First Gestures Before Spoken Words

Why Gestures Come Before Words

Spoken language requires several capacities to coordinate: auditory perception, comprehension, symbolic representation, respiratory and vocal control, and precise oral-motor sequencing. Gestures draw heavily on visual attention, body movement, and social learning, so they may become meaningful before speech is physically and cognitively ready. A baby may understand a request or recognize a desired object before being able to produce a stable spoken label for it.

Research reviews commonly place the emergence of intentional gestures in the latter part of the first year, with many children beginning to gesture between 8 and 12 months. Deictic gestures, which direct another person’s attention toward an object or event, often appear before first words. Pointing is one example, but showing an object, holding it up, or giving it to a caregiver can serve a similar communicative purpose.

These behaviors are social rather than purely motor. A baby who reaches for a cup while looking toward an adult is coordinating an action with another person. A baby who points toward a dog and then checks the caregiver’s face may be inviting shared attention rather than simply trying to obtain something. This coordination is an early foundation for later conversations, in which

partners alternate attention, interpret intentions, and build shared meaning.

A Broad Repertoire of Early Gestures

Infants use more than pointing. Studies of preverbal babies describe deictic, conventional, iconic, and non-referential gestures. The same movement can have different meanings depending on the situation, the infant’s gaze, vocalization, and the response of the communication partner.

Reaching and open-hand gestures: These may indicate a request for an object, a desire to be picked up, or an attempt to join an activity. Repeated use in a consistent context can make the intention easier to interpret.
Showing and giving: Holding up a toy, bringing an object to an adult, or placing it in a caregiver’s hand can communicate interest, request assistance, or initiate social exchange.
Pointing: An index-finger point may request something, identify a desired location, or direct another person’s attention to an event. Pointing to share interest is especially social because the infant is seeking a partner’s awareness, not only an outcome.
Conventional gestures: Waving, clapping, blowing a kiss, nodding, or shaking the head may be learned through repeated routines. Their meaning is shaped by family and cultural context.
Iconic or representational movements: A baby may imitate stirring, brushing hair, pretending to talk on a phone, or raising arms to indicate "up." These gestures can resemble the action or object they represent.
Non-referential gestures: Clapping, bouncing, rocking, or moving the hands during excitement may regulate arousal, express emotion, or accompany social engagement without referring to a specific object.

There is no requirement that a gesture look perfectly formed. Early communication may be subtle: a palm extended toward a familiar snack, a foot pressed against a desired object, or a brief alternating glance between an adult and a toy. Caregivers learn meaning by observing the entire interaction rather than decoding one movement in isolation.

Gesture, Attention, and Meaning

Intentional communication is often recognized through a combination of

behaviors. The infant may perform an action, pause, look toward a person, repeat the action, vocalize, or change the movement after the adult responds. These features suggest that the baby is monitoring the social partner and adapting communication to the situation.

Joint attention is particularly important. It occurs when an infant and caregiver attend to the same object or event while each is aware of the other's involvement. For example, a baby may point toward a passing vehicle, look at a caregiver, and then return their gaze to the vehicle. The gesture helps establish a shared mental focus. Joint attention supports word learning because adults can label an object at the moment the child is attending to it.

Gestures can also reveal early distinctions between communicative purposes. A reach accompanied by fussing may request help, whereas a point followed by a smile may share interest. A wave during a departure routine may function as a social signal even if the baby cannot yet say goodbye. These meanings are not always stable, and caregivers should remain curious rather than assume that every movement has a fixed interpretation.

Observing comprehension is useful as well. A baby may not say a word but may look toward a named person, search for a familiar object, or follow a simple gesture. This receptive language in toddlers becomes increasingly important as children connect spoken labels with people, actions, and objects, although comprehension begins developing well before the toddler period.

How Caregivers Can Support Preverbal Communication

Supportive interaction does not require formal lessons or pressure to perform. The most effective approach is responsive caregiving: notice what has captured the baby's attention, interpret the likely intention, and respond in a way that keeps the exchange going.

Follow the baby's focus. If the infant looks toward a spoon, pause before moving it and acknowledge the interest. Naming the object while the baby is attending to it creates a useful connection between attention and language. Translate gestures into simple words. When a baby reaches for a cup, an adult might say, "Cup. You want the cup." Short phrases matched to the immediate context are easier to process than extended explanations.

