



## USE OF SOOTHERS IN INFANTS AND CHILDREN GUIDELINE


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## 1.0 Introduction

Soothers have a long history with some dating back thousands of years. Controversy continues to prevail over the use of soothers and their impact on breastfeeding, Otitis Media, Sudden Infant Death Syndrome (SIDS) and Dentition. Despite the controversial issues surrounding their use, many parents / guardians opt to use soothers for their infants / children during their early years. A study from Canada (Kramer et al, 2001) suggests that 84% of infants / children use a soother at least some of the time.

The staff of OLCHC has a duty of care to children and their parents / guardians and families (OLCHC 2007). With this in mind, we as professionals must consider the wishes of the parents / guardians in relation to their infant / child using a soother, but do so cognisant of the infection risks, controversies and manufacturer's instructions. Keep in mind that soothers are made from either Silicone or Latex. In some situations latex may not be a suitable product for use with an infant / child who may develop a latex sensitivity due to frequent latex contact. Latex soothers are not supplied by OLCHC. In the event that a soother is to be used, it is suggested that an orthodontic latex free soother is used, or alternatively the soother supplied by the parent / guardian. OLCHC can provide Bisphenol A (BPA)\* free soothers for infant / child use and this is following international studies in where the use of BPA in baby products is not recommended.

### 1.1 Controversial issues relating to Soother use

- It is suggested that the use of soothers may cause early weaning in breastfeeding infants. The Baby Friendly Hospital Initiative and World Health Organisation in 'The ten steps to successful breastfeeding' (2010) would suggest the following 'give no artificial pacifiers to breastfeeding infants'. Evidence suggests that avoiding the use of a soother in the first 4 weeks of life will aid establishment of breastfeeding.
- Soothers have been linked with the incidence of Otitis Media in infants / children. Rovers et al (2008) found that pacifier use appeared to be a risk factor for recurrent Acute Otitis Media in infants / children between birth and 4 years of age.
- Soothers are frequently colonised with microorganisms namely *Candida Albicans*, *Streptococcus Pneumoniae*, *Haemophilus Influenza* and *Moraxella Catarrhalis*. Due to the significant infection risk posed by the use of soothers, appropriate care and cleaning is essential to reduce infection (Comina et al 2006)
- Dental caries, malocclusion and gingival recession can be common problems in relation to prolonged soother use. However the American Academy of Pediatric Dentistry (2011) suggests that the use of soothers up to the age of 5 has a low risk for long term dental problems provided that they are not dipped in sweet substances such as glycerine, honey or sucrose.
- A number of studies have identified a link between a reduction in SIDS and soother use in young children and the American Academy of Pediatrics (AAP) (2005), Mitchell et al (2006) and Vennemann et al (2009) supports the use of soothers in relation to protecting against SIDS. Rationales identified for this link include the avoidance of the prone position in an infant / child using a pacifier, reduction of gastro oesophageal reflux through non-nutritive sucking and lowering of the arousal threshold.


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## 2.0 Indications for Soother use

- The use of soothers is a parental / guardian decision, in the event that this interferes with patient care i.e. failure to thrive or other feeding difficulties, discussion with parents / guardians must occur prior to cessation of use
- If the infant / child already uses a soother whilst at home---ongoing use would be recommended in this case unless clinically indicated otherwise on medical assessment.
- In the event that a soother is to be used for treatment purposes, this must be discussed with the parent/guardian and the multidisciplinary team involved prior to use in the infant's / child's care.
- Soothers can act as a pacifier which may be particularly useful for infants / children experiencing prolonged hospitalisation or in the event of pain or discomfort during procedures etc.
- A soother may be indicated to facilitate the use of sucrose analgesia for procedural pain in neonates; this has been endorsed by the Baby Friendly Hospital Initiative. Sucrose should be administered as per OLVHC Hospital Formulary and Prescribing Guide (2010).
- Infants who spend prolonged periods of time on nil by mouth may be required to use a soother for short periods to stimulate non-nutritive sucking (Harding et al 2012).
- In premature infants who are alternatively fed i.e. via enteral/ peripheral routes, literature would suggest that when a soother is offered during or after feed it accelerates the sucking reflex, enhances gastric emptying and stimulates bowel peristalsis aiding digestion (Spence 2000).
- In the < 32 week gestation premature infant who has an absent, immature or non-developed sucking reflex, the introduction of a soother is necessary as the infant is unable to feed orally. There is a window of opportunity for sucking reflex to be established at 32-34 weeks gestational age. This improves muscle tone and stimulates secretions to aid digestion and offers comfort in this age group if remaining nil by mouth for whatever reason (Spence 2000).
- In term neonates and infants who, for whatever reason, have poor sucking or an uncoordinated sucking reflex, introducing a soother for non-nutritive sucking, stimulation and observation can be beneficial and offer treatment and comfort to the infant

