The mother’s kiss – or parent’s kiss – technique can be used to treat nasal foreign bodies, particularly in young children. Nasal foreign bodies most commonly occur in children aged 2–5 years. The mother’s kiss technique is effective approximately 60% of the time, and even when not successful, may improve visibility of the foreign body. It is recommended that a parent have medical supervision to perform the technique, which has a number of theoretical risks. It has NHMRC Level 1 evidence of efficacy and no serious adverse effects have been reported. This article forms part of a series on non-drug treatments, which summarise the indications, considerations and the evidence, and where clinicians and patients can find further information.

Foreign bodies may be inorganic items (eg. beads, stones or crayons) or food items. If the foreign body is a disc-type battery, the child should be taken immediately to the nearest hospital emergency department, due to the risk of tissue necrosis.

The intervention
How to perform the ‘mother’s kiss’

The procedure should be fully explained to the mother (or other trusted adult) and the child told they will be given a ‘big kiss’. In order to expel the foreign body, the mother (or other trusted adult) then:
- places their mouth over the child’s open mouth, forming a firm seal as if performing mouth-to-mouth resuscitation (Figure 1)
- occludes the unaffected nostril with a finger (Figure 1)
- blows until they feel resistance caused by the closure of the child’s glottis
- gives a sharp exhalation to deliver a short puff of air into the child’s mouth (which passes through the nasopharynx and out through the unoccluded nostril).

If necessary, the procedure can be repeated a number of times.

How effective is it?
The mother’s kiss technique is effective approximately 60% of the time, irrespective of the type of foreign body.

Even when not successful, the mother’s kiss technique may improve the visibility of the foreign body, making removal by another technique easier.

What should I consider?
Considerations

It is recommended that the mother (or other trusted adult) perform the procedure under medical supervision:

The condition
Nasal foreign bodies

Children aged 2–5 years have the highest incidence of nasal foreign bodies, with some studies suggesting a greater incidence in males.

It presents most commonly with a history of a foreign body being inserted into the nose and no symptoms. Less common presentations include unilateral nasal discharge, odour or epistaxis. In the majority of cases the parent will present concerned about a foreign body in their child’s nose.

Figure 1. The mother’s kiss technique
a number of theoretical risks have been proposed, such as barotrauma to the tympanic membranes and lower airways. However, there has never been a reported incidence of tympanic membrane rupture or pneumothorax using the mother’s kiss technique.

the main danger in removing a nasal foreign body by any technique is aspiration, particularly in a child who is uncooperative.

Adverse effects
No adverse effects have been reported.

Evidence
National Health and Medical Research Council (NHMRC) Level 1 evidence (systematic review of randomised controlled trials).

Resources

Key references
• Cook SC, Burton DM, Glasziou P. Efficacy and safety of the ‘mother’s kiss’ technique: a systematic review of the case reports and case series. CMAJ 2012;184:E904–12
• Fischer JI, Tarabar A. Nasal foreign bodies. Available at http://emedicine.medscape.com/article/763767-overview#a1

Patient resources
The emedicinehealth website provides a comprehensive view of nasal foreign bodies. Available at www.emedicinehealth.com/foreign_body_nose/article_em.htm and a description of the mother’s kiss technique (note the technique is not named in the article) is given in the ‘Foreign body in the nose self-care at home section’.

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