



The Proper Use of Pacifiers

Cintia Saporito interviews
Diane Bahr about the Oral
Development of Children

Taken from the article written by Cintia with her interview with Diane Bahr: Saporito, C. (2015, Sept.). "Myths and Truths about Pacifier Use" (Text in Spanish). Univision.com.

The following is an interview with Diane Bahr, MS, CCC-SLP, CIMI (International Presenter and Author of Nobody Ever Told Me (or My Mother) That! Everything from Bottles and Breathing to Healthy Speech Development) by Cintia Saporito, a journalist in Argentina.

Questions from Cintia Saporito (CS)
Answers from Diane Bahr (DB)

CS: What are the advantages and disadvantages of pacifier use?

DB: Advantages:

1. Pacifiers are frequently used with babies born prematurely to help these babies develop rhythmic suck, swallow, breathe synchrony.
2. They are also used to calm young babies (birth to five- or six-months) if the baby cannot self-calm. Babies often self-calm by sucking on their own hands or fists or by other means. Pacifiers can calm a young baby at his or her crankiest time of day.
3. Pacifiers have been used with children who have significant gastroesophageal reflux (i.e., spitting up) to keep the suck-swallow-breathe synchrony going so food will not leave the stomach. They have also been recommended by some doctors to organize the suck-swallow-breathe synchrony to avoid SIDS (Sudden Infant Death Syndrome).

Disadvantages:

1. Pacifiers can create mouth and airway development problems if they are over-used. They are only meant to be used to calm the young baby and then removed. Long-term and persistent pacifier-use can change the shape of a baby's mouth and airway because the roof of the mouth is also the floor of the nasal passage. So, constant backward forces (used when sucking on a

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pacifier) and low tongue position in the mouth (from pacifier over-use) can result in a high, narrow mouth roof and small nasal areas, which become difficult to clear and make breathing difficult.

2. Too much pacifier-use can also keep the baby from making voice and speech sounds needed for communication. Babies coo and vocalize from birth. They develop most of the vowel sounds for their own language during the first six months of life. Several consonant sounds are also developing at this time.

CS: What are the myths and truths about pacifiers?

DB:

1. Myth: All babies need pacifiers to calm.
Truth: Some babies can calm themselves from birth and never need a pacifier.
2. Myth: Some pacifier shapes are good for a baby's mouth.
Truth: Pacifiers are a medical, convenience device. The best way to keep a baby's mouth in shape is breastfeeding and using appropriate mouth development activities such as “discriminative mouthing” (e.g., where a baby explores appropriate mouth toys throughout the mouth).

CS: What is the best time to use a pacifier?

DB: If parents need or want to use pacifiers with their babies, they should use them during the first five to six months to calm the child only, removing the pacifier once the baby is calm (unless the pediatrician wants the baby to use a pacifier for medical reasons).

CS: At what age should the pacifier be removed?

DB: I recommend that the parents begin weaning a baby from the pacifier at five to six-months of age when discriminative mouthing is developing. There is also research to show that pacifier use beyond 10 months of age has been connected to middle ear problems or infections: <http://pediatrics.aappublications.org/content/106/3/483.abstract>

CS: How do you remove a pacifier from a child?

DB: You wean a child from a pacifier by replacing the pacifier with appropriate and safe mouthing or teething toys. Babies begin something called the “discriminative mouthing” process around five or six-months of age. So, they need baby mouth toys that are small enough to move throughout the mouth to develop oral discrimination but large enough they won't choke on or swallow them. Appropriate mouthing, biting, and chewing promote tooth development as well as the oral discrimination needed for eating, drinking, and speaking. Appropriate mouthing, biting, and chewing on baby mouth toys can also be calming. As adults, we often chew gum to calm ourselves, but babies need appropriate mouth toys for this process. Here is an article I wrote explaining the appropriate use of pacifiers and mouth toys: www.agesandstages.net/qadetail.php?id=46.

CS: Is there anything specifically a parent with a child who could be autistic needs to know about pacifiers?

DB: In my literature-based, parent-professional book *Nobody Ever Told Me (or My Mother) That! Everything from Bottles and Breathing to Healthy Speech Development*, I have a checklist containing characteristics from infants who ultimately developed autism spectrum disorder (ASD). Based on research, some of these children were “extremely irritable, hard to feed, resisted cuddling, and had irregular sleep patterns” from birth. Therefore, parents would likely use pacifiers with these children, and I would recommend the guidelines we discussed in previous questions. Further details can be found in my book.

If a child has extreme irritability, is difficult to feed, resists cuddling, and has irregular sleep patterns, it is

crucial for parents to work with their child’s pediatrician and appropriate professionals to discover why their child is exhibiting these symptoms. There are many reasons a child may exhibit these characteristics in addition to ASD, and if a child exhibits these symptoms it *does not necessarily mean the child has ASD*. The pediatrician along with appropriate professionals can help parents figure this out. ■

About the Interviewer:

Cintia Saporito is a journalist and sociologist from Buenos Aires, Argentina. She has contributed as a writer to different media and editorials in her country as well as collaborated in the writing process of books specializing in subaltern movements and economic history. Cintia is also a Human Studies and Communications Middle School

Teacher and is now in the process of getting her degree in Psychology.

About Diane Bahr:

Diane Bahr, MS, CCC-SLP, CIMI, is a certified speech-language pathologist and infant massage instructor. She has practiced speech-language pathology since 1980 and has been a feeding therapist since 1983. Her experiences include teaching; working with children and adults who exhibit a variety of speech, language, feeding, and swallowing disorders; and publishing or presenting information on oral sensory-motor function, assessment, and treatment. She is the author of the textbook *Oral Motor Assessment and Treatment: Ages and Stages* (Allyn & Bacon, 2001) and wrote a book for parents entitled *Nobody Ever Told Me (or My Mother) That! Everything from Bottles and Breathing to Healthy Speech Development* (Sensory World, 2010).

Life with Mr. M™ by Angie DeMuro



Asperger’s Tip: Handwriting

Sometimes a child’s learning style will make handwriting a very difficult process to learn. But rest assured most children will get better and more comfortable with handwriting as the years pass. However, if you have a child who seriously struggles with handwriting it may be possible that he or she has a disability called dysgraphia. Dysgraphia is a processing disorder that makes it hard for a child to use a pencil or pen and may interfere with a child’s ability to put his or her thoughts and ideas on paper. Because of this the child’s handwriting will appear very messy and often illegible. Children may complain of tired hands and have difficulties in organizing thoughts in order to compose something to write. Children may be able to write neatly for short amounts of time, but pushing them longer will only result in discomfort and frustration for the child that may be of such a high level as to cause tears and even tantrums. Dysgraphia can be common in children with Asperger’s.

“Life with Mr. M.” by Angie DeMuro and her accompanying ‘tip’ appear regularly in the Autism Asperger’s Digest. www.angiedemuro.com