Dummies and SIDS

There is some evidence that shows using a dummy when a baby goes to sleep is linked to a reduction in the incidence of Sudden Infant Death Syndrome (SIDS). The research however is not able to explain the cause and effect and a number of questions remain outstanding.

Breastfeeding mothers are advised by both the Department of Health (DOH) and the Lullaby Trust to delay usage until after one month or until breastfeeding is established. Current advice from the Lullaby Trust is as follows:

- It is possible that using a dummy when putting a baby down to sleep can reduce the risk of SIDS.
- If a dummy is used make sure it is part of baby’s regular sleep routine
- Do not begin using a dummy until breastfeeding is established
- Don’t worry if the dummy falls out while baby is asleep, and don’t force baby to take a dummy if he or she doesn’t want it
- Never coat the dummy in anything sweet or use a neck cord
- Gradually wean baby off the dummy after 6 months

This advice is based upon a meta analysis of 8 studies undertaken in the U.S, on the effects of dummy use and the incidence of SIDS. Multivariate analysis showed that ‘usual’ dummy use was protective (odds ratio 0.71, 95% CI 0.59-0.85) and that dummy use during the ‘last’ or ‘reference’ sleep was even more so (odds ratio 0.39, 95% CI 0.31-0.50)\(^1\).

A further study from California (published too late for inclusion in the meta analysis) showed an even greater degree of protection from dummy use (adjusted odds ratio 0.08, 95% CI 0.03 – 0.21)\(^2\).

Ref:

Dummies and language development

Excessive dummy sucking can affect the development of a baby’s speech and language skills, by preventing them from practising that all-important babbling, and later, the formation of speech sounds. (Toddlers who’ve learned to talk with a dummy almost always in their mouth can end up struggling to make themselves understood.)

For this reason, communication experts tend to advise that dummies are restricted to sleep times, and recommend parents/carers withdraw the dummy by one year of age.

If a baby does have a dummy during the day, make sure parents/carers remove it whenever speaking to the baby, so her opportunities to make sounds in response aren’t hindered.
Dummies and breastfeeding

The use of dummies in relation to breastfeeding is much debated. The Baby Friendly Initiative website states: Dummies can lead to feeds being spaced further apart. Using dummies may have a negative impact on the baby’s ability to recognise and suckle effectively from the breast (in the early) stages. Conversely a review of four studies showed no detrimental effect on rate or duration of breastfeeding with the caveat of introducing the dummy after the first week of life.

There are some situations in which babies are ‘prescribed dummies’ by medical professional, when breastfeeding has not been established

• As a general comforter for babies it may be helpful to provide a dummy when they are receiving procedures or when on ventilators
• A dummy may also help develop oromotor (mouth muscle) skills and bowel mobility in premature babies so they learn to suck
• For babies receiving a certain kind of ventilation called CPAP a dummy helps to keep their mouth closed and hence maintain upper airway pressures

Dummies and prevention of infection

• Dummies can easily become germ-ridden, so their use is linked to increased risk of ear and stomach infections.
• Advise parents or carers to sterilise dummies daily in a steam steriliser or sterilising solution, or a hot dishwasher cycle.
• Replace any that become cracked or broken as these can trap germs.
• Dummies should never be ‘cleaned’ in a mouth of a parent – mouths are full of germs

Weaning off the dummy

Advise parents to withdraw the dummy from 6 months as stated above. However if use of the dummy has extended into toddlerhood there are several strategies that may be suggested to parents:

• Quick withdrawal – parent and toddler throws away dummies together – at an agreed moment maybe giving them to Santa or the Easter bunny
• A slower process may mean restrict dummy to only certain times of day i.e bedtime
• When the dummy is not in use put it away in the same place, slowly usage should reduce
• Consider using reward charts, toddlers respond well to praise and rewards over a short period of time
• If the child becomes despondent over withdrawal of the dummy try and uncover why and when the toddler is dependent on it for comfort. Encourage parents to talk about this rather then use the dummy
• Breaking habits can take some time however during this time parents should be consistent and firm.