If you see Brian McBr- bide, 15, and his twin sister, Bria, walking down the halls of Pikesville High School, you’d be hard pressed to notice what sets them apart from the rest of the students. Clad in jeans and T-shirts, they look and sound like typical teenagers. She’s interested in volleyball and biology, and he’s a budding football player who excels in music.

But take a closer look at the slim, clear plastic tubes partially encircling their ears, the tiny devices that resemble headphones. They’re hearing aids.

And they’ve been integral to their lives for twins Bria, 15, and his twin sister, Brian—especially since they were 4 years old. Brian and Bria were born with less than normal hearing. Brian, made of hard plastic, was partially encircling their ears, whereas Bria was wearing hearing aids.

“I don’t think about them most of the time,” Brian said, recalling the first days with his hearing aid. “I could hear what people were saying. Before I heard sounds and a lot of mumbles.”

Bria agreed. “Sometimes before I couldn’t hear anything,” she added. “After we got them and started kindergarten, the other kids were like ‘Wow, can we get one?’”

Their mother, Gretchen McBr- ride, recalled. “At that time, we didn’t know Bria had a problem, so we focused on Brian. I kept telling the doctor—Brian needed to have his hearing tested.”

Luckily, one of the people she said this to was a friend who worked for The Hearing and Speech Agency. Eventually, the children went to an audiolo- gist for the tests. Brian went into the sound booth first, and then Bria followed. The results confirmed McBride’s suspi- cions that Brian had hearing loss. She was shocked to learn that Bria did too.

“My heart was broken,” she said. “I thought, ‘What did I do wrong during my pregnancy?’”

Probably nothing. According to the Centers for Disease Control and Prevention, one baby out of a thousand born in the United States is either deaf or hard of hearing. Within that group, between 50 and 60 percent of the hearing loss can be attributed to genetics, 25 percent to maternal infections during pregnancy, and the remaining 25 percent to unknown causes. Premature babies may also be more susceptible, and the children who are born deaf or hard of hearing may have other health problems as well.

Brian’s interview

Brian said, recalling the first days with his hearing aid. “I could finally hear what people were saying. Before I heard sounds and a lot of mumbles.”

Bria agreed. “Sometimes before I couldn’t hear anything,” she added. “After we got them and started kindergarten, the other kids were like ‘Wow, can we get one?’”

Both, as an adjustment period, of course. Brian said his first one, made of hard plastic, was partially encircling his ears. And both twins found that the aids would stop working after they’d played sports and were sweating. But af- ter 11 years with them, the twins say they often forget that they’re wearing them. “Some nights I forget to take it out until my head hits the pillow,” Bria said.

Luckily, the newer ones got increasingly smaller as the tech- nology improved. Every two years, Bria and Brian get new aids; in Maryland, medical assistance and most insurers are required to cover the cost of hearing aids until the age of 21.

That, the McBrides will have to find new ways to pick up the costs. But, Brian isn’t worried about that because the rising aid cost is not there yet. Currently, a child who uses hearing aids will most likely continue to use them throughout his or her lifetime.

Detecting Hearing Loss

HASA audiologist Sun Young Lee advises parents

Q: How can you tell if a newborn has any hearing loss?

A: Almost all states now have mandatory hearing screening procedures for all new- borns. Best practices would rescreen an infant before the age of 1 month if she/fails the initial screening. If an infant fails the sec- ond screening, then a full diagnostic evalua- tion by an audiologist is recommended by the age of 3 months.

Q: Any idea of how many children are born who cannot hear?

A: According to the National Institute on Deafness and Other Communication Disor- ders, for every thousand children born in the United States, two to three are deaf or hard- of-hearing. Nine out of every ten children who are born deaf are born to parents who can hear.

Q: What is the Newborn Infant Screening Act? How does it help with early diagnosis and treatment?

A: Maryland was one of the first states to pass legislation in 1999 mandating that all newborns receive hearing screening before discharge from the birth hospital.

Q: How do you treat an infant with partial hearing loss?

A: Early identification is critical for the best speech, language, cognitive, and educa- tional outcomes. We strive to meet the 1-3-6 timeline; screening by 1 month, diagnosis by 3 months, and intervention by 6 months. Intervention includes a medical evaluation— preferably by a pediatrician, ear, nose, and throat doctor—genetic testing, hearing aid fitting and monitoring, and early intervention services.

Q: What is the success rate of cochlear implants in infants?

A: The best outcomes are for children who have the implants by the time they’re 1 year old. Those who began intervention by 6 months have the greatest potential for devel- oping normal speech and language.

Q: How hard is it to catch up? For example, how hard is it to help a child who has not been diagnosed as soon as possible?

A: Many children with hearing loss are not diagnosed according to the 1-3-6 guide- lines, and therefore their speech is delayed compared to their peers whose hearing is normal. However, each child’s development is different, and it is important to begin interven- tion as soon as hearing loss is diagnosed.

Q: Can children outgrow hearing aids?

A: Sensorineural hearing loss is a result of dysfunction of the hair cells in the inner ear. Scientists are working on being able to regen- erate those sensory cells, but the technology is not there yet. Currently, a child who uses hearing aids will most likely continue to use them throughout his or her lifetime.

Q: Tell me your favorite success story.

A: We had a teenager come into the clinic who had a sudden hearing loss related to an other health problem. He was a bright student and previously had normal hearing. We were able to help him to get health insur- ance that would cover the cochlear implant device and surgical procedure. Now he is doing great.

Q: Does HASA specialize in pediatric audiology?

A: While we provide audiology services to many infants, young children, and teenagers, we also offer hearing aid services to adults. In fact, last year, 37 percent of our audiology clients were over the age of 60.

Q: Many insurance plans do not cover the cost of hearing aids. What options are available?

A: Many insurance plans cover the cost of hearing aids for children. Other commercial insurance compa- nies may not provide this benefit. Medical as- sistance covers the cost of hearing aids until a child turns 21. The Hear Now program from the Starkey Foundation provides low-cost hearing aids for families that qualify. Other organizations, such as Lions Clubs, Jill Fox Fund, etc., have provided funding for hearing aids.