## 3.0 Guidelines for the use of Soothers

ACTION	RATIONALE & REFERENCE
<p>The use of soothers is decided by parents / guardians. Document this intention in the infant's / child's nursing notes</p>	<p>Parents / guardians have the right to decide to use soothers despite potential complications</p>
<p>It is suggested that soothers be used for non-nutritive sucking in the pre term infant or infants who for medical / surgical reasons are not permitted to feed orally. This is agreed in conjunction with the</p>	<p>It is suggested that non-nutritive sucking in infants who suffer prolonged periods of alternative feeding may benefit from the promotion of the sucking reflex (Harding et al 2012)</p>

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<p>parents / guardians / multidisciplinary team</p> <p>Soothers are provided by the parents / guardians or OLCHC. The soother is single patient use only</p> <p>A soother should never be used instead of feeding. It is essential that soothers should only be used to 'soothe' or aid treatment where indicated. If the infant appears uncomfortable, assess infant for hunger, thirst, soiled nappy, pain or pyrexia and soothe infant by swaddling and offering soother</p> <p>Decontaminate hands thoroughly prior to contact with infant</p> <p>The correct size and age appropriate soother must be obtained e.g. premmie soother</p> <p>Prior to using soother for the first time and frequently during use, it should be assessed for cleanliness, cracks, tears or any defects. Pull soother in all directions to ensure patency.</p> <p>All soothers should be washed with detergent and water and sterilised in a steam steriliser after use. Alternatively they may be washed in detergent and water and steeped in a sodium hypochlorite solution (140ppm av chlorine, actichlor 0.5g) for a minimum of 15 minutes prior to use as per hospital policy.</p> <p>Shake the excess water from the soother prior to giving to infant/child</p> <p>Soothers should be replaced every 4 weeks to ensure safety and hygiene</p> <p><b>DO NOT</b></p> <ul style="list-style-type: none"> <li>Dip the soother in any sweet product such as</li> </ul>	<p>Soothers have been shown to harbour microorganisms therefore single patient use is recommended for infection control reasons (Infection Control Department 2011)</p> <p>To ensure the comfort of the infant and appropriate use of soothers.</p> <p>Feeds are documented on intake and output charts, review same to help determine hunger or thirst in the infant. An observation and / or pain assessment score may need to be carried out to determine pain or pyrexia.</p> <p>To ensure the comfort of the infant and appropriate use of soothers.</p> <p>To prevent cross infection (Infection Control Department 2010)</p> <p>To reduce risk of part of the teat becoming lodged in the infant's mouth and reduce infection (Alberta Health Services 2011)</p> <p>To prevent infection (Infection Control Department 2006)</p> <p>To ensure safety and durability of the soother</p> <p>To reduce the incidence of dental caries in later</p>
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<p>honey or glycerine</p> <ul style="list-style-type: none"> <li>• Tie the soother around the infant's / child's neck, instead attach soother using a clip and short ribbon</li> <li>• Stick / secure the soother to the infant's / child's face with adhesive material, a crying child requires attention</li> </ul>	<p>years (American Dental Association 2011; British Dental Health Foundation 2010)</p> <p>This may compromise the infant's / child's airway. A short ribbon may prevent accidental strangulation</p> <p>This may compromise the infant / child's airway. Nurses must take responsibility for their nursing actions and observe the code of professional conduct (An Bord Altranais 2000; OLCHC 2007)</p>
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\*BPA is a chemical used primarily in the manufacture of polycarbonate plastic, epoxy resins and as a non-polymer additive to other plastics. There are numerous studies into the potential harmful effects of BPA however none have been conclusive at this time and the decision to ban BPA in baby products has been the only one to date.

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