Use natural turn-taking. Offer a brief pause after speaking or responding. The baby may answer with a gesture, vocalization, facial expression, or change in gaze. This pause communicates that the infant’s contribution matters.
Model, do not demand. Adults can wave during departures, point while naming pictures, or use an open hand when offering a toy. Repeated models in meaningful routines are more supportive than repeatedly asking a baby to copy a gesture.
Expand the message. If the baby points to a ball, the caregiver can say, "Ball. You found the red ball," while keeping the language concise. This adds vocabulary without interrupting the child’s initiative.
Make communication physically accessible. Place a few interesting objects within view, allow time for the child to initiate, and avoid anticipating every need immediately. A safe opportunity to request or share can support intentional communication.

Face-to-face interaction with babies is valuable, but communication can also happen during feeding, dressing, bathing, outdoor walks, and household routines. The goal is not constant stimulation. Babies also need quiet, sleep, and breaks when they show signs of fatigue or overstimulation.

Individual Variation and Developmental Context

Gesture milestones are approximate ranges, not examination deadlines. Some infants gesture frequently and use several forms; others communicate first through gaze, vocal turn-taking, body orientation, or facial expression. Prematurity, motor differences, vision or hearing status, temperament, multilingual exposure, and opportunities for social interaction can all influence how communication appears.

Multilingual environments do not cause a communication disorder. A child may distribute words across languages, while gestures and social communication may be shared across the child’s experiences. Families can speak naturally in the languages they know best and describe gestures, routines, and concerns to the child’s clinician.

Development is also dynamic. A baby may use a gesture inconsistently, then suddenly begin using it in several contexts. Clinicians generally look at a pattern over time, including whether the child seeks interaction, shares

attention, responds to communication, understands familiar language, uses vocalizations, and gains new skills. Comparing a baby with peers or online milestone lists can create unnecessary anxiety when the comparison does not account for the full developmental picture.

For families tracking Early speech development signs, a brief record can be helpful. Note the gesture, its context, the baby's gaze or sound, what happened after the gesture, and whether the behavior is becoming more frequent or flexible. Video examples, when practical and respectful of privacy, may also help a healthcare professional understand an interaction that is difficult to describe from memory.

When to Seek Professional Guidance

Discuss communication concerns with a pediatrician, family physician, child health nurse, or other qualified healthcare professional. A clinician may review developmental history, observe social communication, check hearing, and determine whether referral is appropriate. Depending on the concern, assessment may involve a developmental specialist, audiologist, or speech-language pathologist.

Early consultation is reasonable when a caregiver notices little progress over time, limited use of gestures to request or share interest, difficulty engaging in back-and-forth interaction, or a marked difference between the child's communication and previously established abilities. Loss of gestures, vocalizations, social interest, or other developmental skills deserves prompt discussion rather than watchful waiting without professional input.

A referral does not establish a diagnosis. It is a way to understand the child's strengths and needs and to identify supportive services when indicated. Hearing impairment, for example, can affect response to spoken language and should be considered when communication concerns arise, even if the baby sometimes appears to hear. A professional can distinguish variation from a pattern that merits further evaluation.

Families should also seek advice when communication frustrations are intense, daily routines are becoming difficult, or caregivers are unsure how to respond. Practical guidance can make interactions more predictable and reduce pressure

for both baby and adult. Support can be appropriate even while development is still being clarified.

From Gesture to Spoken Language

Gestures and words are not competing systems. They often work together as a child's symbolic communication expands. A baby may first point toward a bottle, later point while saying a partial sound, and eventually use a word without the gesture. Some gestures remain useful after speech emerges, especially when a child is excited, learning a new word, or communicating in a noisy environment.

Research on early gesture vocabulary has linked the timing and variety of gestures with later word comprehension and production, although these associations do not predict an individual child's outcome with certainty. Gestures may give children practice in directing attention, representing meaning, and taking turns. They also give adults information about what the child knows before spoken vocabulary is readily measurable.

The most helpful response is to treat every meaningful gesture as an invitation to communicate. Acknowledge it, put simple language to the likely message, and leave space for the baby's next contribution. Over time, these small exchanges create a bridge from movement and shared attention to increasingly flexible language.