



eARTICLE

ON THE USE OF A DUMMY

Judi Orion & Paul Pillai

One of the many decisions you are likely to face as a new parent is whether or not to offer your child a dummy. For some parents it is a straightforward decision, while for others it can be a confusing and at times emotional topic. Whether you choose to use a dummy or not is very much a personal decision and no doubt the decision you make will be the right one for your family. Here are some ideas, from a Montessori perspective, that we hope will be of some help as you think through this issue.

The Benefits Of Sucking

Babies begin to exercise their sucking reflex in the womb. Nature in its infinite wisdom plans everything well: the exercising of the sucking reflex in this first year of their life brings with it many things that are good. Not only food: it strengthens the facial muscles in preparation for that great pillar of social life, the power of communication.

Babies naturally practice this sucking reflex as they drink milk. To suckle at the breast is incredibly effortful, and it is this effort that often results in the baby falling asleep at the breast with that 'drunken sailor' look. There are some babies who seem to have an especially strong sucking need particularly in their 2nd and 3rd month. If bottle-fed, these babies may not experience sufficient sucking time – a bottle is easier to suck from than a breast. They reach their fill quickly, but still need to satisfy their sucking need. If these babies continued sucking on an empty bottle, they could get a 'gassy' stomach.

If you feel that your baby has a strong sucking need that has not been satisfied by their suckling from the breast or the bottle, you might consider offering them a dummy for a small amount of time at the end of the feed, while still holding them as if you were feeding them. Your baby will love to be held in your arms in this way, as they suck on the dummy. When you feel their body relax and the tension of needing to suck dropping away, you can sing a little tune to let them know what is coming next, and then gently remove the dummy from their mouth.

What I Say is Worthwhile

The earliest messages babies receive are the strongest ones too. For instance, the first 6 weeks determine to a large extent how they feel about their world: "Is this a good place? Am I welcome here?" It seems



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impossibly early, yet the study of psychology over the past 100 years informs us that the earliest messages of our childhood are carried right through life. What are some messages we wish to offer to our children?

Perhaps one message we wish to offer them is that what they have to say is important. When they go “aaa” we go “aaa” or if we are out of sight we might say “I’m over here!”. This interaction is like a dance, a dance that involves our voices, our eyes, our face. It is a dance which centers around the sounds that your little one is making. And so it depends on them having their mouth free to express themselves.

It is this dance of communication that gives your baby the message: “What I say is worthwhile” and: “Who I am is worthwhile”. The confidence your baby feels in the value of what they have to say encourages them to say more. The more they say, the more they are able to say; and thus they build the foundations of language. More than vocabulary, in this dance they develop a deep faith in the power of communication, and a deep trust in their ability to communicate. It sets the stage for a harmonious relationship with your child that you will both treasure for the rest of your lives.

Time they spend with a dummy in their mouth is time taken away from such experiences. Can we ever bring back the first year of life? Time is so precious.

The Idea of Human Relationship

The fact is that dummies are most often given to babies to stop them crying.

When babies cry there is always a reason, whether it is apparent to us or not. Over time we get better and better at understanding what our baby is trying to say. But early in that relationship, and at times later on, we may find it difficult to know why they are crying. It can be so painful to hear their crying and not to know what to do. It can be incredibly hard to just be with them through their crying, hard as it is, confessing to them that we wish we could understand what they were saying.

Yet when we do that perhaps they get the message, even as they cry, that “People try to understand me”. Perhaps they see human relationship as a beautiful thing, through good times and bad. When a dummy is put into their mouth, they may get another message: “People don’t like it when I cry”. They may see human relationship as something to turn to when all is well, but *objects* as more reliable when in pain.

Good Habits From The Start

Babies come into the world with an extraordinary sensitivity and intelligence, which they use to adapt to the circumstances in which they find themselves. They learn habits quickly – good or bad. If a dummy is offered when a baby cries, they learn to expect the dummy when they cry, and very quickly the idea of ‘oral gratification’ crowds out the many other possible responses to a crying child.

The habit of oral gratification becomes developed faster than one would think: very soon a baby born without a rubber dummy starts to spend quite a lot of time with one in their mouth.

Without meaning to, we may be giving our child the message that oral gratification is better than a view of the leaves moving in the breeze, better than the sound of their father singing, better than a red ribbon to explore with their hands.

