Orthodontic support to stop

Some children who find it difficult to break the habit need the help of an orthodontic appliance that blocks the comfortable positioning of the digit in the mouth and – very importantly – reminds the child to stop. A fixed appliance is preferable to a removable one because there is no risk of forgetting to put it in.

As success still depends on the child's agreement to stop the habit, the orthodontist explains that it is "to remind your thumb that you don't want it in your mouth anymore". It is also the reason for not using an appliance with sharp spikes to force an unwilling child.

After the habit is broken, the appliance remains in place for about three months as a reminder if the thumb slips back in. It is also an incentive for the child to stop the habit completely as soon as possible, so the appliance can come out.

In most children, teeth and supporting bone structures begin to move toward their natural position and shape as soon as the habit stops. The orthodontist monitors these changes and adjusts the appliance regularly so it does not impinge on the palate as it changes.

Nature of this information

This brochure provides general background information and is therefore not comprehensive. Everyone is unique and the extent to which this information may apply to you, your child, or anyone else varies. To obtain complete information regarding your specific circumstances, you should seek the advice of your dental professional.

NORTH SHORE
orthodontics

5 Khartoum Avenue Gordon
Tel 9418 1660

Unit 1, 21-23 Hunter Street Hornsby
Tel 9987 2211

reception@orthoworld.com.au
www.orthoworld.com.au

Thumb and finger sucking

A common habit

Many infants suck their thumb or fingers; it is pleasurable for them, can comfort them when tired or stressed and can help them get to sleep. For some who start in the womb or at birth, it can be a deeply ingrained habit. Nevertheless, most children stop of their own accord before the age of five and before any adult teeth have come through. Others stop when they first go to school as peer pressure and the discomfort of loosening baby teeth discourage the habit.

Potential for harm

While digit sucking has little effect on most children, it causes problems for some. Whether it does, depends on the child's growth pattern, the duration of the habit and its nature (such as angle of the thumb in the mouth, the force applied and the hours of sucking each day). Such problems may include one or more of the following:

- Pushed-out upper and pushed-in lower front teeth,
- Narrowing and distortion of the palate
- Imbalance in the bite of the teeth
- Asymmetry of the upper jaw,
- Tooth indentations on the lower lip,
- Inability to close the lips and/or mouth breathing,
- Abnormal swallow, tongue position, or speech,
- Calluses on the thumb and/or a bleached or cracked digit,
- Psychological concerns.

It is rare for several of these problems to occur in the one child and when the habit stops in time, many correct themselves naturally. However, if a child does not want to stop, one cannot force him or her to do so. To be ready to break the habit the child therefore needs to have the mental and emotional maturity to understand the problem and accept responsibility for solving it.

Parental help to stop

In many cases, a child only needs to be positively reminded not to put the thumb in the mouth – not to be punished for it. If a child is positive, then parents can try some simple procedures to help the child to stop the habit.

A Band-aid or strip of Elastoplast around the thumb can serve as a reminder. It is best to put it on just before the time of day when the child is most likely to suck (while watching TV for example), and some motivated children will put it on themselves. However, if in a busy household the reminder is not put on consistently, then it may not work for that reason. For children who suck in bed, wearing an oversized pyjama top with sewn up sleeve ends can deter the habit.

Some children respond well to a calendar to track and reinforce their success in stopping the habit.

Orthodontic counselling to stop

If the child needs orthodontic counselling and/or intervention to stop the habit, it is advisable to wait until the child is in school and is sufficiently mature to cooperate. Unrushed counselling tailored to suit the child can then help most children to break their habit.

Without knowing what harm the habit is causing, a child has little reason to stop. Therefore, the orthodontist first explains to the child the problems and what causes them, and why they will get worse if the habit does not stop. The next step is to obtain the child's agreement that he or she does not want these problems. If a child cannot agree to that, it is best to stop there and try again when the child is more mature.

Once a child has agreed not to want the problems, it is usually not difficult to agree also to stop the habit. The orthodontist then shows techniques that help and motivate the child to stop. For many children this is sufficient to break the habit immediately or within a few days.

Follow up appointments with the orthodontist then serve to reinforce the counselling, to monitor the child's bite and any associated problems, and usually to congratulate the child on his or her success. Often the bite shows spontaneous improvement, providing positive reinforcement for both child and parents.