Hearing loss is one of the most common birth disorders in newborns. Approximately 33 Alaskan babies are born each year with permanent hearing loss. When combined with children who develop hearing loss after they are born, as many as 15 in every 1,000 Alaskan children will have some degree of hearing disorder.

Children with hearing loss may be more likely than other children to develop social, emotional, or communication difficulties. Early intervention and family supports can greatly reduce the potential effects of these difficulties and assist children to develop the communication skills they need to succeed academically and socially.

What is Typical for Speech and Language Development?

The most intensive period of speech and language development is during the first three years of life, a period when the brain is rapidly developing and maturing. These skills appear to develop best in a world that is rich with sounds, sights, and consistent exposure to the speech and language of others.

Although children vary in their development of speech and language, there is a natural progression or timetable for learning language. These milestones can serve as a guideline to typical development and can help determine when a child needs extra support:

**Newborn:** Cries and is startled by loud, sudden sounds.

**3 Months:** Laughs, forms sounds in the back of mouth, such as “goo”, recognizes familiar voices.

**6 Months:** Can determine direction of sound source, puts vowel and consonant sounds together, and engages in vocal play.

**12 Months:** Babbles, repeats sounds in sequence (“ma-ma-ma”), recognizes name, understands “no,” and gives toy on request.

**By 3 Years:** Understands up to 3,600 words, uses up to 900 words, with 3 to 4 words per sentence on average, knows his or her name and can sing simple songs.

Screening for Hearing Loss

All babies in Alaskan hospitals receive a newborn hearing screening before going home from the hospital. Infants who are identified to have hearing issues through newborn hearing screening are referred for testing by a pediatric audiologist, who can determine whether or not there is hearing loss. With specialized equipment and training, a pediatric audiologist can perform an evaluation on even the youngest infant or toddler.

Although the newborn hearing screening process is reliable, there are children who will not be identified through the screening and children who develop a hearing loss after the initial screening. Therefore, families should continue to watch babies for behaviors that may indicate a hearing loss later in their development. If you suspect your child may have hearing loss issues, talk...
to a healthcare provider to see if a hearing test is necessary.

**How Can EI/ILP Help?**

EI/ILP offers support, assistance, and advice to families on how to best meet their child’s unique needs, including access to a wide variety of information and resources.

Family education can assist families to learn more about:

- The nature of their child’s hearing loss
- How to help their child use hearing
- How to help their child communicate
- Different intervention and communication options
- How to use their child's hearing technology (hearing aids, FM systems). This can include help with environmental factors and conditions in the home and other settings that enhance hearing opportunities or make hearing more difficult.
- General development of infants and toddlers including social emotional development

**Developing a Communication System**

Parents and children are partners in communication and must develop a communication system in order for a language system to develop. Children without hearing loss receive considerable exposure and practice in language by overhearing others speak. For children who are hard of hearing or deaf, these opportunities are more limited, but they need as many opportunities as possible to practice language.

This is one of the reasons early intervention builds on a foundation of family participation rather than isolated practice in therapy.

**Amplification Technology**

Children who are hard of hearing or deaf will most likely require the use of assistive technology, such as hearing aids, cochlear implants and FM systems.

**Hearing Aids.** Hearing aids assist children by amplifying or making sound louder, but not necessarily clearer. Hearing aids must be used in conjunction with an intervention program that focuses on hearing and communication skill development.

**Cochlear Implants.** A cochlear implant is a device that has two sets of components: external (those worn on the outside) and internal (those surgically implanted in the skull). The cochlear implant takes sound in through the external microphone and changes it into an electrical signal. That signal is transmitted to the internal receiver and electrodes that stimulate the auditory nerve and send a signal to the brain. In order to determine eligibility for a cochlear implant, the pediatric audiologist will fit a child with hearing aids first and evaluate the child’s performance with them before resorting to the more drastic surgical approach of implants.

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**For More Information**

**Alaska Early Intervention/Infant Learning Program**

(877) HSS-FMLY. (907) 269-8442. TT Relay (800) 770-TYPE

[earlyintervention.alaska.gov](http://earlyintervention.alaska.gov)

**Alaska Early Hearing Detection and Intervention**

www.infanthearing.org/states/alaska

(907) 334-2273

**Communicate with Your Child**

www.communicatewithyourchild.org

**American Speech-Language-Hearing Association**

(800) 638-8255. TTY (301) 296-5650

[www.asha.org/public](http://www.asha.org/public)