



# Should breastfeeding babies be given pacifiers?

Tell breastfeeding moms who ask that question that pacifier use will not interfere.

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## PRACTICE CHANGER

Do not discourage the use of pacifiers by healthy infants who are breastfeeding.<sup>1</sup>

### STRENGTH OF RECOMMENDATION

**A:** Based on a good-quality meta-analysis

Jaafar SH, Jahanfar S, Angolkar M, et al. Pacifier use versus no pacifier use in breastfeeding term infants for increasing duration of breastfeeding. *Cochrane Database Syst Rev.* 2011;(3):CD007202.

## ILLUSTRATIVE CASE

A 28-year-old first-time mother brings her 1-week-old full-term, healthy daughter to your clinic for a routine check-up. The baby is growing as expected. The mother is breastfeeding exclusively and would like to continue until the baby is at least 6 months old. She has begun giving the infant a pacifier and asks whether that's OK. What should you tell her?

**B**reast milk is superior to formula for infant nutrition,<sup>2,3</sup> and the American Academy of Pediatrics (AAP), World Health Organization (WHO), and UNICEF recommend exclusive breastfeeding through the first 6 months of life.<sup>4,5</sup> "Ten steps to successful breastfeeding," a document developed by the WHO and UNICEF, specifically states that artificial teats and pacifiers should not be given to breastfeeding infants.<sup>5</sup>

**Concern about pacifiers** for breastfeeding infants focuses on "nipple confusion"—that is, that pacifiers (and supplemental bottles) do not facilitate effective breast sucking and may contribute to incorrect latch.<sup>6,7</sup> Findings from earlier observational studies

suggest that early exposure to pacifiers leads to cessation of exclusive breastfeeding by 3 to 6 months and an end to all breastfeeding by 12 months.<sup>8,9</sup>

Pacifiers have become a cultural norm in many parts of the world,<sup>10</sup> and their use appears to be associated with a decrease in the incidence of sudden infant death syndrome (SIDS).<sup>11</sup> But both the AAP and the American Academy of Family Physicians recommend delaying pacifier use until breastfeeding is established.<sup>4,12</sup>

## STUDY SUMMARY

### Pacifier or no pacifier—no significant difference

Cochrane reviewers conducted a meta-analysis of randomized controlled trials (RCTs) that assessed the effects of pacifier use on healthy full-term infants whose mothers had initiated breastfeeding and intended to exclusively breastfeed.<sup>1</sup>

The primary outcome was the duration of breastfeeding, as measured by (1) mean duration of full breastfeeding (in months); (2) mean duration of any or partial breastfeeding; or (3) the prevalence or proportion of infants who were fully or partially breastfed at 3, 4, and 6 months of age. Secondary outcomes were (1) rate of breastfeeding difficulties (cracked nipples, breast engorgement, mastitis); (2) maternal satisfaction and level of confidence in parenting; (3) frequency of infant crying and fussiness; and (4) infant health, including SIDS, oral candidiasis, otitis media, and dental malocclusion. Infants

➤ Mothers who are motivated to breastfeed their infants should be allowed to make their own decisions regarding pacifier use.

who were given pacifiers (ie, those who had unrestricted or actively encouraged pacifier use) were compared with infants who were not given pacifiers (ie, whose mothers were advised against pacifier use).

Two studies, with a combined total of 1302 infants, were included in the meta-analysis (a third was excluded because the method by which allocation was concealed was unclear). Both reported blinding of the research nurses and outcome assessors. Blinding of participants was not feasible.

Each trial measured at least one primary outcome. The dropout rate was <10% in each arm of both studies.

When pacifier use was compared with no pacifier use, no significant difference was found in the proportion of infants who were exclusively breastfed at 3 months (risk ratio [RR]=1.00; 95% confidence interval [CI], 0.95-1.06) or 4 months of age (RR=0.99; 95% CI, 0.92-1.06). Nor was there a significant difference in the proportion of infants who were partially breastfed at 3 months (RR=1.00; 95% CI, 0.97-1.02) or 4 months (RR=1.01; 95% CI, 0.98-1.03).

Neither study reported on any of the secondary outcomes.

#### WHAT'S NEW

#### Now we know: Pacifier use by breastfeeding infants is fine

This meta-analysis shows that pacifier use does not decrease breastfeeding duration in full-term infants. The new evidence con-

tradicts current WHO recommendations, however, which are based on less rigorous studies.<sup>8,9,13,14</sup> The AAP now recommends that pacifier use be implemented after breastfeeding is established.<sup>4</sup> Based on the evidence, we think mothers who are motivated to breastfeed their infants should be allowed to make their own decisions regarding pacifier use, and pacifier use should not be discouraged.

#### CAVEATS

#### Effects on infant health still unaddressed

This meta-analysis did not report on the potential harms of pacifiers to infants >4 months old or to their lactating mothers. Potential problems of prolonged pacifier use (>4 months), such as increased risk of recurrent acute otitis media, oral candidiasis, and dental malocclusion, should be addressed with mothers, but should not lead to discouraging pacifier use in early infancy.<sup>15-17</sup>

#### CHALLENGES TO IMPLEMENTATION

#### There aren't any

We see no challenges to implementation of this practice changer. **JFP**

#### ACKNOWLEDGEMENT

The PURLs Surveillance System is supported in part by Grant Number UL1RR024999 from the National Center for Research Resources, a Clinical Translational Science Award to the University of Chicago. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center for Research Resources or the National Institutes of Health.

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