

# PACIFIERS CAN HELP REDUCE THE RISK OF SIDS

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In follow-up to ongoing studies that have reported a potential correlation between pacifier use and reducing the risk of SIDS, a recent study by Dr. Fern Hauck confirms that by using a pacifier when placing a baby down at naptime and nighttime, parents and caregivers can significantly reduce their baby's risk of SIDS.

Despite the existence of this important risk reduction information, most countries have been reluctant to recommend the use of pacifiers because of concerns about possible adverse effects (i.e. breast feeding challenges, otitis media and dental problems). The results of this study clearly demonstrate that the potential benefits of pacifier use in reducing the risk of SIDS far outweigh any potential negative affects. However, specific guidelines on the proper use of pacifiers have been included in the recommendation to address these concerns.

As a result, First Candle has joined the American Academy of Pediatrics (AAP) in recommending that parents and caregivers offer a clean, dry pacifier to their baby at EVERY SLEEP PERIOD during their first year to increase protection against SIDS. "It is important to note that these recommendations on pacifier use are intended to supplement existing recommendations for reducing the risk of SIDS, and should not be considered a replacement for these important recommendations," says Dr. Bradley Thach, Chair of the First Candle Medical and Scientific Advisory Board.

In light of multiple studies that demonstrate a significant protective effect, together with the fact that this recommendation would be inexpensive and easy for parents to implement, experts agree that this new intervention has the potential to help us come closer to reaching our goal of eliminating these tragic infant deaths.

## **Guidelines . . .**

- **Offer a pacifier every time your baby is put down to sleep.** This will maximize the protective benefits.
- **Begin offering a pacifier at one month of age to ensure that breastfeeding going well.** The risk of SIDS is very low during the first month.
- **Limit pacifier use to the first year of life.** This includes the peak ages for SIDS risk and the 1-5 month period when the baby's need for sucking is the highest.

- **Pacifiers should not be used as a substitute for nursing or feeding.** The pacifier should be offered following a feeding session as you place the baby down to sleep.
- **Once the baby falls asleep, there is no need to put the pacifier back in when it falls out.** Your baby will still be protected.
- **Infants who refuse a pacifier should not be forced to take one.**
- **Pacifiers should not be coated with any sweet solutions.**
- **Do not use a string or anything else to attach pacifiers around your baby's neck or to clothing.**

### Addressing Concerns . . .

- **Otitis Media.** The risk of otitis media is relatively low in the first year of life. Frequent cleaning and replacement of damaged pacifiers can further reduce this risk.
- **Breastfeeding Success.** In randomized, controlled trials, pacifier introduction after one month was not detrimental to breastfeeding duration. Other trials did not show an effect of pacifiers on breastfeeding duration among term or preterm infants. Mothers should receive regular support, encouragement and assistance with developing proper breastfeeding techniques to build confidence and ensure success.
- **Dental Problems.** According to the American Academy of Pediatric Dentistry policy on oral habits, pacifiers are not likely to cause long-term problems if stopped by 3 years of age. In addition, it has been shown that infants who were not offered pacifiers were more likely to suck their fingers or thumbs, a problem that is more difficult to break and more likely to cause problems.

### Added Benefits . . .

- Reductions in frequency and duration of crying spells
- Satisfies need for nonnutritive sucking behaviors considered normal in babies
- Among preterm infants, nonnutritive sucking reduced the length of stay by an average of 7 days and was not found to have any adverse outcomes