Dummies, Bottles and Cups Policy

Aim – To provide good practice in the use of dummies, bottles and cups within the setting and to promote it to parents and carers. To support children with moving on appropriately with their use of a dummy, bottle or valved cup, in partnership with their parents / carers.

Dummies
A dummy can help to calm and settle a baby, as most babies have a strong sucking reflex. Some research has shown that giving babies up to 6 months a dummy to go to bed with may help to reduce the risk of sudden infant death.

Dummy use can have a harmful effect on children's health, physical development and communication, speech and language development. Dummies can harbour bacteria which are passed into the mouth and can cause ear infections that could lead to otitis media (glue ear), tummy upsets, and infections leading to dental problems.
As the bone of the upper jaw is forming the use of a dummy can cause it to change shape and push the upper teeth forwards, possibly leading to a brace being needed. Having teeth out of line can make it harder to produce some speech sounds. It is recommended to use an orthodontic dummy, if a dummy is used, as the shape of the teat causes less damage to teeth.
Glue ear causes some hearing loss, which impacts on a child's ability to develop their listening skills, which is important for learning to understand and use language.
Speech can also be affected if a baby has a dummy in their mouth for long periods they become less inclined to babble, which is important for learning how to make sounds. As they get older, if a dummy is used when they are active it can prevent them from using as much language as they might do without one, and from making sounds correctly, if they talk with a dummy in their mouth.

It is recommended to reduce the use of dummies from 6 months old and aim to give up completely by 12 months. After 12 months, dummy use becomes a habit and can be difficult to give up for the child and their parents / carers. This becomes even harder as they get older.

We support the recommended use of dummies for the babies in our care.
Babies are easily distracted and staff will aim to distract them before giving them a dummy, such as by singing to them or offering a toy. Staff will consider if your baby is tried, hungry, has a full nappy, or is unsettled and will act accordingly.

Parents / carers are to provide dummies in an individual plastic container, which has been sterilised. When the dummy is not is use it should be stored in the plastic container and not clipped to the child's clothes, as this can cause contamination. For babies under 12 months dummies should be washed in hot soapy water and sterilised before each use, or if dropped on the floor, or contaminated in another way. We will sterilise contaminated dummies using boiling water or in a steriliser. For children over 12 months dummies only need to be washed in hot soapy water and rinsed before use or after contamination.

Bottles

Babies who are bottle-fed should be held and fed by a familiar adult. Babies should never be left propped up with bottles, as this is dangerous and does not support the babies' emotional needs.
Bottles should only contain milk or water. This is important as prolonged exposure to milk and sweet, sugary drinks, such as fruit squash, from a bottle can cause tooth decay. As children get older bottles are often used more as pacifiers, which increases the time that teeth are exposed to liquids that may cause tooth decay. Giving a child a bottle to help them to settle to sleep also causes prolonged exposure. Therefore it is recommended that babies and young children do not 'feed to sleep'.
It is recommended that from 12 months old bottle use is reduced, with the aim of completely stopping use as soon as possible after this.
The sucking action used in bottle-feeding is different to that of breast feeding and uses less mouth muscles. Due to this there is a link between children who are bottle fed and speech disorders; which becomes stronger the longer a child is bottle-fed.

Parents / carers are to provide sterilised bottles and premeasured powered infant formula in individual portions, with clear instructions for the amount of water needed to make up a feed. For further information about preparing a powered infant formula feed and transporting them please see our Diet Policy. Any remaining liquid in a bottle should be poured away after offering it to the baby, and the bottled should be washed in hot soapy water as soon as possible. Bottles should never be sent home without being washed.

Cups
There are different types of cups available for babies and young children. The main categories are:

- Open cups – these are cups without lids.
- Unvalved / sippy cups / beakers – these are cups that have lids and often a spout with holes in it. If they are held upside down the liquid should drip freely from the holes.
- Valved cups – these lidded cups have a valve inside the lid that stops any liquid leaking or dripping out when they are tipped over. The lid often has a spout made from hard plastic that needs to be bitten or sucked hard to access the drink inside.
- Sports caps on bottles – these need to pulled open and then sucked to access the drink.

Children who mainly drink from valved cups are at risk of damaging their developing mouth shape. As valved cups need to be sucked hard this may result in the tongue coming further forward than it should; the back of the tongue being stronger than it should and the child's lips becoming weaker, causing them to dribble.

Babies will be given the chance to drink from an open cup, with handles if appropriate, from weaning at 6 months old (or when they can sit up unsupported and hold the cup on their own). Small amounts of liquid at a time will be put into the cup to reduce the risk of spills, and support will be given from an adult. Spills will be mopped up calmly and patiently. Praise will be given to the baby / child for drinking from an open cup, including attempts of drinking.
If a baby or child who is learning to use an open cup does not drink enough liquid then they will also be offered a non-valved, (Tommee Tippee) lidded cup, or their bottle depending on what is more appropriate.
Babies and young children will also be given opportunities to play with empty cups, and water play with cups to support their development of holding them and arm control.

