

# LETTER

## Pacifiers and Breastfeeding

To the Editor:

We read with interest the study by Kronborg and Væth (1). Like most previous observational studies the paper describes an association between pacifier use and shortened breastfeeding duration (1,2). The question is relevant in view of the increase in information about an association between pacifier use and a reduced risk of sudden infant death syndrome (SIDS) (3). It is important to note that the association does not prove that the instrument (pacifier) is the cause of such an effect. Mothers who have breastfeeding difficulties or who simply are not committed to breastfeed may use the pacifier to prevent infant crying.

The gold standard to prove causal effect is a randomized controlled trial. All published randomized controlled trials performed to evaluate if pacifiers or the advice to use them or not modify the success of breastfeeding have been recently summarized in a systematic review (2). The review clearly shows that such a relationship does not exist. Furthermore, we have recently presented the results of a large randomized controlled trial which demonstrates that in mothers committed to breastfeeding and who are successfully breastfeeding at 2 weeks, the recommendation to use a pacifier does not modify the prevalence of exclusive or partial breastfeeding (4,5).

Both breastfeeding and use of pacifiers decrease the incidence of SIDS. In mothers who are successfully breastfeeding at 2 weeks, to discourage the use of pacifiers on the basis of a supposed adverse effect on the success and duration of breastfeeding appears neither justified nor in the best interest of the infant.

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Reply:

We thank Professor Alejandro Jenik and Professor Nestor E. Vain for their interest in our paper about how effective breastfeeding technique and pacifier use relate to breastfeeding problems and breastfeeding duration (1). We certainly agree that randomized controlled trials provide stronger evidence than cohort studies, which cannot prove causality. Like Jenik and Vain we want to understand further the role of the pacifier in connection with breastfeeding, but unlike Jenik and Vain we do not find that the newly published, comprehensive review (2) clearly documents that the impact of pacifier use on breastfeeding can be dismissed.

The four studies presented in the review contribute with valuable information, but each study has limitations, implying that the evidence of no causal effect can be questioned. Briefly, in the study by Schubiger et al (3) the actual use of a pacifier in each group is insufficiently described. In the study by Howard et al (4) early use of a pacifier showed a negative influence on breastfeeding duration. In the study by Kramer et al

(5) the primary exposure was educational counseling of the mother and not use of a pacifier, and the study by Collins et al (6) concerned preterm infants (28–<34 wk), for whom pacifier use may have a different role.

Our study provides new insight by demonstrating that early pacifier use had an independent influence on breastfeeding duration unrelated to effective breastfeeding technique or breastfeeding problems. This finding suggests that pacifier use did not lead to the so-called nipple confusion or was a marker for breastfeeding problems or difficulties. Unfortunately, we have not been able to read the forthcoming paper by Jenik et al (7), but from the letter it appears that the study concerns “women who are committed to breastfeeding and who are successfully breastfeeding at 2 weeks.” This study may still leave us with questions about how early use of a pacifier influences breastfeeding and how pacifier use is influenced by intention to breastfeed. To understand the potential impact of pacifier use on breastfeeding, we need further investigations of biological, cultural, and psychosocial factors.

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