

## Pacifier for soothing baby explained



### Why sucking can soothe a baby

Newborns are born with a strong sucking reflex because feeding depends on it. But sucking is not only nutritional. Non-nutritive sucking, meaning sucking that is not intended to transfer milk or formula, can help some infants organize their nervous system. A baby who is tired, mildly overstimulated, or in need of comfort may become calmer when rhythmic sucking reduces arousal and provides predictable sensory input.

This does not mean a pacifier is required for every baby. Some infants prefer their hands, being held, movement, skin-to-skin contact, feeding, swaddling when age-appropriate, or a quiet room. Others reject pacifiers completely. A supportive perspective is to treat the pacifier as one possible soothing tool rather than a measure of good or bad parenting.

It is also important to distinguish soothing from silencing. Crying is communication. Before offering a pacifier, especially in a young infant, caregivers should consider whether the baby may be hungry, wet, too hot or cold, tired, uncomfortable, ill, or needing closeness. The pacifier can help after basic needs are considered, but it should not be used to mask persistent distress without looking for a cause.

## **Potential benefits of pacifier use**

For many families, the most obvious benefit is calming. A pacifier may help a fussy baby settle between feeds, during a car ride, before sleep, or while coping with a brief stressful event. It can be particularly useful when feeding is not appropriate, such as when a baby has just had a full feed but still wants to suck for comfort.

Pacifiers are also portable and caregiver-friendly. They may help another caregiver soothe a baby when the breastfeeding parent is resting, showering, or away briefly. In some clinical settings, non-nutritive sucking may be used as part of comfort care for minor procedures, although specific pain-control strategies should be guided by healthcare professionals.

Some evidence-based safe sleep discussions include pacifier use at sleep time as one factor associated with reduced risk of sudden infant death syndrome. This does not make a pacifier a substitute for safe sleep practices. A baby should still be placed on the back for sleep, on a firm, flat, uncluttered sleep surface, without loose blankets, pillows, or soft objects. If the pacifier falls out after the baby is asleep, it generally does not need to be put back in repeatedly.

## **Pacifiers and feeding: what to watch**

Feeding context matters. In the first days and weeks, parents may be learning hunger cues and fullness cues while the baby is learning to latch, suck, swallow, and coordinate breathing. In breastfeeding families, many clinicians advise delaying routine pacifier use until breastfeeding is well established, because early frequent pacifier use could make it harder to interpret feeding cues in some situations. However, recommendations may differ for premature infants, babies in neonatal care, or babies with specific medical needs.

A pacifier should not be used to postpone a feed when the baby is showing hunger cues, such as rooting, hand-to-mouth movements, lip smacking, increasing alertness, or escalating fussiness. Crying is often a late hunger cue. If a baby is not gaining weight as expected, has fewer wet diapers than advised, is unusually sleepy during feeds, or feeds with significant respiratory effort,

professional assessment is important.

For babies with reflux symptoms after feeding, a pacifier may or may not help. Some babies are comforted by sucking; others may become more unsettled if sucking increases swallowed air or delays evaluation of feeding discomfort. Parents should avoid self-diagnosing reflux disease or changing feeding plans without guidance. If there is forceful vomiting, blood in vomit or stool, poor weight gain, choking, cyanosis, or breathing difficulty, seek medical care promptly.

### **Using a pacifier safely**

Pacifier safety is practical and very important. Choose a pacifier that is appropriate for the baby's age and size, with a shield large enough that it cannot fit entirely into the mouth. The pacifier should be one piece or otherwise designed to resist separation, because loose parts can create a choking hazard. Inspect it often and replace it if it becomes cracked, sticky, torn, swollen, discolored, or weakened.

Clean pacifiers regularly according to the manufacturer's instructions and your clinician's advice for your baby's age and health status.

Do not dip pacifiers in honey, sugar, syrup, juice, or other sweet substances. This can increase dental caries risk and, in the case of honey, is unsafe for infants under 12 months because of botulism risk.

