

The great dummy debate

Five experts weigh in on the “to-dummy-or-not” question with their opinions

BY CAMILLA RANKIN

The debate rages, with mom-in-laws countrywide giving you the beady eyeball as you pop a dummy into your infant’s mouth, or as your toddler shrieks down the Pick n Pay aisle for her “duuuuummmmmiiiiieeee”. Are they really so bad? We ask the experts.

The speech therapist

“From a speech therapy point of view dummies are an absolute no-no!” claims speech and language therapist Nikki Waner. “Dummy or excessive bottle sucking keeps the tongue in a forward position, causing a tongue thrust that in turn can cause speech problems, such as lisping, or feeding problems (swallowing difficulties and sloppy, messy eating). But I am also a mother and I know the internal conflict that giving – or not giving – a dummy poses! Both my children love their dummies and my 2½-year-old, who sucks her dummy all day long, is starting to present with various speech problems. But I know she needs the oral stimulation – as many children do. Children with this natural need will find something to suck on – fingers, thumb, bottle or a dummy – to satisfy it and all can have a long-term impact on speech.”

“Not all children who suck a dummy excessively develop speech and feeding problems” explains Nikki. Only children who are predisposed to problems

develop them. So before introducing a dummy look at your family history – do orthodontic or speech problems run in the family? Also look at your child’s need for oral stimulation – does your baby suck his hands or fingers a lot? If so, then you need to decide if you are happy for him to suck his fingers rather than a dummy. “In the end, choosing to give your baby a dummy is a personal preference,” says Nikki. “If you’re aware of the consequences, you can cross that bridge when you come to it – I’m ‘on the bridge’ with my daughter and we’re starting to wean her from her dummy. It’s a little late as I recommend weaning your child from 1 year as this is when intelligible speech starts to develop.”

The dentist

“Suckling is a normal and necessary part of development, especially where dentition is concerned, as it stimulates growth,” explains dentist, Dr Michael Gray. “For many mothers, especially those who work and can no longer breastfeed, an orthodontically approved dummy is a good physiological substitute for normal suckling. However, continuing to suckle up to the age of 3 or 4 can start to inhibit healthy growth and development of teeth. I recommend weaning a child from the breast, bottle and dummies between the ages of 18 to 30 months as there is no longer an anatomical benefit to sucking.”

“Having said that, each case needs to

be looked at individually. Dummies need not be a problem if the child lives in a ‘dental home’,” continues Dr Gray. “This is a home where the family is aware of dental hygiene, such as never dipping a dummy in sugar or honey as this leads to tooth decay, and visits a dentist regularly. The dentist will then be able to monitor the child’s teeth and mouth and pick up any problems early, such as orthodontic malocclusions, and deal with them straight away. If the child is emotionally attached to a dummy and it helps with sleep, but has good dental hygiene and visits a dentist regularly then there shouldn’t be a problem.”

The playgroup teacher

“In my experience those children who have dummies, or any security object for that matter, settle so much easier when they start playschool,” says playgroup teacher Uke Collins. Uke teaches children aged between 2 to 4 and has a relaxed policy about bringing dummies to school. “I don’t feel too strongly about it; if a younger child has a dummy then I recommend they bring it to school at the bottom of their bags where they can’t see it, but if they need it then we can get it for them,” she says. “Every child is different, but I’ve noticed children whose dummies were taken away from them at an early age – 9 months or so – really struggle to say goodbye to their moms at school. >

“If using a dummy helps a family get sleep then so much the better. It’s better than giving bottles and bottles.”

When the dummy is taken away when they don’t really understand why, it has an impact. I have also never seen any speech problems from children who have a dummy; in fact I find sucking a dummy strengthens the lip muscles and those children drool and dribble a lot less. We do encourage children to take the dummy out when they are speaking, however, and explain that we can’t hear them with the dummy in their mouths.”

The dummy specialist

“Most children need to self-soothe and the most common forms of soothers are the breast, the bottle, the blankie, finger or a dummy,” says NUK specialist William Aymès. “Often soothing on the breast can lead to ‘cabin fever’ and sleep deprivation for a mother as a child is unable to sleep without his mother’s help. Using a bottle as a soother can lead to severe dental decay as so often the liquid in the bottle is full of sugar, which blankets the teeth with lactose (a sugar) for many hours. It is difficult to replace a ‘blankie’, which can cause huge emotional trauma. Finally, sucking a finger or thumb can change the shape of the mouth and because they are available 24/7 it is really difficult to wean a child off. So I recommend choosing an orthodontically approved dummy to soothe your child – they are purpose made, designed by orthodontists to exercise the jaw in the right way between feeds. They also encourage nose breathing which years of research shows is important for many health reasons:

excessive mouth breathing can lead to swollen gums and premature tooth loss; unfiltered air can lead to many allergy and respiratory tract complications for children living in pollen rich and polluted urban areas.”

The family practitioner

There is debate among researchers about whether dummy use is associated with a higher incidence of middle ear infection saying that infection-causing bacteria thrive on moist, room-temperature surfaces – just like that of a dummy. As yet, the evidence is not strong enough to

Safe dummy use

If your child loves his dummy, help make sure that using the dummy is safe by:

- Only buy dummies that have been approved by orthodontists and the South African Bureau of Standards
- Never dip dummies into honey or gripe water as this may lead to botulism poisoning. Note that dipping dummies into anything sweet can lead to decayed and blackened teeth
- Regularly clean your baby’s dummy with hot soapy water and then sterilise it (at least until your baby is about 6 months old)
- Always check and replace your baby’s dummy with new ones if you notice any cracks or perforations. Cracks can soon turn to tears, especially if your baby has teeth
- Avoid attaching a dummy to a baby’s clothes with a piece of ribbon or string. This can lead to strangulation or cause injury if it gets wrapped around one of their fingers or wrist, cutting off the blood supply
- Check the dummy’s guard or shield is large and firm enough to not fit into a child’s mouth. The guard or shield should also have ventilation holes so the baby can breathe if the shield does happen to get into his mouth.

recommend not using a dummy for this reason alone. In fact Dr Anna Frost, Cape Town based family practitioner says, “I haven’t heard of any reputable studies for or against the link between dummy use and ear infections. If using a dummy helps a family get better sleep then so much the better. I think it is preferable to giving bottles of milk at night when all the child wants is to be soothed. Whatever soothing mechanism a parent finds, they should not be made to feel anxious or feel judged about it.”

The lactation consultant

Jo’burg-based lactation consultant, Linda Britz says, “Dummies satisfy a baby’s need to suck and whenever any substitute like this is used, it interferes with breastfeeding. Milk supply is directly linked to frequent, effective feeds.

“In the early weeks when a baby is still learning to nurse, the use of a pacifier can affect a baby’s suck, making him less effective at milking the breast. Some baby’s are content to suck on a pacifier without indicating a desire to nurse, even when they are hungry. Babies can learn to self-soothe in other ways, thus avoiding the risk of pacifiers interfering with their breastfeeding experience,” she continues.

On the plus side, Lindy explains that “dummies can be used therapeutically, as part of an integrated plan, to soothe babies after a full feed by mothers with an overabundant milk supply. Preterm infants can practice non-nutritive sucking with a pacifier during tube-feeds, especially if the mother cannot be with her baby.”

In the end the decision to use a dummy is really up to you! There are definitely pros – like easy self-soothing – to introducing a dummy to your baby but there are also some consequences. As long as you are vigilant and know what problems to look out for, you can “cross that bridge when you come to it” and start to wean your child off the dummy. ●

RESOURCES

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