Dear Parents,

We hope you had a very happy holiday and we are wishing you the very best in the new year.

Since the new year is about making resolutions, we thought it would be helpful to provide you with some information on two important and “hot topics” related to speech therapy and occupational therapy: pacifier use in children along with the importance of good posture. Hopefully with the information provided, you will be able to make some resolutions regarding both of these important issues!

Also we are pleased to announce that “On The Sp.Ot” has a new email address! Should you have any ideas or questions you would like to be addressed in upcoming newsletters, please email us at: onthespotinfo@aol.com

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TO PACIFY OR NOT PACIFY— THAT IS THE QUESTION

While there is a lot of controversy surrounding the use of pacifiers, I as a speech-language pathologist, am often asked what my position is on using them. There are indeed some pros on their use, some of which I have listed.

A way to soothe. It has been found that sucking helps calm a baby, which is one of the reasons why pacifiers are very popular. This is especially true when an infant is particularly young as s/he can cry an average of three hours a day from birth until around 6 weeks! A pacifier may even help your baby go to sleep or be used as a temporary distraction. For example, if your baby is hungry, a pacifier may buy you a few minutes to find a comfortable spot to nurse or to prepare a bottle. Additionally, a pacifier also may come in handy during shots, blood tests or other procedures.

Health benefits, however this has only been seen in preterm babies (preemies). According to a 1992 study published in the Swedish journal “Acta Pediatrica”, preemies who suck on binkies (pacifiers) gain weight faster. In other research studies, it has been found that preemies who use pacifiers shortly after birth show earlier sucking patterns and experience fewer health complications as sucking promotes oral-muscle function and muscle development.

Reduced risk of SIDS. Since 1992, pacifiers have been associated with a reduced risk of sudden infant death syndrome (SIDS). According to the American Academy of Pediatrics (2003) it is recommended that parents consider offering pacifiers to infants one month and older at the onset of all sleep (including daytime naps) to help reduce the risk of SIDS.

Pacifiers are disposable, so breaking the habit, in theory, may be potentially easier than thumb or finger sucking.

These definitely seem like valid and compelling reasons to use a pacifier—especially due to the hustle and bustle associated with today’s life’s demands. While these seem like some definite “pros”, there are unfortunately some serious “cons” that need to be mentioned regarding the use of pacifiers, some of which are listed below:
PACIFIER USE CONT’D...

Pacifier use may increase the risk of otitis media (middle ear infections). While the rates of middle ear infections are generally lowest from birth to age 6 months — when the risk of SIDS is the highest and your baby may be most interested in a pacifier, the American Academy of Pediatrics and the American Academy of Family Physicians strongly recommend weaning children from pacifiers in the second six months of life to prevent otitis media. If your child seems prone to ear infections, losing the pacifier might in fact provide some relief. One study showed that children who did not use pacifiers had 33 percent fewer middle ear infections than those children that did.

Your baby may become dependent on the pacifier. If your baby uses a pacifier to sleep, you may face frequent middle-of-the-night crying spells when the pacifier falls out of your baby's mouth. Additionally, if your child has a hard time getting rid of his/her pacifier, it may be signs of poor self regulation as they need the oral input to soothe and calm him or herself.

Prolonged pacifier use may lead to dental problems. Normal pacifier use during the first few years of life doesn't typically cause long-term dental problems. Adverse dental effects are typically evident after two years of age, but mainly after 4 years of age. If your child continues to use a pacifier persistently, his or her upper front teeth may slant out and/or the upper and lower jaws may become misaligned resulting in a possible posterior cross bite or anterior open bite. These can further alter facial patterns such as the tendency to develop a long-face (Castelo et al, 2010) as well as cause speech problems (See below).

Prolonged pacifier use may lead to structural changes of the palate. An infant’s palate is particularly soft and flexible and as a result, a pacifier can change the natural shape of it. In fact, children who suck on pacifiers have shown a depression resembling the shape of the pacifier nipple in the palatal tissues.

Speech Impediments, such as articulation disorders. Since the use of a pacifier can cause malocclusions, jaw misalignments and/or palatal changes, these can interfere with normal speech development. This is due to the fact that when sucking on a pacifier, it is making the child put his or her mouth in an unnatural position which can result in abnormal lip and tongue development. For example, using a pacifier can cause the tongue to push forward between the teeth which can potentially cause a frontal lisp. A frontal lisp is a speech error in which an /s/ sound is produced as a ‘th’ (e.g., ‘thun’ for ‘sun’).
Where can I find some of the information about using pacifiers in children?

The following is a list of resources related to pacifier use:


Pacifier Use Cont’d...

Language Delays. Extensive pacifier use has been shown to interfere with normal babbling and speech development in babies older than 12 months.