The more time a baby spends with a dummy, the more likely it will be incorporated into their body scheme – a mental image of their body in space, built in that first year of life. Neurologically speaking, they may start to feel ‘incomplete’ or simply uneasy without something in their mouth. Gradually that great function of the mouth, which is to be the gateway for expression of the human soul, can become secondary to a need for oral gratification. Psychologically, the attitude can shift from feeling that one has something meaningful to contribute, to feeling that one is here to consume.

Related Issues

Staff in some hospitals may recommend you use a dummy to put your baby to sleep. There is some evidence that going to sleep with a dummy can reduce the risk of SIDS. Our experience with putting children to sleep with a dummy is that it can interfere with their sleep rhythms. Sleep takes place in cycles. Each cycle has its own set of important tasks, and our body naturally moves from one stage to the next. Children who fall asleep with a dummy may learn to suck on it to move between stages. What happens when the dummy falls out of their mouth, or when they are weaned off it? If they have not developed the ability to naturally cycle back from light to deep sleep, their body’s exquisite machinery may not get a chance to work its many miracles that take place as we sleep.

Appendix A presents a summary of the research as of January 2012. The research is ambiguous on the impact of dummy use on breastfeeding, but one thing is certain: at best the use of a dummy does not increase the likelihood of successful breastfeeding and at worst – for instance if used in the first month – it leads to its cessation. The research is clearer on the negative impact of a dummy on dental health in the (unlikely) event of your child using a dummy beyond age 4, the increase in risk it presents of your child developing a minor ear infection between age 2–3, and the possibility it creates of an early discharge from hospital for pre-term babies.

In Conclusion

Our practical experience is that the use of a dummy at some point in the day almost always leads to its use at other points in the day, until gradually it becomes an essential part of your baby’s life. In the event that the circumstances of your family compel you to offer a dummy to your child, we suggest two simple guidelines. One, that your baby always be in your arms with you looking at them while they have a dummy in their mouth. Two, that you plan for when and how you will wean your baby off it.

Many parents will find their commitment to not using a dummy tested over the first few months of their baby’s life. You are more likely to succeed if you consider some of the ideas suggested at www.aidtolife.org to help meet your baby’s need for movement, for independence, and for language – needs that begin at birth, and even before.

Appendix A

Research on dummy use shows it has impact on four areas:

1. Sudden Infant Death Syndrome (SIDS)
2. Breastfeeding
3. Dental health
4. ENT (Ear-Nose-Throat) health

1. SUDDEN INFANT DEATH SYNDROME (SIDS)

Several studies^{i,ii,iii,iv,v} show that using a dummy can decrease the risk of SIDS by up to 60%. The exact mechanism by which this happens is as yet unknown, although there are a few theories. For instance, one study suggests that babies somehow get better at managing the breathing process while asleep (autonomic control)^{vi} while another suggests that “Babies who are offered a dummy do not sleep as deeply as those who sleep without a dummy.”^{vii}

Two studies^{viii,ix} found that dummies can actually *increase* the risk of SIDS if they are used inconsistently. That is, if babies are habitually put to sleep with a dummy, their not having a dummy puts them at higher risk compared to babies who have never been put to sleep with a dummy. Again, the reason for this difference in risk is unclear.

The American Academy of Paediatricians, while unequivocal in much of its advice to reduce the risk of SIDS (e.g. “side sleeping is not safe and is not advised”), is more cautious about dummy use, suggesting that parents “consider offering a dummy at naptime and bedtime”.

2. BREASTFEEDING

Observational studies suggest that the use of a dummy is linked to reduced breastfeeding duration^{x,xi,xii}, although one study suggests there is good reason to think that using a dummy does not *cause* this reduction but is just associated with it^{xiii}.

Two control group studies^{xiv,xv} suggest that *recommending* dummy use, especially to mothers highly motivated to breastfeed, may not have a negative impact on their breastfeeding success. The studies shed less light on the question of whether or not *using* a dummy had any impact on breastfeeding success.

The advice offered by the American Academy of Paediatricians is that a dummy should not be offered until after breastfeeding is well established^{xvi}.

3. DENTAL HEALTH

Research on the impact of dummy use on dental health is rather dated. The few studies that have been published suggest that dental malocclusions – the way the upper and lower set of teeth fit together – are more commonly found amongst dummy users^{xvii} especially if the dummy is used beyond age 3^{xviii}.

4. ENT HEALTH

Using a dummy, particularly between 2–3 years of age, is associated with a 1.2 to 2-fold increase in risk of a middle-ear infection called otitis media (glue ear)^{xix,xx}. The negative impact otitis media has on language development is negligible^{xxi}.

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