

Why we do not routinely give pacifiers to breastfed newborns.

“The breast both pacifies and nourishes the baby. All of a breastfed baby’s suckling needs can and should be satisfied at the breast.”

The American Academy of Pediatrics recommends delaying pacifier use until 1 month of age to ensure that breastfeeding is firmly established.

In some infants, early pacifier use may interfere with establishment of good breastfeeding practices, whereas in others it may indicate the presence of a breastfeeding problem that requires intervention.

Research shows the following risk associated with the use of pacifiers:

- Missed feeding cues
- Decreased number of breastfeedings leading to complications
- Shorter duration of exclusive breastfeeding and reduced milk supply
- Altered suckling rhythm at breast leading to breastfeeding difficulties
- Dental and orthodontic problems
- Increased risk of oral thrush, ear infection and other infections
- Delayed speech development
- Increased risk of early weaning

Common Questions

Q: “My baby is fussy. Can I use a pacifier?”

A: Once you rule out hunger or a dirty diaper there are other ways to sooth your baby including skin to skin care, cuddling, gentle rocking, and swaddling.

Q: “If I use a pacifier will it affect my baby’s ability to latch and suck during breastfeeding?”

A: The use of pacifiers in breastfed newborns interferes with proper suckling at the breast and increases the probability of early weaning.

Q: “Doesn’t using a pacifier reduce my baby’s chance of SIDS?”

A: While studies do show pacifier use at naptime/bedtime reduce the risk of SIDS, consider that breastfeeding significantly reduces the risk of SIDS, along with creating a safe sleep environment for your baby, not smoking around your baby and keeping your well-baby doctor visits. The American Academy of Pediatrics recommends that

breastfed babies not be given a pacifier until breastfeeding is well established (usually around 1 month of life).

Q: “Can I use a pacifier while my baby is treated for jaundice and under the lights?”

A: “Your baby can still be exclusively breastfed if breastfeeding is going well. Continue to breastfeed on demand. You may use a pacifier but watch for feeding cues. There are other ways to comfort your baby even when under the treatment lights. Making a nest may help as well as touching or talking to your baby when he or she is having trouble falling asleep.”

Q: “Should I use a pacifier for my exclusively formula feeding baby?”

A: “To prevent SIDS, the AAP recommends the use of a pacifier for your infant at sleep time. There are also other ways to sooth your baby including skin to skin care, cuddling, gentle rocking, and swaddling. Rule out hunger or a dirty diaper first.”

“Pacifier use in the neonatal period should be avoided. Research shows that pacifier use in the neonatal period was detrimental to exclusive and overall breastfeeding. These findings support recommendations to avoid exposing breastfed infants to artificial nipples in the newborn period.”

Academy of Breastfeeding Medicine. ABM Clinical Protocol#5: Peripartum Breastfeeding Management for the Healthy Mother and Infant at Term. Revision, June 2008. Breastfeed Med. 2008;3(2):129-32

American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. Pediatrics.2005;115(2):496-506

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. The changing concept of sudden infant death syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. Pediatrics.2005;116(5):1245-55

