



# Listen & LEARN

The common ear infection might not be on the top of your list of worries, but as **JOY ADAN** writes, letting it go unnoticed can lead to complications with learning and speech development.

As the weather cools down, you're probably bracing yourself for a season of snotty noses. But are you ready to take on the invisible after-effect of your child's sniffles? The most common by-product of a little one's cold is an ear infection. It's

so common that up to 60 per cent of babies get an ear infection before their first birthday, and three out of four children get one before they turn five. Yet despite being widespread, spotting and treating ear issues can be tricky business. Here's what you need to know. »



looks red or has discharge, ask a doctor to take a look inside. Those might be signs that his middle ear is infected.



### WHY DOES THE MIDDLE EAR GET INFECTED?

Whenever we swallow or yawn, a tube that connects the middle ear to the back of the throat opens to let air in and fluid out. It's called an eustachian tube, and its job is to equalise the air pressure on either side of our eardrums. "In children, that tube is less mature, so it's shorter and lies horizontally instead of vertically," Dr Walton explains. A shorter, flat tube means it's harder for any trapped fluid to drain out.

When bub has a cold, the tube then becomes a breeding ground for germs. "When we're sick and the tube opens, bacteria can get sucked in," Dr Walton says. "The bacteria gets stuck and doesn't get emptied out, which leads to infection." As the fluid gets trapped, the resulting increased pressure in the middle ear causes your little one an earache.



### SIGNS YOUR CHILD HAS EAR ISSUES

How do you identify an infected ear if you can't see it? Your bub might be pulling at or putting fingers inside his ears, but that might just mean he's curious about them. "Look for signs of irritability, especially after an upper respiratory tract infection," Dr Walton says. "If your child is unhappy, crying more at night and has a prolonged fever, these are signs they may be in pain." When this happens, focus on keeping him comfortable. Use a warm compress against his ear, put a pillow under his mattress to elevate his head, and give a dose of paracetamol or ibuprofen to help ease the ache.

If you notice an odour or discharge coming from his ear, this may be a sign of a perforated eardrum. But don't panic! This just means the build-up of pressure created a small hole in his eardrum to help the trapped fluid escape. His earache is probably gone. Generally, you only need to worry about perforated eardrums if they keep recurring. As with any injury, the hole may heal in a different way to how it used to be and permanent changes to the middle or inner ear may affect hearing. Always consult with a doctor if you have any concerns.

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### EARS (USUALLY) TAKE CARE OF THEMSELVES

Ears are made of three parts – the outer, middle, and inner ear. The outer ear produces earwax to protect and keep the other parts clean. Dr Joanna Walton, a paediatric ear, nose and throat surgeon, is often asked what to do with earwax. "Earwax is healthy and normal," she says. "Parents should not clean their children's ears. The only time we have a problem with earwax is if a doctor can't see past it to the eardrum. But if that happens, that's the doctor's problem, not the parent's."

So, even though it seems counter-intuitive, put the cotton buds away. Instead, use a damp cloth to wipe away any excess earwax you find. If your child is pulling at his ear, and it



## WHEN EXCESS FLUID GETS STUCK INSIDE THE EAR

Fluid in a child's ear will clear out at different rates of time. But if he suffers repeat infections, the fluid thickens, or it doesn't clear within three months, he has what's known as 'glue ear'.

Yetta Abrahams treats many tots with glue ear in her work as Principal Audiologist at The Shepherd Centre. "It's like walking around with earplugs," she says. "The fever and infection might be gone, but any time they have fluid in their ear, they have at least a mild hearing loss. The worst I've seen is a 14-month-old who had glue ear and a 60 to 70 per cent hearing loss."

Your doctor should refer you to an Ear, Nose and Throat (ENT) specialist if your child has glue ear, or if the infection spreads to other parts of the middle or inner ear and causes complications. He will need to have his hearing tested and may need ventilation tubes (grommets) inserted into his ear to help clear the fluid or prevent further infections.



## WHAT EXACTLY IS A GROMMET?

Aside from sounding a bit like a *Sesame Street* character, grommets are tiny pipes that are surgically inserted into the eardrum. They drain the fluid and let fresh air into the middle ear. Grommets have different names, depending on their shape, size and how long they need to stay inside the ear. Which can vary anywhere between three to 18 months.

A surgeon makes a tiny cut in the eardrum to insert the grommet, so your little one will need to be under anaesthetic. But once the grommets are in and air passes through the middle ear, his hearing should improve immediately. You'll need to be careful to keep dirty water out of your tot's ears while the grommets are in. Most of the time, the grommets will fall out on their own.



## KEEP AN EYE ON THOSE EARS

For most littlies, ear infections are short-lived and get better without any



## CAN YOU HEAR ME?

Australia has a state-based screening program that uses the automated auditory brainstem response (AABR) test to check every newborn. One in 1000 babies born have some sort of hearing loss, but sometimes hearing loss can develop months or even years later, even though your baby passed the original screening at birth. It's advisable to organise a hearing check if your child is:

- ★ Not responding to positive statements that other children would.
- ★ Regularly turning the television or music volume up loud.
- ★ Not speaking at the same level as other children of the same age, or if he has unclear speech.
- ★ Having difficulty learning to read or spell.
- ★ Inattentive, disruptive or unresponsive in preschool or school.
- ★ Not saying 'mama' and 'dada' by the time he is 15 months old. By the age of two, he should know about 50 words and should be putting words together such as 'give me' and 'I want'. If you think your child's speech is delayed and you're worried about his hearing, speak to your GP about arranging a hearing test.

medication or surgery. You can lower the risk of ear infections by teaching your child to blow his nose to get rid of mucus, reinforcing the importance of washing his

hands, avoiding exposure to anyone who smokes, and by breastfeeding, if you are able to. If you bottle-feed, hold bub's head in an upright position while he's drinking.

If your child has recurring or long-term ear infections, keep in mind this may impact his learning and speech development, so

it's always best to seek professional advice. "So much brain and language development happens before the age of three and the bulk of that learning happens through listening," Yetta says. "If they aren't responding or their speech is delayed, go to the doctor and get their hearing checked. No matter what others say, it's better to do it if you're worried than to risk having more serious issues in the future. Besides, testing is quick, and it's usually quite fun for the children." ★

*"If your child is pulling at his ear, and it looks red or has discharge, ask a doctor to take a look inside"*

## DOES MY CHILD NEED AN ANTIBIOTIC?

A doctor will consider your child's age, symptoms and the duration of his illness to decide if he needs an antibiotic. Dr Andrew Boyden, a GP and clinical advisor from NPS MedicineWise, recommends avoiding antibiotics unless they're absolutely necessary. "You need to balance the benefits with the risks," he says. "For every 14 children treated with antibiotics, one will have some sort of adverse reaction like diarrhoea or a rash. If they take them when they don't need them that contributes to antibiotic resistance. This means when they need antibiotics to work, their body doesn't respond." Take heart, if you leave without a script it means your doctor is trusting in your child's immune system. "In the majority of cases, a viral or mild bacterial ear infection will get better on its own," says Dr Boyden.

Take your child to the doctor if:

- ★ He is less than six months old
- ★ He is running a temperature of 39.5°C or higher
- ★ He is still unwell after 48 hours