How to help:

- It is important to get your child’s attention before talking to them. This can be done by gently touching them so that they look at you.
- With young children, get physically closer when speaking to them. Your voice will not lose as much of its energy. Say their name first, this way they will know you are going to speak to them.
- Give clear, simple instructions. Rephrase sentences rather than raising your voice. Check that they have heard you. Always talk directly to your child and let them see your face. Do not talk to them from another room or start talking and then walk away.
- Keep background noise to a minimum when talking to your child as this makes it harder for them to hear you. Try to have ‘quiet times’ during the day when there is no television or radio on.
- Try to give your child as much attention on an on-to-one basis as you can.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk. Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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Cleft palate and hearing Loss
Middle ear problems are very common in children because the Eustachian tubes are not very efficient early on in life. In children with cleft palates, the palatal muscles are abnormal so although surgical closure will improve Eustachian tube function, it may not guarantee normal function. Because of this, cleft palate children are more prone to middle ear problems.

‘Glue Ear’
Normally the middle ear is filled with air, but sometimes it becomes filled with secretions / fluid. These secretions in the middle ear are the commonest cause of a temporary hearing loss in children.

These secretions mean that:
- The eardrum is unable to vibrate properly.
- The tiny bones in the middle ear can’t move so well
- It is harder for sounds to travel through the middle ear

For your child this means that sounds may be softer or muffled. They may be less aware of sounds going on around them. You can simulate this type of hearing problem by sticking your fingers in your own ears; outside sounds will be softer but your own voice will seem louder

These secretions can produce a mild hearing problem that may hinder the development of spoken language and listening ability in younger children if left untreated

A very high percentage of children with a cleft palate have these secretions when they are born.

Sometimes these secretions resolve by themselves, but occasionally an operation is required to help ventilate the middle ear. This involves inserting a small plastic tube (a grommet) into the eardrum.

Common signs of a hearing problem
It is important to determine if a lack of response is inattention or a true problem with hearing.

Some common signs of a hearing loss:
- Young babies may not seem very alert.
- Not being aware that you are talking to them when you are out of sight.
- Looking surprised when they realise that you have been calling them.
- Watching people’s faces intently.
- Playing in their ‘own little world’.
- Difficulty following conversation in background noise.
- ‘Loud’ or sometimes ‘shy’ personality.
- A delay in their speech development (in addition to the cleft palate).