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"I Think My Child Might Have an Oral Fixation."

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Oral fixation refers to an intense or obsessive desire to place various items (some inappropriate) in the mouth. During early childhood development, infants go through an oral phase in which it is developmentally appropriate to put things in and around the mouth. This oral phase of exploration helps children learn about different things in the environment. For example, infants often bite, chew, and suck toys, clothing, paper, etc. They eventually outgrow much of this behavior, generally by the end of the toddler years. If a child does not outgrow this behavior, he/she may have an oral fixation.



What Are Some Symptoms of Oral-Fixation Behavior?

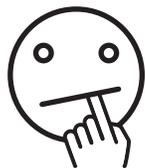
A child with oral fixation may:

- Constantly bite fingernails.
- Consistently put fingers in his/her mouth.
- Excessively bite, chew, and/or suck items such as clothing, soap, crayons, food.



Why Is My Child Putting Everything in His/Her Mouth?

Generally, children learn by exploring their natural environment in a variety of ways. They use their senses to create experiences that let them learn about and interact appropriately with their environment. However, after a child grows out of the "oral phase," oral fixation, an atypical issue with an underlying reason, may occur. Some reasons for oral fixation include:



- **Oral sensitivity**—Children may be hypersensitive to objects in their mouths. They may crave or "need" more oral stimulation. Often, these children will bite, chew, and/or suck on any object that is available (e.g., pen, magazine, shoelace, metal spoon).



- **Developmental malfunction**—This can include weaning a child off activities of the "oral phase" too early or too late (e.g., sucking a pacifier, drinking out of a bottle, breast-feeding).



- **Craving different tastes**—salty, sweet, bitter, sour.

What Can Happen If My Child Continues to Have Oral-Fixation Behavior?



- Child may become "needy" and may have separation anxiety from parent.
- Child may resist "growing up" and revert to immature activities (e.g., crying, temper tantrums).



- Child may demonstrate poor eating habits and possibly develop eating disorders (e.g., obesity, anorexia).
- Child may have poor oral hygiene including drooling.



- Child may have oral-motor problems or issues with his/her teeth such as sore jaws, buck teeth, or worn-down teeth.



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(cont.)

What Can I Do to Help?



- **Ask for help**—If you notice your child is engaging in inappropriate oral behaviors, you can contact your family physician, pediatrician, an occupational therapist, and/or a speech-language pathologist. These individuals can help address oral-fixation behaviors.



- **Identify possible cause(s) and frequency of oral fixation**—Knowing what may cause oral fixation behavior can help you identify ways to address this issue by trying to reduce triggers.



- **Develop compensatory strategies, techniques, and/or substitutions**—Work with professionals to find ways to reduce inappropriate oral behavior. This can include replacing an inappropriate oral-fixation behavior (chewing on books) with a more appropriate behavior (chewing gum).

Remember, you are not alone, and there is help out there for you. Many parents participate in blogs, discussion groups, and additional support meetings to help each other deal with this issue. Books, articles, and papers on “oral fixation,” “oral sensory defensiveness,” and “sensory feeding issues” may be helpful as well.



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