

Don't Worry About Drooling! Simple Tips to Support Your Child's Growth

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Understanding Drooling and Oral Development in Infants

— A Guide for Parents from Hsinchu MacKay Children's Hospital Rehabilitation Department

1. The Traditional "Drooling Ceremony" (Shou-Xian Ritual)

When a baby reaches four months of age, many families in Taiwan hold a traditional ritual known as the "**Shou-Xian Ceremony**" (收涎儀式), which symbolizes the hope that the child will stop drooling during the teething stage.

During the ceremony, families often recite the blessing:

“收涎收漚漚，乎你身體真勇健；收涎收乾乾，乎你聽雷不必怕。”

("May your drool be collected and your body be strong; may your drool dry and you be brave, even when hearing thunder.")

The ritual expresses parents' wishes for their child's **good health and smooth growth through the teething period.**

2. Is Drooling Normal in Young Children?

For most children, **drooling is a normal developmental phenomenon before the age of two.**

This happens because their **oral motor control and muscle coordination** are still developing.

As children grow, their oral function matures, and drooling naturally decreases between **2 and 2.5 years old.**

Most children will show improvement by that time.

However, if a child **continues to drool excessively after 2.5 years of age**, this may indicate issues related to:

- Oral structure
- Muscle coordination
- Neurological development

In such cases, parents are advised to **consult medical professionals** for evaluation and appropriate therapy.

3. Common Causes of Drooling

(1) Oral Structural Abnormalities

- Increased saliva production during teething
- Mouth breathing due to nasal congestion or allergies
- Conditions such as **cleft lip and palate**

If structural issues are suspected, consultation with **dentists, otolaryngologists (ENT specialists), or craniofacial surgeons** is recommended.

(2) Neurological Conditions

Children with **neuromuscular disorders** (such as cerebral palsy) may have difficulty controlling swallowing, muscle tone, or coordination.

Referral to a **pediatric neurologist** for assessment and management is advised.

(3) Reduced Oral Awareness or Sensitivity

Adults can automatically sense saliva buildup and swallow it.

However, some children lack this **oral sensory awareness** and do not feel discomfort even when drool escapes the mouth.

To help improve oral awareness and function, parents can try the following activities:

1. Enhance food diversity:

- Offer foods with varied **flavors** (sour, sweet, bitter), **temperatures** (warm, cool, cold), and **textures** (solid, puree, liquid).
- These variations stimulate oral muscles and sensory perception.

2. Oral massage and stimulation:

- When wiping drool, gently **press or massage around the child's lips and mouth muscles**.
- Lightly **touch the tongue and inner cheeks** using a clean finger or a soft children's toothbrush to enhance oral sensitivity.

(4) Poor Lip Closure

Some children may have underdeveloped lip muscles, causing their mouths to stay open and saliva to leak.

To strengthen lip closure, try the following exercises and games:

1. Drinking with a straw:

- Begin with water and gradually use **smaller straws** (e.g., Yakult straws).
- Progress to **thicker liquids** like yogurt or rice milk for more challenge.

2. Sucking noodles:

- Let the child **slurp noodles** into the mouth to encourage suction and lip

movement.

3. Lip pursing exercise:

- Place jam or ice cream on child's upper and lower lips and encourage child to purse lips inward to taste the food.

4. Lip tug-of-war game:

- Place a biscuit between the child's lips and gently pull it.
- Encourage the child **not to let go** of the biscuit.

5. Straw challenge game:

- Give the child a straw and see **who can hang more rubber bands** on it using lip strength.

6. Mirror feedback:

- When the child drools, let them look in a mirror to **recognize the drooling**.
- Encourage them to **swallow or wipe it off** and praise their effort.

4. When to Seek Professional Help

If drooling persists or interferes with eating, speaking, or social interaction, please seek guidance from:

- **Pediatric rehabilitation therapists**
- **Speech-language pathologists**
- **Pediatric neurologists or ENT specialists**

They can provide **individualized evaluation and therapy** to improve swallowing, oral muscle control, and sensory function.

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