

A more involved option for thumb/finger sucking treatment may include a fixed appliance (palatal crib appliance). Fixed appliances are very effective at helping stop a NNH, and need to be left in for 3-6mo to ensure the habit does not start up again.



If a posterior crossbite exists, it may be beneficial to place a RPE/RME (rapid palatal expander/rapid maxillary expander) which will correct the posterior crossbite and can **also** serve to help stop the thumb/finger habit. If the NNH habit persists even with a RPE/RPE in place, a palatal crib may still be needed.



It is important to note the biggest predictor of success is that a child **wants to stop** engaging in this habit.

## FUTURE TREATMENT NEEDS

It should be noted that even when a child stops their finger/thumb habit, an open bite may persist due to the development of "tongue thrust:"



A tongue thrust can sometimes develop when a child is engaged in a NNH because a "seal" needs to be created in order to swallow. Teeth will "self-correct" to a certain extent when a NNH is stopped, but on occasion, an anterior openbite/tongue thrust remain.

A referral to an orthodontist and interceptive orthodontics may be necessary to correct the open bite. Myofunctional therapists are also helpful in teaching children/teenagers the correct position of the tongue and oral musculature.

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Thank you for choosing Northeast Iowa Pediatric Dentistry for your child's dental care. We look forward to helping you and your child develop healthy dental habits that will last a lifetime!



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## NON-NUTRITIVE ORAL HABITS

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A guide for thumb and finger  
sucking cessation

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## NON NUTRITIVE HABITS (NNH)

### What is a “non-nutritive” oral habit?

Sucking is a natural instinct and is a baby’s earliest coordinated muscular activity.

“Non-nutritive” habits describe any sucking habit an infant/toddler engages in for non-nutrition purposes (ie pacifier and thumb sucking). Other forms of this are finger sucking and blanket chewing/sucking.

The sucking reflex is a normal infantile reflex. While it often disappears in the toddler years, many times a parent will have to help their toddler with the discontinuation of this habit.

Non-nutritive habits can cause changes in the shape of the maxilla and displacement of teeth. **The AAPD recommends discontinuing non-nutritive habits by age 3 years old, or sooner.**

In the primary teeth, NNHs may result in dento-alveolar changes. The level of effect is related to *duration, intensity/magnitude, and frequency*, with **duration** being the most influential variable.

NNHs are positively correlated with an increased open bite. Pressure from the thumb or pacifier hinders the downward growth of the maxillary base and delays the anterior teeth from erupting while the posterior teeth continue to erupt. This results in overeruption of the posterior teeth and the formation of an anterior open bite.



Anterior open bite in primary dentition:



Anterior open bite with *subsequent tongue thrust* in mixed dentition:



Another common finding is a smaller maxillary intercanine and intermolar width and increased incidence of a posterior crossbite:



## TREATMENT OPTIONS

While pacifiers are easy to take away, thumbs are not. Gentle reminders, **band-aids, socks on a hand** can all be used as reminder therapy. Additionally, **Mavala Stop** (found on Amazon) is a bad-tasting liquid that can be applied to the thumb/finger nail to deter the sucking habit. This can be a very effective at helping with thumb sucking cessation (as well as nail biting).



Another option is the “T-guard” (found on Amazon and tguard.com).

