

m e m o

DATE: October 6, 2021
TO: WIC Coordinators and LA Staff
FROM: Carole Kelnhofer, Training Coordinator
SUBJECT: Introduction to the Cup - Topic of the Month

Introduction to the cup is an exciting time for new parents. Deciding when an infant is ready, what kind of cup to use, and how to properly introduce it is the challenging part. Between the recommendations and the different cup options in stores and online, it is no wonder parents have questions!

Infant readiness for a cup involves the development of both oral and gross motor skills. According to the **Center for Disease Control and Prevention (CDC)**, an infant **may be** developmentally ready to be introduced to a cup around six months of age. However, it is important to pay attention to baby's cues for readiness and respond appropriately. Let's take a look below at a few developmental cues that a six-month-old may display. Which of these may exhibit readiness for a cup?

- **Social/Emotional:** Likes to play with others, responds to voices and emotions.
- **Language/Communication:** Responds to sounds and name, makes sound to express joy or discomfort.
- **Cognitive:** Looks around at things, show curiosity, grabs things and brings them to the mouth (eye/hand coordination).
- **Movement/Physical Development:** Begins to sit up without support, steadily holds objects in hands, moves things from one hand to the other (arm/hand coordination).

Once a baby starts to sit independently, can hold objects with both hands, and can bring objects to the mouth, these are some of the signs of readiness to introduce a cup. There are many cups on the market, but which one is best?

Training Cup Recommendations

The American Dental Association (ADA) recommends a **two handled training cup with a snap-on or screw-on lid and no valve**. Avoid spill-proof cups to encourage the act of sipping rather than sucking. An open cup with a weighted base will help to avoid spills when the cup is set down. In [Discontinuing the Bottle](#), the American Academy of Pediatrics (AAP) explains that **sippy cups should be used short-term as a transition between the bottle and open cups**. Parents/caregivers should offer sips from an open cup regularly to help infants explore the next step.

Common Types of Cups:

- Open cup is the best choice!



- Slow-flow cups: Work towards using without flow control.



- Soft-spout sippy cup: Choose one without a spill-proof valve.



- Hard-spout sippy cup: Choose one without a spill-proof valve.



- 360 sippy cups: These cups are spill-proof. Use without the spill-proof lid.



- Straw Sippy cup: Choose one without a spill-proof valve.



Speech Development

One consideration when choosing a cup is speech development. When babies are suckling from a breast/chest or bottle, they use a suck-swallow pattern to pull liquids in and to the back of their mouth for swallowing. As their oral-motor skills develop so do their sucking skills. Over time, the tongue will move more freely in the mouth to mash and push back foods to allow for swallowing. This advanced movement and strengthening of the tongue is also essential for speech development.

Sucking on the bottle or a hard spouted sippy cup frequently throughout the day can restrict the tongue and therefore delay oral-motor development. When the tongue does not have free range of movement, not only can a child not feed properly, but speech development may also be delayed. Using a straw cup, without a spill-proof valve, may be the most beneficial in providing the least interference to tongue movement and speech.

Addressing Associated Risks

As with bottle use, cup use should have its place. **The risks with cup use involve three things:** what is placed in the cup, when the cup is offered, and how long the cup is used.

Beverages offered in the cup, such as milk or juice, should be offered with a meal or snack in the designated area, such as a highchair. An adult may support the child mastering the skill of drinking from an open cup by lifting it to their mouth to take small drinks. The AAP

recommends that children under age 1 are NOT offered juice and those over age 1 should be limited to no more than one daily serving, while seated. Encourage only water between meals for hydration. Above all, daily dental care will support healthy teeth and gums. Next, we will explore the specific WIC risk codes associated with infant cup use.

Risk Code 381: Oral Health Conditions (Dental Caries)

- Dental caries or oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone under a physician's orders, or as self-reported by parent/caregiver.

Drinking milk, formula, or sweetened beverages can leave sugar residue on the teeth that erodes the surface and is the main cause of dental caries. Sugar, found naturally in carbohydrates, can also decrease saliva production, reducing the source of healthy minerals that provide protection to the teeth. Lastly, using a spouted cup frequently can also damage the development of teeth by blocking the natural eruption pattern.

Risk code 411B: Routinely using bottles or cups improperly

- Allowing infant to carry around and drink throughout the day from covered cup.
- Offering soda, Kool Aid, or other sweetened beverages in the cup.
- Decrease in appetite for foods due to excess beverage intake.
- Using the cup to fall asleep at nap or bedtime.

Offering any cup to an infant or child to carry around freely throughout the day may lead to overconsumption of beverages. This not only impacts the dental care but also affects intake at mealtimes. Another concern with sugary drinks is that when children that are introduced to them at a young age, they can develop a preference and may refuse to drink anything else. Parents should be encouraged to restrict beverages to snack or mealtimes and offer water upon request between meals or at nap or bedtimes.