Do not tie a pacifier around the baby's neck, wrist, crib, car seat, or stroller with a string, ribbon, cord, or long clip. Strangulation and entanglement risks are serious.

Do not force a pacifier into a baby's mouth or reinsert it repeatedly if the baby clearly refuses it.

Do not use a bottle nipple as a pacifier, because it may separate from the ring and become a choking hazard.

Pacifier clips, if used, should be short, specifically designed for pacifiers, and never used during sleep unless the product and your healthcare guidance clearly support safe use. When in doubt, keep the sleep space simple and free of attachments.

### **Pacifiers, sleep, and soothing routines**

A pacifier may become part of a calm bedtime sequence for infants, but it works best when it is not the only way a baby can settle. Many babies naturally need caregiver help to fall asleep, especially in early infancy. Over time, some families find that a pacifier is helpful at the start of sleep but disruptive if the baby wakes between sleep cycles and cannot find it independently.

This is where expectations matter. Young babies wake frequently for feeding, comfort, and regulation. A pacifier is not meant to eliminate normal night waking. If pacifier replacement becomes exhausting, caregivers may review the wider routine, including feeding before sleep, room environment, wake windows, and whether the baby is developmentally ready for different settling supports.

Some parents worry that using a pacifier will worsen a feeding to sleep habit or create a strong sleep association in babies. It can become a sleep association, but sleep associations are not inherently harmful. The question is whether the pattern is sustainable and safe for your family. A baby evening routine can include predictable low-stimulation bedtime cues, such as dim lights, a diaper change, a feed if needed, cuddling, a song, and then offering the pacifier as one part of settling.

If swaddling is also used for a newborn, review Swaddling basics and safety and stop swaddling when the baby shows first signs of rolling or as advised by your clinician. Pacifiers should never be used to keep a baby quiet in an unsafe sleep situation, such as sleeping on a sofa, in a loose blanket, or in a caregiver's arms when the caregiver may fall asleep.

### **Dental, ear, and developmental considerations**

Most dental concerns relate to frequency, intensity, and duration of sucking. Prolonged pacifier use beyond toddlerhood may contribute to malocclusion, such as anterior open bite or changes in palate shape, particularly if use is frequent and vigorous. Pediatric dentists can provide individualized guidance, especially if a child has persistent sucking habits, speech concerns, or visible bite changes.

Pacifier use has also been discussed in relation to otitis media, or middle ear infections. The relationship is complex and not every child using a pacifier

will have ear problems. Still, if a toddler has recurrent ear infections, a clinician may discuss limiting pacifier use as one possible modifiable factor among many.

Developmentally, babies need opportunities for vocalizing, mouthing safe objects, facial interaction, and responsive communication. A pacifier that is used continuously during awake time may reduce some chances for babbling or caregiver-baby back-and-forth interaction. This does not mean pacifiers are harmful when used thoughtfully. Many families reserve them for sleep, car rides, medical procedures, or short periods of distress.

### **When and how to wean**

There is no single perfect weaning age for every child, but many healthcare organizations suggest discussing reduction during the second half of infancy and toddler years, balancing comfort, sleep, dental development, and family circumstances. Some families reduce pacifier use gradually after about 6 months; others prioritize weaning later if the child is coping with illness, travel, a new sibling, or major family stress.

Gradual weaning often starts by limiting pacifier use to sleep and high-stress moments, then removing it from daytime routines. For an older infant or toddler, caregivers may use consistent phrases, comfort objects that are safe for the child's age, extra cuddling, and predictable boundaries. Abrupt removal can work for some families but may create several difficult nights; gradual limits can feel more manageable.

If your child has complex medical needs, prematurity, feeding therapy involvement, oral-motor concerns, developmental differences, or significant sleep disruption, ask a pediatrician, pediatric dentist, lactation consultant, or feeding specialist before making major changes. The goal is not to win a battle with the pacifier; it is to support the child's regulation while protecting feeding, sleep safety, oral health, and caregiver wellbeing.