Partnership with parents

When a child starts at the setting their individual dummy / bottle / cup needs will be discussed at the home visit or on-entry consultation, and the parents / carers approach to this; notes will be made on the child's 'all about me' form. This policy will be given to parents / carers with their induction pack, and there is an opportunity to ask any questions at the home visit or on-entry consultation.

At the child's settling in consultation parents / carers will be informed about their child's dummy / bottle / cup use in the setting, as appropriate and whether this is within the recommended use guidelines. Discussion at the settling in consultation and at termly parent / carer consultations will inform the decision as to whether the child is ready to move on and what the next stage is for them. Strategies will be shared about supporting the child in weaning them off a dummy, bottle or valved cup, as appropriate. There will be ongoing discussion between the child's family worker and the parents / carers about how the child is progressing, both at home and in the setting, to ensure that the child reaches the next stage.

Recommendations[i]

Age	Dummies	Bottles	Cups
Birth – 6 months	• Babies have a natural sucking reflex and dummies can soothe or calm a baby if they are not breastfed. • Dummy use at sleep / nap times may reduce the incidence of cot death for babies already using dummies regularly at these times. This potential benefit ceases at 6 months. • For breastfed babies it is best to leave the introduction of a dummy until after breastfeeding is well established.	• Breastfeeding is the recommended way to feed a baby of this age. However, some parents may make an informed choice to bottle feed and these choices should be supported.	• Not applicable.
6 – 12 months	• Dummies may still be used to calm or soothe babies when they are upset. • Dummy, if used, should now be restricted to times when babies are upset or to help them settle to sleep.	• During this time babies begin the weaning process so bottle use should naturally be reduced.	• During this time babies begin the weaning process. • Open cups are recommended by health professionals. • If using lidded cups they must be non-valved.
Age	Dummies	Bottles	Cups

12 months +	• From this point forward dummy use develops into a habit and can be difficult to give up. • From now dummy use begins to have a negative impact on oral development and speech.	• From this point forward bottle use should be discontinued.	• From this point forward open cups are more appropriate to ensure that healthy oral development takes place.

Strategies for moving children on

Age	Dummies	Bottles	Cups
6 – 12 months	• Be prepared with a variety of distractions or others means of soothing, such as songs, favourite toys, looking out to window, or rocking. • Follow the 'look, listen and think' rule, as the baby may be upset due to being hungry, tired or needing a nappy change.		• Decide when open cups will be used. • Only offer a small amount of liquid in the cup and top-up as needed. • Be prepared for spills. • Try a sloping two-handled Doidy cup.
12 – 30 months	• Decide whether to have a structured gradual removal or whether to go 'cold turkey'. • Be prepared with a variety of distractions appropriate to the child. • Keep the child busy.	• Bottles should not be used as a pacifier. • Decide whether to have a structured gradual removal or whether to go 'cold turkey'. • Be prepared with a variety of distractions appropriate to the child. • Keep the child busy.	• Decide when open cups will be used • Only offer a small amount of liquid in the cup and top-up as needed. • Be prepared for spills. • Try a sloping two-handled Doidy cup.
30 + months	**Discuss plans with the child** • Decide whether to have a structured gradual removal or whether to go 'cold turkey'. If gradual removal is agreed: • Decide on times / places for dummies. • Do not replace lost / broken dummies. • Try using sticker charts.	**Discuss plans with the child** • Decide whether to have a structured gradual removal or whether to go 'cold turkey'. If gradual removal is agreed: • Decide on times / places for bottles. • Do not replace lost / broken bottles. • Buy a cup together.	**Discuss plans with the child** • Buy a new open cup together. • Throw away the lids. • Only offer a small amount of liquid in the cup and top-up as needed. • Be prepared for spills. • Try using a sticker chart for using an open cup.

	For 'cold turkey' decision: • Give to the dummy fairy / Father Christmas / Easter bunny in exchange for a present. • Use sticker charts, if appropriate.	• Try using sticker charts. For 'cold turkey' decision: • Give to the bottle fairy / Father Christmas / Easter bunny in exchange for a present. • Use sticker charts, if appropriate.	

Further information / Recommended websites

Supporting children with Speech, Language and Communication needs: http://www.foundationyears.org.uk/2011/10/supporting-children-with-speech-language-and-communication-needs/

I CAN are experts in helping children with communication difficulties, unlocking their potential. www.ican.org.uk

NHS: http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx#close

Signed:

[i] Information used to write this policy has been taken from 'Dummies, Bottles and Cups: a Good Use Guide, A practical approach to using dummies, bottles and cups in settings' E. Pepperell & K. Hooke.