

The Two Types

Acute otitis media, which is also called an **ear infection**, is an infection of the middle ear. Fluid in the middle ear may remain even after an infection is gone.

Otitis media with effusion, also called middle ear fluid, is **fluid that is not infected**. When a child has a cold, a small tube between the ear and the throat can become blocked, causing fluid to build up in the middle ear.

Read each question through your child's age group and answer yes or no.

All Yes: Your child is developing hearing, speech & language in a typical way.

1- 2 No: Your child may have delayed hearing, speech & language development. Seek professional advice if you are unsure.

3 or more No: Ask for a referral to an audiologist or speech-language pathologist.

Birth to 3 months

1. startles to loud sounds
2. smiles when spoken to
3. seems to recognize your voice and quiets if crying
4. increases or decreases sucking behavior in response to sound
5. makes pleasure sounds (cooing, gooing)
6. cries differently for different needs
7. smiles when she sees you

4 to 6 months

1. moves eyes in direction of sounds
2. responds to changes in tone of your voice
3. notices toys that make sounds
4. pays attention to music
5. babbling sounds more speech-like with many different sounds, including p, b, and m
6. vocalizes excitement and displeasure
7. makes gurgling sounds when left alone and when playing with you

7 months to 1 year

1. enjoys games like peek-a-boo and pat-a-cake
2. turns and looks in direction of sounds
3. listens when spoken to
4. recognizes words for common items like "cup", "shoe", "juice"
5. begins to respond to requests
6. babbling has both long and short groups of sounds such as "tata upup bibibibi"
7. uses speech or non-crying sounds to get and keep attention
8. imitates different speech sounds
9. has 1 or 2 words ("bye-bye", "dada", "mama", "no") although they may not be clear

1 to 2 years

1. points to pictures in a book when named
2. points to few body parts when named
3. follows simple commands and understands simple questions ("roll the ball", "kiss the baby", "where's your shoe?")
4. listens to simple stories, songs and rhymes
5. says more words every month
6. uses some 1-2 word questions ("Where kitty?", "Go by-bye?", "What's that?")
7. Puts 2 words together ("more cookie", "no juice", "mommy book")
8. Uses many different consonant sounds at the beginning of words.

2 to 3 years

1. understands differences in meaning ("go-stop", "in-on", "big-little", "up-down")
2. follows two requests ("Get the book and put it on the table.")
3. has a word for almost everything
4. uses 2-3 word "sentences" to talk about and ask for things
5. speech is understood by familiar listeners most of the time
6. often asks for or directs attention to objects by naming them

3 to 4 years

1. hears you when you call from another room
2. hears television or radio at the same loudness level as other family members
3. understands simple "who?", "what?", "where?" questions
4. talks about activities at school or at friends' homes
5. usually talks easily without repeating syllables or words
6. people outside family usually understand child's speech
7. uses a lot of sentences that have 4 or more words

4 to 5 years

1. pays attention to a short story and answers simple questions about it
2. hears and understands most of what is said at home and in school
3. voice sounds clear like other children's
4. uses sentences that give lots of details (e.g., "I like to read my books.")
5. tells stories that stick to topic
6. says most sounds correctly except a few, like, l, s, r, v, z, j, ch, sh, th
7. uses adult-like grammar

How can I help my child who has persistent middle ear fluid?

Promote a Healthy Setting

These suggestions will help all children stay healthy. They may be especially important for children who tend to get ear infections and ear fluid.

- * Wash child and adult hands after blowing noses or going to the bathroom. This will help fight the spread of germs.
- * Clean toys that have been in a child's mouth before another child plays with them.
- * Follows directions for giving medicine so that it is given on time and for the entire time that is recommended.
- * If possible, breastfeed for at least the first four to six months of life to reduce the chance of otitis media.
- * Bottle-feed in an upright or slightly leaning position. Cuddle the child in your lap with his head raised up. A child should not be put to bed with a bottle. A bottle should not be propped in bed. These practices may cause the liquid from the bottle to go up a small tube leading to the middle ear, causing middle ear fluid.
- * Keep children away from smoke. Cigarette smoke increases a child's chance of middle ear disease.
- * If possible, put children in small rather than large groups of children. Colds pass more easily in large groups, and colds in young children can lead to middle ear fluid.



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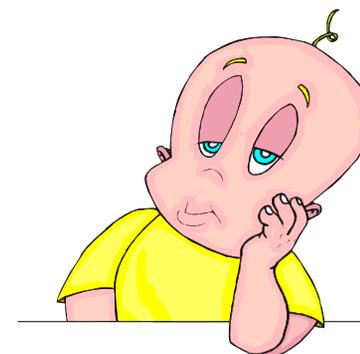
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All About Ear Infections



Otitis media, an inflammation of the middle ear (behind the eardrum), is one of the most common illnesses of childhood. There are two different types of otitis media. Either can occur in one or both ears.

Most children will have at least one episode of otitis media by one year of age. And 10-20 percent of children will have otitis media three or more times, with fluid lasting an average of one month each time. Persistent ear fluid is more common in children under two years, but it can be seen in children older than two.

The middle ear space behind the eardrum usually contains air. When there is fluid in this space, it can cause the bones in the middle ear not to vibrate properly. This may cause a mild, temporary hearing loss. The mild hearing loss lasts until the fluid is gone. Because this can happen when your child is learning to speak, families and health care providers may have concerns.

Enclosed is a checklist to see if your child is achieving the milestones of language development.

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