

What should I do if my child drools?

For the past several months, Léon has been drooling a lot.

Léon's mom says:

We remember periods that are kind of similar with our older children, but we don't remember it lasting so long. At the beginning, we thought it was due to his teeth coming in, but now that they have appeared, we don't understand. I try and tell him to swallow when he starts drooling, but it is not very effective. I would have to tell him all day long. His father dries it off, puts on a bib, but I can't imagine him starting school with a bib around his neck.

Léon's mother

This situation is frequently found during consultations with young children. Professionals are often asked at what age should drooling stop. If drooling is recognized in the normal development of all children, when is it supposed to stop?

Is there an “age for drooling”?

When the child's development and health are normal, drooling occurs around 6-8 months. Drooling occurs when teeth start to appear, when new food is introduced, when the mouth learns how to bite and then chew. After 2 years, children generally stop drooling: the maturity of their mouth's movements makes that possible.

How is drooling defined?

Each individual secretes saliva and when this escapes from the mouth, it is called “drool.” Drooling is therefore often the consequence of the poor management of saliva (swallowing). Situations are also observed where the patient drools because there is too much at once (excess saliva). In children, severe or moderate drooling always worries families.

What are the causes of drooling?

There are two main reasons that explain this situation in young children.

- When the child grows up, they develop more and more control, making it possible to carry out more precise movements with their mouth. For example, movements when the child eats or speaks (oromotor movements). Sometimes, this development is difficult and causes drooling.
- In certain illnesses, specifically digestive (Gastroesophageal reflux, esophageal or oropharyngeal lesions), deglutition (swallowing saliva) causes discomfort, which sometimes causes the child to swallow less saliva and therefore drool.

A child may also drool, either because they don't know how to automatically swallow their saliva or because it is uncomfortable to do so.

What are the consequences of drooling?

The first repercussions are social: a child that drools is not very pleasant to those around them. This may generate responses that are not suitable to the situation. Telling a child to “stop drooling” is, for example, logical, but ineffective. Unfortunately, preventing drooling does not occur by voluntarily controlling saliva. Normally, this is done unconsciously.

Furthermore, the child, by continually or frequently drooling during the day, is going to get used to having a wet chin and their sensitivity is going to clearly diminish. Contrary to their peers who do not drool, the drooling child will become immune to their wet chin because they are so used to it, and therefore cannot, alone, notice the first signs of drooling.

Lastly, the drooling child, by not swallowing their saliva automatically, reduces their mouth

dexterity. Since they spend the entire day with their mouth open, they start to breathe through their mouth instead of their nose. This exposes them to more infections.

It is a vicious circle, which is going to have repercussions on the ENT area. The child is going to have some saliva that stagnates in their mouth, which can damage their teeth. Their tongue, rather inactive, is going to lack tonicity and can have consequences on the intelligibility of their speech and their ability to eat. Regardless of the explanation for drooling, it is important to rapidly treat it so it does not create a vicious cycle.

Who should be consulted for a drooling child?

At first, a medical consultation is recommended. A general physician or pediatrician will know to investigate the organic causes and orient you towards other examinations, if needed, specifically, an ENT exam or a neuropsychiatric assessment.

Secondly, a physician will then orient you towards a speech therapist to carry out “an evaluation of the oromyofacial functions and orality,” and even “a language assessment” depending on any other weaknesses that may be identified in the child's development. During the consultation, the speech therapist will examine the child in the company of their parents in order to talk about the difficulties observed and their development. They will also examine their mouth, as well as their face, their way of eating or speaking. Through these different exams, the speech therapist will examine the child's abilities. They will try and understand the causes of drooling. They will help the child improve this function by proposing care adjusted to their situation with the participation of their parents.

In the meantime, what should I do on a daily basis?

Those around the drooling child can propose several daily activities to prevent this vicious cycle from starting.

A pacifier will cause the tongue and mouth to move around less. It is therefore strongly recommended to save it only for when they fall asleep or when they need to be comforted for short periods of time. Nasal hygiene (nose blowing and cleaning) proposed to the child several times a day, especially in winter, is recommended to prevent infections. A clear and clean nose will make it easier to breathe through the nose. The mouth will then be closed and will contain saliva better. Mouth-teeth hygiene and teeth brushing should be monitored by parents. This hygiene will protect teeth exposed to stagnant saliva. Teeth brushing will develop sensations in the child's mouth and will make it possible for them to be aware of its components. Lastly, all oromotor games are encouraged: whistling, sucking, making faces/noises or singing, all contribute in exercising the child's “face and mouth” apparatus in a fun and entertaining way.

Since children without developmental issues usually stop drooling after they turn 2 years old, you should consult your physician if this continues. They will know how to investigate any medical causes and guide you, if needed, towards complementary assessments likely to provide you with more specific help.

In the meantime, know that you can effectively intervene on a daily basis by encouraging mouth hygiene and playing oromotor games.