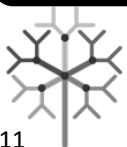
اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



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Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement