

## Use of Dummies, Bottles and Cups Policy



At Daisy and Rainbow Childcare we recognise our role in enabling parents to be able to have the information and support available to them to be able to make effective and appropriate decisions about their parenting. Over the course of 2012-2013 the team at Daisy and Rainbow have been provided with information, through training, which has led to the formation of this policy.

Research Information which has led to the formation of this policy is saved as an addendum and will be made available to parents.

See also [caregiving Policy July 16.docx](#)

### Key Guiding Principles

- Our key drivers are to support children to have the optimum health and speech and language development outcomes.
- Our starting point will always be with the child and based upon our shared communication with parents and knowledge of the individual child.
- At all points our intention is to work sensitively with parents with the best possible outcomes for children based at the heart of our decisions and communication.

### Hygiene and storage

- All bottles provided by parents are named for their child's use.
- All dummies, bottles and cups used with children under the age of 12 months will be washed and sterilised before use.
- Any dummies provided from home should be transported to us in its own named sterilised plastic container and used to store the dummy whilst at the setting.

### Induction

- We will have a discussion with parents finding out what their child's current needs and preferences are for using a dummy, bottles or cups. This is noted by parents on the All About Me Form.
- We will share all relevant information and our D,B,C Policy with parents and make some initial agreement about possible ways forward through and beyond the induction and settling-in period which is responsive to parental wishes.

### Dummies

- From the point when a baby turns 6 months old we will talk with the parents and share that we will be starting to gently wean their child from the use of a dummy at the nursery whilst they are in our care and share the key strategies of distraction and the provision of other means of soothing and comfort.
- From when a child is 12 months old a strategy will be discussed with the parent to enable a complete lack of dependence upon a dummy with the clear communication in place that we do not use them with a child at the setting other than with an action plan for weaning in place. Strategies used may include structured gradual removal, "cold turkey" or use of distractions.
- From when a child is 30 months old further weaning strategies may be agreed with the parent to include, the use of sticker charts, giving to Father Christmas

/ Fairy etc or negotiating specific times when they may be used. From this age we will be letting the child and parent know that the Nursery / preschool is not a place for them to be using a dummy i.e. it may be left in a bag on a coat peg to give re-assurance. Parents will be encouraged to accept or provide an alternative comfort source for the child.

### Bottles

- When bottle feeding a baby at Nursery we will seek to ensure that the key-person takes greatest responsibility for this time to ensure a positive, consistent and nurturing time with a known person.
- From when a child is 12 months old a strategy will be discussed with the parent to enable a complete lack of dependence upon a bottle with the clear communication in place that we do not use them with a child at the setting other than with an action plan for weaning in place. Strategies used may include structured gradual removal, "cold turkey" or use of distractions.
- No child from the age of 12 month will be given a bottle to aid sleep.
- From when a child is 30 months old further weaning strategies may be agreed with the parent to include, the use of specific praise, giving to Father Christmas / Fairy etc or negotiating specific times when a bottle may be used. From this age we will be letting the child and parent know that the Nursery / preschool is not a place for them to be using a bottle.

### Cups

- In the period from when a child becomes 6 months old we will start to talk with parents about the use of open cups and actively introduce them to the child through play and at meal times.
- From when a child is 12 months old we will ensure that a shared, agreed and known strategy is in place with the parents to be able to enable the child to successfully use an open cup.
- The Nursery and preschool will not provide any controlled-flow beakers to children of any age.
- Any drinks provided for children by parents in either controlled-flow beakers or sports cups will be decanted in to an open cup or beaker at the Nursery and preschool unless there is a known specific health or disability reason.
- From when a child is 30 months old we will introduce further strategies to support a child to use only an open cup for all drinks, which may include positive specific praise and suggesting buying a special cup together at home.

Policy formulated on: Oct 2013

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Signed: \_\_\_\_\_

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## Dummies

Most babies have a strong sucking reflex and a dummy can help to calm or settle them. Some research shows that for babies up to six months that are habituated to a dummy to go to sleep is linked with a reduction in the risk of cot death. Dummies can help premature babies develop their sucking reflex if the mother is not present to breastfeed the baby.

Dummy use can have a harmful effect upon children's health, establishment of breastfeeding, physical development and communication, speech and language development. They can harbour bacteria which are passed in to the mouth and can cause tummy upsets, ear infections that could lead to otitis media (glue ear) and infections leading to dental problems. If dipped into something sweet they can cause gross tooth decay. As the bone is forming at this stage dummies can change the shape of the upper jaw, and they tend to create 'buck teeth' by pushing the upper teeth forward to create a space between the upper and lower teeth, leading to a brace or even surgery.

With the teeth out of line, some speech sounds may be more difficult. Speech could also be affected if the baby has the dummy in their mouth for long periods of time as they become less inclined to babble – a vital stage of learning how to make sounds. As they get older they may possibly talk with the dummy in their mouth preventing them from making sounds correctly and impairing their speech. A dummy used when children are active and prevent children using language as much as they might without one.

Glue ear, which is linked to dummy use, can have a huge impact on the child's ability to develop their listening skills which are important for learning to understand and use language.

From 12 months, dummy use develops into a habit and can be difficult to give up for both children and carers. This becomes even more difficult as the child gets older.

### **Recommendations**

- Only use a dummy for sleep/nap times or to sooth when upset (there is no need to use a dummy for this if the baby is breastfed unless it is parental choice).
- Give parents information that with breastfed babies it is the best to leave introduction of a dummy until breastfeeding is well established.
- Find alternative ways of soothing/distracting the baby.
- Tune into the babies' cries to understand what they need.
- Give up the dummies before the baby is 12 months old.
- Clean and sterilise dummies for babies up to 6 months; beyond 6 months, clean thoroughly.
- Store dummies in individual containers (not plastic bags).
- If using a dummy ensure it is an orthodontic dummy as the shape of the teat causes less damage to the teeth.



## **Bottles**

Regardless of whether a baby has been breast or bottle-fed, it is possible that if starting at a Day Care setting before the age of 12 months they may need to be bottle-fed at some point during the day. This opportunity for close, intimate contact with a familiar adult supports relationship building as part of a daily routine.

The sucking action used in bottle-feeding is different to that of breast feeding and involves fewer mouth muscles. As such, there is a link between children who are bottle-fed and those who have speech disorders. This link becomes stronger the longer a child is bottle-fed.

Prolonged exposure to milk and sweet sugary drinks (including fruit juice/Ribena) from a bottle can cause tooth decay. Often, as children get older, bottles are used more as pacifiers, which increases the time that the teeth are exposed to liquids that may cause decay. Giving a child a bottle to help them settle to sleep is another example of prolonged exposure to milk/liquids that could cause decay.

Most babies progress to using cups from bottles or the breast. Long term bottle use delays the ability to adapt from sucking to sipping and could make this progression more difficult.

### ***Recommendations***

- Babies who are bottle-fed should be held and have warm physical contact with a Key Person while being fed.
- Babies should never be left propped up with bottles, as this is both dangerous and inappropriate to babies' emotional needs.
- Babies should be fed by the same person at each feed.
- It is important that bottles only contain milk or water.
- It is recommended that babies and young children do not "feed to sleep".
- It is recommended that from 12 months bottle use is reduced with the aim of making a complete withdrawal as soon as possible after this.



## Cups

Whether breast or bottle-fed, babies need to progress to drinking from a cup, usually alongside breast/bottle during weaning. There are so many different cups on the market that claim to make the transition easy for children – it can be confusing for the parents and us! Here are the main categories of cups:

### **Open cups**

These are without lids.

### **Unvalved / Sippy Cups / Beakers**

These are cups that have lids and usually have a spout with holes in – if they are held upside down the liquid should drip freely from the holes.

### **Valved cups**

These are lidded cups which have valves inside to stop the liquid pouring/leaking out. They need to be bitten or sucked hard to access the drink inside – if they are held upside down no liquid will drip from them.

### **Sports caps**

These need to be pulled open and then sucked to access the drink.

In 2008, 31% of 5-year-olds showed obvious signs of dental decay. Children who drink mainly from valved cups are at risk of damage to their developing mouth shape as well as of dental caries. Valved cup spouts are designed to be non-spill; they are usually made of hard plastic and need to be bitten or sucked hard to release liquid, which is not good for growing teeth and mouths as they don't learn how to sip. This may result in the tongue coming further forward than it should; the back of the tongue becoming stronger than it should and the lips become weaker than they should be, causing dribbling. Drinking from these cups may also concentrate the flow of liquid onto the teeth – any liquid other than water can cause caries if concentrated onto the teeth in this way.

Children who mainly drink from non-valved lidded cups do not need to suck as hard to release the liquid; however, the spouts are often hard. Open cups are recommended as they allow children's delicate, developing mouths and teeth to grow as they should.

### **Recommendations**

- Babies should be given the chance to drink from a cup from weaning at 6 months (or when they can sit up unsupported and hold something on their own).
- They can be weaned immediately to an open cup with small amounts of liquid to reduce the risk of spills as well as plenty of help and patience from the adults around them.
- Give babies empty cups to play with so that they get used to holding them.
- Mop up any spills calmly and patiently.
- Give heaps of praise for drinking from open cups.

