

# Unilateral Hearing Loss

## Patient Information

Children's Community Audiology



The Patient Information Leaflets page on the Trust website is available on the link:  
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: LF  
Leaflet Ref: CM 324  
Version: 1  
Leaflet title: Unilateral Hearing Loss  
Date Produced: July 2024  
Expiry Date: July 2026

## What is a Unilateral Hearing Loss and what causes it?

A unilateral hearing loss is a hearing loss in one ear only. It can also be known as a 'one-sided hearing loss' or 'single-sided deafness'.

The hearing loss can range from mild to profound. A hearing test will confirm the levels of hearing loss and will be explained to you at your Audiology appointment.

A unilateral hearing loss is often present from birth but can also develop over time. Sometimes, the cause of a unilateral hearing loss is not always found.

Potential causes include:

- Genetics
- Head Injury
- Infections e.g. Meningitis and Measles.
- Abnormal development of the inner ear.
- Events during pregnancy and/or birth.

You may be offered investigations to find the cause for your child's unilateral hearing loss, which will include medical tests. However, it isn't always possible to identify a cause.

### **Unilateral Hearing Loss: Conductive**

A conductive unilateral hearing loss occurs when sounds cannot pass through the ear to reach the inner ear. This may be permanent in nature, or it may be a temporary hearing loss, usually caused by glue ear (fluid in the middle ear).

### **Unilateral Hearing Loss: Sensorineural**

A sensorineural hearing loss is generally caused by a fault in the inner ear. This is permanent in nature.

### **Unilateral Hearing Loss: Mixed**

It is possible for a child to have a Sensorineural hearing loss which is permanent in nature, with a conductive hearing loss in addition.

## What effect will this have on my child?

Most children with a unilateral hearing loss manage very well. Speech and language will develop normally, as they have a good access to speech sounds in the opposite ear.

Some children may find some situations more difficult to listen in compared to others. For example:

- Hearing speech and sounds from the affected ear.
- Listening and understanding speech when there is background noise present (a noisy environment).
- Identifying the location, direction, and distance of a sound. The child may struggle to tell which direction road traffic is coming from; it is important to teach your child to take extra precautions when crossing the road.
- A child with a unilateral hearing loss will use more energy to concentrate on listening, especially in noisy environments. This can cause tiredness and frustration which can impact on behaviour.

## How can I help?

- Keep background noise to a minimum when you can.
- Attract your child's attention before speaking to them.
- Position yourself close to the child's better ear when speaking to them.
- Make good eye contact when speaking.
- Let your child see your face when you are speaking to them.
- Speak clearly and at a usual pace.
- Check with your child to ensure they have understood instructions.
- Inform school, nursery or anyone who looks after your child to do the same.
- In school, ensure your child is sat with their better ear towards the teacher.

## What happens next?

As a department, we monitor all children with a hearing loss. Your child will be monitored on a regular basis to check for any changes in hearing.

The audiologist will generally prioritise assessing the hearing in the better ear to ensure your child has good access to speech sounds.

## Hearing Aids

The importance of providing hearing aids or hearing implants to children with deafness in both ears as early as possible is widely recognised, because this type of deafness will have a significant effect on a child's ability to learn speech and language skills if left unsupported.

However, there is currently no clear agreement on the benefits of providing hearing aids or implants to all children with unilateral deafness. Some children with unilateral deafness require additional support with their speech and language development, while others appear to manage very well without additional support. Your child should be assessed on an individual basis depending on their particular needs.

You may want to try hearing aids depending on the level of hearing loss present.

Often, if a child has one ear within the satisfactory range of hearing, intervention of hearing aids may not be required. Each child will be assessed on an individual basis depending on their needs.

Please refer to The National Deaf Childrens Society [www.ndcs.org.uk](http://www.ndcs.org.uk) for more information and advice.

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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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