No-spill Sippy Cups

Jacqueline D. Rychnovsky, MSN, RN, CPNP

EDITOR’S NOTE
Occasionally I receive comments about certain issues that I believe would be of interest to many of the readers. The guest editorial that appears in this issue of the Journal addresses an interesting area of anticipatory guidance. I hope you will share your views with the author.

— Bobbie Crew Nelms, PhD, RN, CPNP

I cannot remember whether it was jealousy or envy that I felt when I saw my first “no-spill sippy cup” several years ago. All I can remember is thinking, “No fair.” There was nothing like this invention when my children, now 12, 14, and 18 years old, were toddlers. I did not go so far as planning to have another child so I could experience the no-spill cup firsthand, but I do remember thinking the cup was the greatest invention since sliced bread.

Time, however, has changed my opinion. Rarely do I see a toddler in my primary care pediatric practice who is not toting a no-spill cup in hand or diaper bag. At the 12- or 15-month well baby visit, parents beam when they state, “My baby is off the bottle,” and then they reach in the bag, handing their child a no-spill cup. During the visit I see the cup being thrown on the floor, chewed by soft baby teeth, and drunk by a toddler laying flat on the ground, allowing the sweet substance to flow directly into the eustachian tubes.

When discussing bedtime problems, parents often divulge, only when asked, that their toddler demands a no-spill cup at bedtime. These toddlers often awaken during the night for a refill, not only disrupting their sleep, but also the sleep pattern of their parents.

When I broach the subject with parents, I always start by saying that I initially thought the no-spill cup was a great invention. I then explain to them that this cup is nothing more than a bottle in disguise, that babies have to suck to open the valve and continue sucking, like they would a baby bottle, to keep the fluid flowing. This cup is nothing more than a bottle in disguise; the babies have to suck to open the valve and continue sucking, like they would a baby bottle, to keep the fluid flowing.

Both responses give me the opportunity to dialogue with the parent(s) regarding the anticipatory guidance issues of nutrition, limit setting, discipline, and oral hygiene. Toddlers do not need, and should not be allowed, to walk around the house, ride in the car, or go to a routine medical appointment carrying a cup of fluid. I explain to parents that toddlers should be taking their snacks, including drinks, in the kitchen or dining room sitting at a table or in the high chair. Many parents are concerned that the toddler will become dehydrated in the summer months if not allowed to drink freely, so I tell them to simply take the child into the kitchen and offer the child a plastic cup filled with several ounces of cold water. It is amazing how quickly toddlers will learn to drink from a regular cup (with or without a free-flow spout) when they are thirsty.

Many parents are concerned about how to tackle the monumental task of teaching the child who is used to throwing his no-spill cup on the floor without consequences that a regular cup will spill and create a mess. I encourage them to only add 1 oz of milk or juice at a time in the beginning. If the regular cup is thrown on the floor or spilled on the high chair tray, the parent simply takes the cup, places it in the sink, and states matter-of-factly that there will be no juice or milk until the next meal. It only takes several experiences of the toddler becoming thirsty between meals before he learns that the parent means business.

Although my observations are anecdotal and not validated through scientific research, I have noticed a trend of anemia, obesity, dental caries, and delayed toilet training among toddlers who drink habitually out of no-spill cups. Parents report excessive juice intake (6 to 8 cups per day or more), numerous wet diapers, and frequent
accidents during toilet training in children with excessive oral intake. I have also observed poor oral hygiene that I call “no-spill sippy cup caries” instead of “milk bottle” caries. The cups are not always sanitary either. Parents who are not fans of these cups will be the first to tell you of the build-up of unidentifiable matter when they remove the valve from the lid to clean the cup. These observations are waiting to be validated through nursing research.

My recommendation is, during your routine nutritional assessment of well toddlers, when you ask the parent if the toddler is still taking a bottle and pacifier, that you add the no-spill sippy cup question and provide appropriate counseling. Give the parent permission to continue his or her use of the spout and cup as long as they remove the no-spill valve. Tell them the no-spill cup can still be used at grandma’s house or while on a long car ride during vacation, when a no-spill cup can be a lifesaver.

Most importantly, I encourage the readers to validate or invalidate my observations through nursing research. Technology has changed so many ways that we care for babies nowadays! Convenience has dramatically changed how much we touch and carry our children, how we feed them, bathe and diaper them, and stimulate them intellectually. When providing anticipatory guidance counseling for parents, always ask yourself if technology is helping parents do things better, or just making things easier.

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**WANTED:**

**CHILDREN’S DRAWINGS**

The Journal is interested in publishing children’s drawings of their responses to illness, treatment, or encounters with the health care system or personnel. Please send the drawings, along with the child’s age, gender, any pertinent information regarding the child’s condition, and written parental permission to print the drawing, to

Bobbie Crew Nelms, PhD, RN, CPNP
3133 Barbara St
San Pedro, CA 90731