



# See You Later, Thumb



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# Disclaimer

The information provided here is based on professional knowledge and experience, but it is not intended as a substitute for personalized medical advice. Every individual's situation is unique, and what works for one person may not be appropriate for another.

Always consult with a qualified healthcare professional before making any decisions about your health or well-being. They can assess your specific needs and provide personalized guidance to address your individual circumstances.

We encourage you to use this information as a starting point for informed discussions and decisions with your own personal health team.

We also offer in-home, in-office, and virtual consultations where we can tailor this information to your personal situation.

## **Book**

To book a session please text: 570-413-0851 or email:

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# Why does thumb sucking occur?

Thumb sucking is a common habit among young children, often starting as a way to soothe themselves. It is important to remember that just because something is common, does not mean it is normal or should be prolonged. Here are some reasons why a child might be dependent on thumb sucking:

- 1. Comfort and Security:** Thumb sucking provides a sense of comfort and security, especially when a child is tired, stressed, or anxious. It's a self-soothing mechanism that helps them feel safe.
- 2. Calming the Vagus Nerve:** Thumb sucking can stimulate the vagus nerve, which plays a crucial role in calming the body. This nerve helps regulate the parasympathetic nervous system, promoting relaxation and reducing stress

**3. Airway Opening:** Some children use thumb sucking to help keep their airway open. By positioning the thumb in the mouth, they can slightly adjust the jaw and tongue, which may help with breathing, especially during sleep. This is especially true if at rest your child is not placing their tongue to the roof of their mouth. This should be the natural resting position.

**4. Habitual Behavior:** Over time, thumb sucking can become a habitual behavior that persists beyond infancy. It's a way for children to manage boredom or anxiety.

**5. Replacement Behavior:** Some may transition from pacifier sucking to thumb sucking. Typically, we like to encourage weaning of the pacifier at age 10 months to prepare for the oral changes that come with starting solids, gross motor milestones, and more.

# What harm can thumb sucking do?

Thumb sucking can cause disruptions in 5 main areas of development:

- 1. Oral and Face Anatomy:** 60% of our overall facial growth is completed by age 6 and 90% of jaw growth is completed by age 7-8. If we are constantly placing a force on the teeth, palate, and jaw ( aka the thumb), we are increasing the changes inside the mouth and on the face. The palate or roof of mouth, is the floor of the nose. Therefore aesthetic based face changes may occur as well as increase in nasal obstruction, infections, and more due to constant sandwiching of the thumb between the roof of the mouth and the tongue. Additionally, dentition can be altered with the force of the tongue causing malocclusion, often needing braces or appliances in the future. Finally, it can also impact the function of the Eustachian tubes ( Ear tubes) due to the alignment and connection into the throat. Hello re-occurring ear infections?! Yuck!

**2. Airway:** Due all the oral and face anatomy changes that can occur leading to narrowed and high arched palate, the nasal airway is reduced for proper breathing. This narrowing can also cause mouth breathing when the thumb is not in the mouth which can lead to dried mucous membrane and reduced of the natural defense mechanisms of the nasal and throat areas making infections easier to develop.

**3. Sleep:** If you cannot breathe well, you cannot sleep well. Hopefully you have caught on to the fact that if the oral/face anatomy is altered, which then changes the airway, can lead to poor breathing during sleep increasing snoring or sleep apnea like symptoms.

**3. Speech:** Prolonged thumb sucking can significantly impact speech development. It can alter the position of the tongue, making it difficult for a child to pronounce certain sounds like "S," "Z," "R," "P," "W," "M," or "B". Additionally, changes in the shape of the palate and dental misalignment can affect the way sounds are produced differences like lisps.

4. **Eating:** Prolonged thumb sucking can interfere with proper swallowing patterns by altering the position of the tongue and the shape of the palate. This can make it difficult for a child to transition to solid foods, leading to picky eating habits. We often think it is will. But because of the anatomy being changed, it is actually skill. Additionally, the changes in oral anatomy can cause frequent choking or gagging during meals, making eating a challenging and stressful experience.

# How do I stop or reduce the thumb sucking?

- 1. Re-direct the action.** When you see your child putting the thumb in the mouth, make a swap and provide with something that is comforting (e.g. blanket, hug, stuffed animal) or encourage an action that drops the thumb from the mouth (e.g. passing a toy, high five, clapping to a song)
- 2. Praise absence of the action.** When the thumb isn't in the mouth...praise with positive energy. (e.g I love the way you are snuggling with me with your hands on your lap!, I love your smile that I can see without your thumb, reading a book is so great when you use your hand to turn the page ... etc)
- 3. Set up nighttime routine.** Book, band aid, sock. Read a relatable thumb sucking book. Here is one I recommend. After the book is read, have your child pick out a stellar band-aid, and then place sock over band-aid. If possible, I do recommend having them involved in selecting from drawer or store.



That is it. Seems simply enough right? Well, it is. But it does take effort and routine! There are a few more steps after this that can be beneficial, but most families are able to make great changes with the steps provided.

What else can make it hard? Oral myofunctional disorders. In the event that your little has experienced one or some of the following, it may make the weaning process harder:

- Feeding issues at breast or bottle as a baby
- Reflux/gas while feeding
- Difficulty starting solids
- Head shape difficulty/helmet wearing/torticollis
- Re-occurring ear infections or placement of tubes
- Tonsils/adenoid removal
- Sleep disorders
- Facial-cranio abnormalities

## **What if these steps do not work?**

First, a big breath. You tried! And kudos to you for doing so. Often at our clinic we see teens and adults that we can tell had YEARS of thumb sucking making the therapy more intense and a *bit* harder to make the strides they want to.

Second, reflect. Were you consistent? Change does not happen over night or without effort. Just like you cannot go to the gym once every 2 weeks and expect change, you cannot do one night of thumb sucking cessation and expect it to work.

Third, pass the torch. At the end of the day you are the parent, not an oral motor or oral habit professional.

It is time to tap in for some help. We got you.

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