Common Sense Approach to Some Frustrating Everyday Clinical Problems and a Note About Pacifier Use

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In this issue of Pediatric Annals, guest editor Dr. Kenneth Alexander, a wise pediatric infectious disease specialist, asked his colleagues to write about some of the most common and frustrating clinical problems that pediatricians encounter in their day-to-day practice. The interesting perspective is that these authors are the specialists who these patients are referred to after seeing their general pediatricians. The topics include “snotty noses,” abdominal pain, incessant crying in infants, and children with persistent hives. What I also find especially interesting about these articles is the style; they are almost conversational and relatively informal but, as a pediatrician, I found each of these articles helpful and clinically relevant. I think you will in your daily practice as well.

PACIFIER USE: PLUSSES AND MINUSES

As a grandfather, our family has already had a number of conversations about the positives and negatives of pacifier use in the first few months and years for my infant granddaughter as well as her 22-month-old sister.

I think this qualifies as one of those frustrating clinical issues that pediatricians also have to address on a regular basis as family, friends, and caretakers all seem to have strong feelings about pacifier use.

There is much discussion about whether pacifier use in breast-feeding infants is counterproductive and may cause “nipple confusion.” A recent review suggests that nipple confusion may not be related to pacifier use, but may be attributed to other factors such as bottle usage. Breast-feeding advocates feel strongly that any pacifier use, especially early on in the breast-feeding process, may interfere with a baby’s ability to breast-feed smoothly. However, some articles suggest that pacifier use does not affect the duration of breast-feeding.

The American Academy of Pediatrics (AAP) policy of breast-feeding presents the following approach to pacifier use in breast-feeding: “Given the documentation that early use of pacifiers may be associated with less successful breastfeeding, pacifier use in the neonatal period should be limited to specific medical situations.” These include uses for pain relief, as a calming agent, or as part of a structured program for enhancing oral motor function. Because pacifier use has been associated with a reduction in SIDS incidence, mothers of healthy term infants should be instructed to use pacifiers at infant nap or sleep time after breast-feeding is well established, at approximately age 3 to 4 weeks.

I also find interesting and agree with the following from the AAP: “Pacifiers can be invaluable in soothing babies as well as satisfying those who want to suck all the time. You need not worry about your baby developing a lifelong dependency on them.”

Data also exist regarding the potential long-term effects that pacifier use may have on malocclusion and dentition, so parents should also consider this information as they determine when to stop pacifier use in infants and toddlers.
After reviewing the available information, my suggestion is that clinicians should formulate their own approach, presenting it to families before the baby is born, at the initial well-care visit, and during subsequent check-up appointments.

REFERENCES