Cleaning the Cup

You may hear a participant say that their child only likes one cup, they may use it for each meal, day after day. Have you ever asked, "How often do you wash the cup?" Parents/caregivers may not know that mold can develop on the inside of the cup lid and between the layers of plastic in ones with a removable valve. Parents/caregivers should be encouraged to wash the cup with hot soapy water after each use, making sure to disassemble the cup completely and check for any damage or mold. Using an open cup is one way to avoid the risk of hidden mold!

Let's Review Cup Recommendations

- An open cup with no lid is best. The child will learn to form their lips around the cup and sip, not suck.
- Training cups with two handles are easy to hold.
- Training cups with a weighted base stay upright and help cut down on spills.

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- If needed, a cup with a snap-on or screw on lid may be used. Avoid spill-proof cups such as 360 cups or cups with valves. They do not teach the child how to regulate their intake and may promote sucking, rather than sipping.
- Ensure proper cleaning of the cup by disassembling, inspecting, and washing all parts.

Discussion Tips for Parent/Caregiver

A parent/caregiver is likely both excited and anxious about the introduction of the cup, especially if this is their first child. They may have come to us with information overload from family, friends, and the internet. Our role is calm their fears and assist them with streamlining the information so they can make an informed choice.

The best way to start is by asking them what they do know or what they have heard. After asking permission, you may expand on what they have learned or share facts that may support their decision. You may say things like “It looks like you have already researched this; are there questions you have?” or “This is a lot to think about; can I share what I have read with you?” Affirmations will help them to feel confident in this new adventure; “You are helping your baby to learn new skills!” or “I think it’s great that you are exploring all the options for you and baby.” Below are some quick tips to help support a successful introduction to the cup.

- Be prepared, expect that there will be spills.
- Be consistent, offer the same beverage each time (in the beginning).
- Be safe, offer the cup while in a seated and supervised position.
- Be hydrated, offer only water between meals.
- Be patient, it may take a few days for baby to adjust to this new “tool”.

Resources:

[Baby’s First Cup](#) (MN WIC)

[Milestone Checklists](#) (CDC)

[381 Oral Health Conditions](#) (MN WIC)

[411 Inappropriate Nutrition Practices for Infants](#) (MN WIC)

[From baby bottle to cup: Choose training cups carefully, use them temporarily](#) (ADA, 2004)

[Recommended Drinks for Young Children Ages 0-5](#) (AAP, 2019)

[Early Oral-Motor Interventions for Pediatric Feeding Problems: What, When, and How](#) (Journal of Early and Intensive Behavior Intervention, 2005)

Training Opportunity for Staff

Review the following resources from the list above:

- Baby's Cup- WIC Nutrition Education Card
- Recommended Drinks for Young Children Ages 0-5
- 381 Oral Health Conditions
- For baby bottle to cup: Choose training cups carefully, use them temporarily
- Risk Code 411: Inappropriate Nutrition Practices for Infants

Answer the following questions alone or in a group:

1. How much water should an infant age 6-12 months consume per day?
 - See "Recommended Drinks for Young Children Ages 0-5"
2. What is the best type of cup to offer an infant? And why?
 - See "Let's Review Cup Recommendations"
3. You are doing a new certification for an 18-month-old who comes into the office carrying a closed top sippy cup and you can see the fizz common with soda; will you provide any risk codes? And if so, which one?
 - See "Risk Code 411B: Routinely using bottles or cups improperly"
4. How soon can early childhood dental caries develop?
 - See "From baby bottle to cup: Choose training cups carefully, use them temporarily"
 - See "381 Oral Health Conditions (page 2)"

Please continue to send topic suggestions to carole.kelnhofer@state.mn.us

Reference - Complete Listing of Hyperlinks:

[Discontinuing the Bottle](https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Discontinuing-the-Bottle.aspx) (https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Discontinuing-the-Bottle.aspx)

[Baby's First Cup](https://www.health.state.mn.us/docs/people/wic/nutrition/english/infcup.pdf)

(https://www.health.state.mn.us/docs/people/wic/nutrition/english/infcup.pdf)

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Milestone Checklists (https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf)

381 Oral Health Conditions

(<https://www.health.state.mn.us/docs/people/wic/localagency/nutrition/riskcodes/bioclinmed/381mn.pdf>)

411 Inappropriate Nutrition Practices for Infants

(<https://www.health.state.mn.us/docs/people/wic/localagency/nutrition/riskcodes/dietary/411.pdf>)

From baby bottle to cup: Choose training cups carefully, use them temporarily

(<https://jada.ada.org/action/showPdf?pii=S0002-8177%2814%2961211-3>)

Early Oral-Motor Interventions for pediatric Feeding Problems: What, When, and How

(<https://files.eric.ed.gov/fulltext/EJ846764.pdf>)

Minnesota Department of Health - WIC Program, 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 651-201-4404, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 651-201-4404