Miami Pediatric Care LLC



How is otitis media (middle ear infection) prevented in adults and children?

There are ways to help prevent ear infections in children and adults. Often, changing the environment at home is all that is necessary, but sometimes surgery is needed, too.

If any of the following precautions apply to you or your child, follow them or talk to your doctor about them:

- Avoid contact with second-hand tobacco smoke, also known as passive smoking. Passive smoking brings about more
 infections, and can cause more severe infections. Be sure no one smokes in your home or at a day care. No one should smoke
 in the house or car, especially when children are present.
- Control allergies. Inflammation caused by allergies can cause ear infection, especially if you or your child have other allergies, such as eczema.
- Reduce your child's exposure to colds during the first year of life. Most ear infections start with a cold. If possible, try to delay the use of large day care centers during the first year.
- Breastfeed your baby during the first 6 to 12 months of life. Antibodies in breast milk reduce the rate of ear infections.
- Avoid bottle propping. If you bottle feed, hold your baby at a 45-degree angle. Feeding in the horizontal position can cause formula and other fluids to flow back into the Eustachian tubes. Allowing an infant to hold his or her own bottle also can cause milk to drain into the middle ear. Weaning your baby from a bottle between 9 and 12 months of age will help stop this problem.
- Watch for mouth breathing or snoring. Constant snoring or breathing through the mouth may be caused by large adenoids. These may contribute to ear infections. An exam by an otolaryngologist, and even surgery to remove the adenoids (adenoidectomy), may be necessary.
- Immunizations: Make sure your child's immunizations are up to date, including yearly influenza vaccine (flu shot) for those six months and older. Preventing viral infections and other infections help prevent ear infections.

Otitis Media (Middle Ear Infection): Outlook / Prognosis

What should be done after treatment for otitis media (middle ear infection)

Children should be scheduled for a return appointment three to four weeks after an ear infection. At that visit, the doctor will examine the eardrum to be certain that the infection is going away. Your doctor may also want to test the child's hearing. Follow-up exams are very important, especially if the infection has caused a hole in the eardrum.

Middle ear infections have few complications or long-term effects. It is especially important that children with middle ear infection have appropriate follow-up with their doctors.

Possible long-term effects of middle ear infection include:

- Inner ear infection
- Scarring of the eardrum
- Hearing loss
- Mastoiditis (infection of the skull behind the ear)
- Meningitis (infection in the tissues around the brain and spinal cord)
- Speech development problems in children
- Facial paralysis

Otitis Media (Middle Ear Infection): Living With When should I call the doctor about otitis media (middle ear infection)?

Call your child's doctor immediately if:

- Your child develops a stiff neck.
- You child acts very lethargic (sluggish), responds poorly, or is inconsolable.

Call your child's doctor during office hours if:

- The fever or pain is not gone after your child is diagnosed with an ear infection.
- You have any questions or concerns.

Questions to ask your doctor or your child's doctor:

- Should I give my child or myself medication? If so, for how long and at what times of the day?
- How should I store the medication? Does it need to be refrigerated?
- When will my child (or I) start to feel better?
- Do I need to make a follow-up visit?
- Should I keep my child home from school or daycare? If so, when can she or he return?
- Should the child be restricted from any activities? If so, which ones?
- Are there certain foods or liquids to avoid?
- Which over-the-counter medications, such as pain relievers, do you recommend?
- Which symptoms should I report?

References:

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