



BIAP recommendation n° 06/8 : Prosthetic fitting procedure for hearing impaired child

The infant's hearing channels and centres only mature in response to an early, well-adapted and regular stimulation by sound. BIAP consequently recommends :

1. that the deafness diagnosis be established as early as possible. It can often be made during the first months. Prosthetic fitting must be carried out promptly (cf. annex).
2. that this fitting result from multidisciplinary care involving ENT doctors, audiologists, hearing-aid specialists, speech therapists, pedagogues and psychologists (cf. [BIAP recommendations CT 14](#) ; audio-phonological team, definition).
All these participants must have acquired the training and experience necessary for specialism in this field.

1.- Prosthetic fitting of children is strictly dependent on the diagnosis

In the case of suspected deafness, the audiological assessment must be as complete as possible. It requires the use of tests adapted to the child's age and aptitudes. It is essential to look for the presence of any disability related to deafness, necessitating a paediatric or neuro-paediatric examination or any other examination needed for diagnosis.

2.- Prosthetic fitting of children requires the parents' decision and collaboration.

Parents should be given exact information about hearing-aids, the need for fitting and the benefit for the child as well as the drawbacks of wearing the device (cf. [BIAP recommendations CT-25-1](#) : parental guidance).

3.- Prosthetic adaptation

Prosthetic adaptation should normally be bi-aural and stereophonic, unless there are clinical counter-indications. It should be carried out immediately after the first diagnosis and continue to evolve according to the child's age and perception capacities.

4.- Speech therapy care

It shall be practised as soon as possible after the diagnosis and, like the hearing-aid, continue to adapt to the child's development. This pluri-disciplinary care shall be given in close and continuing collaboration with the family (cf. [BIAP recommendations CT-25-01](#) : parental guidance Annex 1-C).

5.- Evaluating efficacy of the hearing-aid

- 5.1 Efficacy shall be assessed by paedo-audiometry examinations adapted to the child's age and aptitudes to determine the residual hearing dynamics available for understanding speech.
- 5.2 As far as possible, it shall be evaluated by vocal audiometry tests.
- 5.3 Finally, the child's development, observation of his/her behaviour, vocal productions, reactions to noise and to a wide variety of stimulation, comprehension capacity, aptitude for communication, shall be important elements for evaluation. This requires constant, careful observation that can be done by parents with the help of the audio-phonological team.
(cf. [BIAP recommendations CT-25-1](#) : parental guidance Annex 1-D).

6.- Follow-up (or continuous assessment)

Follow-up for children means constantly adapting the hearing-aid to the child's development, audiometric evaluation becoming more and more precise. The acceptance of hearing-aids, their setting and efficacy must be constantly checked as must be the **auricular tips** which, in children, have to be regularly renewed.

Audiometric verification and checking of the electro-acoustic characteristics of the hearing-devices should be carried out as frequently as is necessary in view of the development of the hearing impairment and the child's aptitudes as well as the parents' and the multidisciplinary team's demands. Particular attention should be paid to the excessive risks of output acoustic pressure.

The child's hearing, language and intellectual development must come under constant observation by the pluri-disciplinary team and especially the parents.

ENT medical follow-up is also necessary at least once a year particularly in the case of rhino-pharyngitis and sero-mucous otitis which affect the efficacy of the device. For any hearing degradation, medical advice should be sought without delay.

7.- Related disabilities

The child with disabilities may present hearing impairment. Given the potentially negative effect of a hearing impairment on communication development, it is essential to test the hearing of all children with disabilities. If hearing impairment is detected, the fitting of a hearing-aid, followed by suitable rehabilitation, must take place as soon as possible (cf. [BIAP recommendations CT-21-03](#) : Multiple disabilities and hearing damage, deafness and related disabilities).

8.- Cochlear implants

During the follow-up of the hearing-impaired child, a cochlear implant may be proposed if the efficacy of the hearing aid and the benefit to the child are insufficient (cf. [BIAP recommendations CT-07-1](#) : Cochlear implants).

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