



Unilateral Hearing Loss

Resources:



[Resource Guide](#)



[Supporting Success in UHL](#)



[Tips for parents](#)



[Research findings](#)

- Unilateral hearing loss (UNHL) means that the child has hearing loss in only one ear.
- Currently the prevalence or occurrence of UNHL at birth is about 1 per 1000 babies. This number climbs to 3 to 6 children per 1000 by school age, because screening at birth often will not detect minimal or mild loss (it is not designed to) or because the hearing loss progresses over time.
- 31-50% of cases of UNHL have an unknown cause. However, other causes can be ear malformations or infections such as Cytomegalovirus (sy·toe·MEG·a·low·vy·rus), or CMV.
- UNHL can range from mild hearing loss all the way to profound hearing loss (also called single side deafness or SSD).
- Hearing can deteriorate over time depending on the cause of the loss. About 7-11% of UNHL will progress to hearing loss in both ears.
- Children with unilateral loss will have difficulties localizing or telling where sound is coming from, which may affect their safety as well as figuring out who is speaking in a group.
- Children with UNHL will also have great difficulty understanding speech in the presence of background noise.
- Children with UNHL experience listening fatigue, which could affect their ability to concentrate and learn throughout the day.
- In the past, it was thought that kids with UNHL had a “good” ear so they would do fine. However, research has shown that this is not the case and that interventions, or at the very least monitoring, are beneficial.
- Depending on the type and cause of the hearing loss, children with UNHL may benefit from fitting a hearing aid, fitting a BAHA or cochlear implantation.
- When the child reaches school age, they will also benefit from using remote microphone technology to help in larger and more noisy rooms.
- All babies with UNHL should be enrolled in early intervention and receive therapy to help reduce negative impacts from the hearing loss.