

The Benefits and Risks of Pacifiers

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The purpose of pacifiers is to help infants self-soothe. Pacifiers offer comfort for infants because they have a need to suck that is separate from eating. Sucking has a calming effect for infants and helps some infants fall asleep faster. Pacifiers may reduce the risk of sudden infant death syndrome (SIDS). However, the use of pacifiers while breastfeeding may cause nipple confusion or nipple preference by the infant. Other issues with pacifiers include increased risk for otitis media infections and dental problems. Another problem may arise if the infant becomes dependent on pacifiers to be comforted, this can become an issue if parents forget pacifiers if they are out of the house or if they are trying to wean their infant from the pacifier. Many parents may not know the risks and benefits of pacifiers and may need education about the use of pacifiers before their child is born.

Literature Review

Several articles support the use of education before the use of pacifiers. The sucking reflex develops in utero while the fetus is growing. According to Lubbe and Ham-Baloyi (2017), sucking movements are detected in the fetus between the 24th and 28th week of gestation, and the suck, swallow, and breathing pattern is detected at the 28th week of gestation. However, the pattern of suck, swallow, and breathe is not mature in every neonate before they are born. The pattern of suck, swallow, and breathe matures after 36 weeks of gestation and after birth in some infants, depending on their maturity (Lubbe & Ham-Baloyi, 2017). Neonates that are born prematurely will need extra help to develop the pattern. Neonates should not have pacifiers while learning the pattern because it may interfere with breastfeeding or bottle feeding.

The Baby-Friendly Hospital Initiative (BFHI) helps hospitals provide information to mothers to initiate and continue to breastfeed their babies. The BFHI created Ten Steps to

Successful Breastfeeding for hospitals to provide education to mothers. Baby-Friendly practices focus on breastfeeding education during the prenatal period (Munn, Newman, Mueller, Phillips, & Taylor, 2016). Mothers need education during the prenatal period because it increases the mothers' knowledge and skills. Offering pacifier education during the prenatal period will increase mothers' knowledge about the risks and benefits of pacifiers.

Scope of Care and Recommendation

It is a nurse's responsibility to be knowledgeable in all areas of nursing care, education being the most important. Teaching a patient and informing them of the many risks and benefits of their care is arguably a nurse's most important job. While we all were fortunate enough to be able to gain leadership experience on OSF's Labor and Delivery floor this semester, it was eye-opening to see firsthand how much teaching and education is needed to provide adequate care for new mothers.

Every patient on the unit is given a folder that is filled with an infinities worth of paperwork that provides tips and educational pieces on how to care for a child from birth to the first years. Mothers have vocalized to the staff before that they found this folder helpful and informative as many times this is their first child and admit that they are "clueless". Knowing this, we thought it would be effective to provide our quality of change proposal in that set of paperwork that all moms thoroughly go through. Our recommendation is to provide mothers with an appealing pamphlet that educated them on the risks and benefits of using pacifiers. We found that this topic alone is something that many first-time and experienced mothers are unfamiliar with. This pamphlet that we would create is a piece of information that can be used by nurses or a lactation specialist when providing education. The information would be displayed in easy-to-read text and written at a fifth-grade reading level to ensure that every

individual is able to read and understand the information. When the nurse or lactation specialist is going through our pamphlet, he or she would need to ask the patients if they had any questions or concerns. We feel as though this improvement plan would have an impact on all moms and would make their hospital experience more fulfilling and resourceful.

Data Collection and Analysis

Two interviewers conducted the qualitative study. The interview was conducted individually with mothers of healthy, term newborns during the postpartum hospitalization. The UC Davis IRB approved the study, and all participants provided informed consent. Participants who met the eligibility criteria were approached by an investigator in their private hospital room. Participants were asked a series of questions regarding their thoughts about pacifiers use. The interviews were audio-recorded and transcribed verbatim for analysis (Rocha et al., 2020). Twenty-three women participated in the study. The average age of participants was 30.5 years, and 48% were primiparous. Many of the mothers communicated positive thoughts and experiences about pacifiers and provided many benefits to using pacifiers. Many of the mothers described pacifiers as comfort for their children, stating that they were soothing and calming. Some of the other benefits that the mothers reported were; pacifiers help their babies sleep better, help decrease pain, improve muscle tone. Also, some stated that pacifiers help reduce the risk of SIDS (Sudden Infant Death Syndrome) and that pacifiers helped comfort their children while traveling (Rocha et al., 2020).

Planning, Implementing, and Stabilizing

Our plan for this quality improvement plan is to create an accessible resource for mothers to further their knowledge of caring for their child in regards to pacifier use. We wanted to

create something that best suits every individual learning preference. By creating a pamphlet, a mother is able to hold and read the information physically. We also had the idea of creating an online webpage that all patients and nurses on the OSF Labor and Delivery floor would have access to. This would be similar to an online chat room that would allow moms to post questions or concerns that the nurses would be able to address. We would compose our ideas to the nurse manager and nursing staff and collect their thoughts and opinions. After making any revisions, we would then implement our plan and include our pamphlet in the supplemental folder. To stabilize our plan, we would assess the patient satisfaction of the provided material, including our pamphlet.

Evaluation

The most important part of our improvement plan is the evaluation process; to see if we were successful and the need to formulate any revisions to improve the plan. We would create a survey that would be provided to every patient, either electronically or printed. We would ask questions that would evaluate the organization of the learning material and the overall performance of the education provided during their stay.

Conclusion

This project was a great learning tool for us, and we learned so much about how beneficial pacifiers were for babies. We decided to introduce an online chat room for antepartum mothers to communicate with other mothers and nurses and ask questions about the use of pacifiers. Postpartum patient counseling should include information both on the potential benefits of pacifiers for infant comfort, safe sleep, and maternal postpartum experience.

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