IMPROPER USE OF BOTTLES, CUPS, OR PACIFIERS

RISK DESCRIPTION:

Routinely using a bottle, cup, or pacifier improperly such as:

- Using a bottle to feed fruit juice, diluted cereal, or other solid foods
- Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime
- Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier
- Using a bottle for feeding or drinking beyond 14 months of age
- Using a pacifier dipped in sweet agents such as sugar, honey, or syrups
- Allowing a child to carry around and drink throughout the day from a covered or training cup

ASK ABOUT:

- Developmental skills related to feeding (i.e., age and status of weaning from bottle)
- Cultural, medical, and other influences on these feeding practices
- Caregiver’s support system for feeding decisions and food preparation
- Oral health status and practices

NUTRITION COUNSELING/EDUCATION TOPICS:

- Routine use of the bottle to feed liquids other than breast milk, formula, or water:
  o Use the bottle to feed only breast milk, formula, and/or water.
  o Young children need nutrient-dense foods for proper growth. Giving liquids low in essential nutrients can interfere with adequate intake of appropriate, nutrient-dense foods and cause anemia and poor growth.
  o Routinely giving excessive amounts of juice or other sugar-containing beverages in any kind of bottle or cup can lead to tooth decay.

- Sleeping with the bottle:
  o If the child needs a bottle to fall asleep, fill it with plain water.
  o Read a story at naptime or bedtime.
  o Offering a soft toy instead of a bottle at naptime or bedtime.
  o Putting the child to bed with a bottle can cause tooth decay and ear infections and increase the risk of choking.

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• **Bottle or cup use without restriction or as a pacifier:**
  - Toddlers who crawl or walk around with the bottle or cup or who use the bottle or cup as a pacifier are likely to consume excessive amounts of liquid. This can interfere with adequate intake of appropriate nutrient-dense foods and increase the risk for tooth decay.
  - Offer comfort by holding or rocking, singing, reading a story, or offering a toy.

• **Late weaning:**
  - The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that infants drink from a cup as they approach their first birthday and that infants are weaned from the bottle by 14 months of age.
  - The longer a child uses a bottle the harder it will be to wean. The keys to weaning are patience and understanding.
  - Wean gradually.
    - Replace the child’s least favorite bottle-feeding with the cup. Gradually replace one bottle at a time with a cup. Replace the favorite bottle feeding last.
    - Bedtime bottles may be the hardest to give up because children who go to bed with a bottle have learned to put themselves to sleep by sucking.
      - Read a story at naptime or bedtime.
      - Replace the bottle with a favorite blanket or stuffed animal.
      - Offer a healthy snack before a nap or bedtime.
  - Be consistent and continue until weaning is complete. Involve all caregivers; include all family members and child care providers.
  - Discuss other food sources of calcium if the child refuses milk from a cup during the weaning process.
• Review age-appropriate oral health care practices.

**Possible Referrals:**

• If the child has visible tooth decay, parent reports tooth decay or you suspect the child could have early stages of tooth decay, refer to a local dental office, the local public health department (public health hygienists) or Health Tracks (if on medical assistance) for additional screening and referral. More information about oral health services in ND can be found at [www.ndhealth.gov/oralhealth](http://www.ndhealth.gov/oralhealth).

• If child shows delays in eating skills, refer to primary care provider.

• If the child is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks ([www.nd.gov/dhs/services/medicalserv/health-tracks](http://www.nd.gov/dhs/services/medicalserv/health-tracks)), the local public health department, or primary care providers in the community.

• If the child appears to have developmental delays, refer the family to the Right Track Program for early intervention services ([www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html](http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html)).