While pacifier use should not be actively discouraged as they can be especially beneficial in the first six months of life, the real issue at hand seems to be- how long should a pacifier be used for and what is considered excessive use?

The reality is, pacifier habits unfortunately persist longer today than in the past. In fact pacifiers are now considered to be ‘socially acceptable’ into the preschool years. As many as 75-85% of children in Western countries use pacifiers. With this growing use of pacifiers, research has shown that pressure against the teeth for at least six hours a day will in fact cause tooth movement and, continuous pacifier use of 48 months or longer has shown to produce the greatest changes in dental arch and occlusal characteristics. Therefore, when looking at the research and based on my own clinical experience, it is my opinion that children should be completely done with using a pacifier by approximately 2 years of age- to minimize the occurrence of middle ear infections, occlusal disharmonies, alternative facial patterns and the possibility of potential speech and language problems.

THE IMPORTANCE OF POSTURE

Posture is a main component in our lives we learn to control from infancy to old age. We can all remember our mothers telling us to stand/ sit up straight in public and at the dinner table- and believe it or not she had a valid point! Posture not only has social influences on our lives but many structural influences too. Good posture helps us become more coordinated and refined with breathing, gross motor, fine motor, oral motor, and speech production. Poor posture can negatively impact inhaling/ exhaling, visual perception, sports, writing, swallowing, and speaking. In fact as we get older, poor posture can create a social stigma of looking unconfident but also puts us at risk for back injury.

As an infant, proximal muscles develop first as they have to lift their head and shoulders before they can sit up. By 9-10 months most infants can sit up unassisted for substantial periods of time with both hands free for playing, therefore coordination of the smaller muscles can begin- and ultimately postural stability.
I keep hearing about problems with “self regulation” from different therapists. What does this exactly mean?

Those who struggle with regulation or self-control may have trouble with:
- Understanding and managing their emotions
- Processing and integrating their sensory system
- Performing executive functioning tasks such as organizing, planning, being flexible, or transitioning

These challenges can in turn lead to additional challenges in a child’s daily life such as
- Disruptive behavior
- Distractibility or inability to focus
- Social challenges
- Academic struggles
- Low self-esteem
- Anxiety

If a child has self-regulation challenges occupational therapy can help.

My child is 5 and has difficulty sitting still at the table for eating, is wiggly during circle time, and sucks her thumb constantly. Could this mean she can’t self regulate?

Weak trunk muscles and/or poor vestibular/propiroception functioning can cause these symptoms. An OT evaluation can assess your child’s sensory processing system as well as muscle tone to determine the underlying neurological cause. If sensory processing is an issue, then a sensory diet can be formulated giving strategies to both home and school.

Postural stability is the ability to hold and maintain ones postural muscles as well as respond to input, giving the sense of security and safety during movement. Signs of postural instability include slumping, limp or lethargic, rests head on hands, and unable to stand on one foot. Postural dysfunction may be due to scoliosis (curvature), kyphosis (roundback), lordosis (swayback), and hypotonia (low tone). Research shows swayback can be caused by an overuse of walkers. Resting head on hands for extended periods can put unnecessary pressure on the bones and soft tissue of the face causing possible structural malformations and ultimately altering speech patterns.

Postural difficulties may also be due to sensory processing dysfunction within the vestibular and/or proprioception sensory systems which senses movement and body awareness. The vestibular system is located in our inner ear and is responsible for sensing movement in 3 dimensional planes and works hand-in-hand with proprioception. Vestibular dysfunction can create too much or too little seeking of movement which can cause a child to be very daring having no fear or too much fear therefore preferring stationary tasks. Proprioception is sensory input and feedback that tells us about movement and body position. Proprioception is our position sense and receptors are located on ligaments, tendons, and connective tissue. Proprioception helps us with motor planning, motor control, grading movement, and postural stability. Symptoms of dysfunction may include appearing clumsy and awkward, tripping/bumping into objects/people, and slouching. As a result of decreased posture, proprioception (body awareness) is impaired and emotional security may suffer as one can become easily frustrated, give up, and lose self-confidence.

If your child also has sensory processing dysfunction, there is a neurological reason that can be evaluated by an occupational therapist, specializing in sensory integration. Children with neurological disabilities in any variation that affects head and trunk alignment may result in oral processing difficulty that will compromise eating and swallowing or even speech. Occupational and speech therapy often work hand in hand with each other, as is in the case of posture-quality of speech improves when postural control improves.

If you suspect your child has poor postural stability, an evaluation by an occupational therapist will help determine the underlying cause, establish goals, as well as integrate treatment with other rehabilitation therapies such as physical therapy and speech therapy. Treatment goals by an occupational therapist may include crawling, climbing, wheelbarrow walking, hopscotch, as well as laying on stomach during fine motor tasks.