

Dental and Oral Health for Children

The following information is being provided by MetLife to help you and your family to answer some of the more common questions asked about children's dental care. In no way is this information a replacement for visiting a dentist nor is it a challenge to specific answers that a dentist may provide you about your children's dental care or needs. In addition, it is not intended to replace advice given to you by your physician or dentist. We are presenting the information in a question and answer format, and we will be willing to address additional questions or topics in the future.

At What Age Should I First Take My Child to the Dentist?

The American Academy of Pediatric Dentistry, American Society of Dentistry for Children and the American Dental Association recommend that a child's first visit to the dental office occurs at approximately six months or when the first tooth erupts. If teeth do not erupt by the end of your child's first year, you should see a dentist.ⁱ

Sometimes, a baby will be born with tiny white nodules on their gums, which resemble a tooth bud. These normally fall out shortly after birth and are nothing to be concerned about. **These are not the child's primary teeth (baby teeth).**

Is it Necessary for Me to Clean or Brush My Child's Teeth?

Yes, it is very important to introduce to your child, the concept of teeth cleaning and brushing. This should be started as soon as possible. Some suggested ways to introduce this to your child are:ⁱⁱ

- Parents should wipe an infant's gums and teeth after each feeding, using a moist washcloth or gauze pad.
- When multiple teeth appear, parents should brush child's teeth with a children's toothbrush and a pea-size amount of fluoride- containing toothpaste

The **Toothbrush** for children should have soft-end rounded or polished bristles, and it should be replaced when the bristles are bent or worn. Although children should actively participate in their dental care, they should continue to receive assistance from their parents or caregivers until they are 7 or 8 years old.ⁱⁱⁱ

Are Primary Teeth (Baby Teeth) Important?

Primary teeth are mainly "place holders" for permanent teeth, and will be lost as a natural function of a child's growth. When a baby tooth is lost prematurely, particularly a posterior (back) tooth, it is important that a space-maintaining device or tooth guidance appliance, that will help guide permanent tooth eruption be placed. This should help prevent future tooth alignment problems. The baby teeth help guide the permanent teeth into their proper place.^{iv} If a baby tooth becomes decayed, it is important not to allow the disease to spread into the gum and possibly effect the developing permanent tooth bud. This could cause problems to their permanent teeth.

Baby teeth are used for chewing food, speech and physical appearance.^v If a child has teeth discolored by **decay** in addition to the potential pain associated with this, the child may become

embarrassed and therefore not be as interactive with other children. It is important that a child's first contact with a dental office be a healthy visit, and not be accompanied or associated with pain. This will help the child have a positive learning experience.

My Child's Baby Teeth Are Very Crowded, Will The Permanent Teeth Be Crowded?

There is no relationship between the alignment of baby teeth and the alignment of permanent teeth. Again, baby teeth act as space holders for the permanent teeth.^{vi} If the child's baby teeth are crowded, or spaced wide apart, this is no indication of how the permanent teeth will be aligned. Also, if a child's teeth are very white, free of stain, and straight, this is no indication that the permanent teeth will be the same.

What do I do if my Child knocks Out a Permanent Tooth?

If a permanent tooth is knocked out as a whole tooth, you should rinse it gently with water without removing any of the attached tissue. After rinsing, if possible, immediately place it back in the mouth, possibly in the tooth socket. If you are not comfortable placing the tooth in your child's mouth, place the tooth in either cool water or milk. The child should see a dentist as soon as possible for emergency treatment. Getting to a dentist and receiving proper treatment of the tooth within the first hour is critical for long-term success.

Primary or baby teeth should not be placed back in the child's mouth, but you should seek care from a dentist as soon as possible.

What do I do when my Child starts to get their Teeth?

In many cases, children are uncomfortable when their teeth start to erupt into their mouth. You can soothe irritability by allowing child to chew on a cold teething ring or by gently massaging their gums with a finger. Another way to ease a child's discomfort when teething is to administer a non-prescription painkiller such as acetaminophen, children's aspirin or non-aspirin compound; if the child is able to tolerate such medication, and it is recommended by your physician or dentist.^{vii} It is very important not to apply the aspirin directly on the area where there is pain. In addition, do not use an alcoholic beverage to soothe a teething child.

I Have Heard About a Disease Called " Baby Bottle Syndrome" – What is that?

In some cases, when people want to soothe a child or try to get a baby to sleep, they place a bottle in their mouth. If it is not a standard feeding, they may fill the bottle with sugared water. This sugared water if routinely allowed to sit in a child's mouth can cause a mouth full of decay. Baby bottle syndrome is simply wide spread decay of a baby's teeth due to:^{viii}

- 1 – Child going to bed with a bottle of sweetened liquid formula, milk or juice. If the child needs the comfort of a bottle to go to sleep, fill the bottle with water, (not sugared water).
- 2 – Child being nursed through the night.

Should I Worry About My Child Sucking His Thumb or using a Pacifier?

Thumb sucking is very common, but generally does not cause problems for children younger than four years of age. If a child is beyond 4 years of age, thumb sucking may cause a problem with proper teeth alignment. You should attempt to help the child stop thumb sucking as soon as possible.^{ix}

Should I Stop My Child from Snacking?

Young children have a tendency to eat at irregular times. Parents should try to limit the amount of snack foods that are high in simple sugars (candy, cookies, cakes, etc.) starches or foods that are sticky. A parent should try to encourage his child to eat raw fruits and vegetables (which clean the teeth), nuts, and low-sugar drinks. Limit the intake of sweets to once or twice a day, preferably with a meal and if possible, followed by toothbrushing. ^x

My Child Takes Part in Many Sports - Is There a Way I Can Protect Their Teeth?

It is very important that your child have proper protection when they play any sport. The protection includes the teeth. If a child takes part in sports he or she should use an athletic mouth protectors and helmets. Athletic mouth protectors can be obtained from your dentist, or some non-custom mouth guards can be purchased from a sporting goods store. Both will work. ^{xi}

When Do the Primary Teeth (Baby Teeth) Appear in the Mouth?

The following is a chart with the standard eruption ages and order that primary teeth will appear in the mouth. Your child may not follow the chart exactly, but if a significant difference exists, you should go to your dentist. For example, if a tooth does not erupt into your child's mouth by one (1) year old, please see your dentist. ^{xii}

Upper Teeth

Central incisor	7-13 mos.	First molar	13 - 19 mos.
Lateral incisor	8- 13 mos.	Second molar	25 - 33 mos.
Canine (cuspids)	6 - 23 mos.		

Lower Teeth

Central incisor	6 -10 mos.	First molar	13 - 19 mos.
Lateral incisor	10 - 16 mos.	Second molar	23 - 31 mos.
Canine (cuspids)	16 - 23 mos.		

What is Fluoride and should My Child Get Fluoride Treatments?

Fluoride is a substance used to prevent or reverse the early signs of dental caries (tooth decay).

Research has shown that there are several ways that fluoride achieves its decay-preventative effects. It makes the tooth structure stronger so teeth are more resistant to acid attacks. Acid is formed when the bacteria that live in the plaque on your child's teeth breaks down sugars and carbohydrates from your child's diet. Repeated acid attacks can break down the tooth structure, which causes caries. ^{xiii}

There are many communities that have fluoride in their water supply. Water fluoridation can reduce the incidence of tooth decay by about 20 to 40%.^{xiv} You can ask your local water company if they add fluoride to the water in your community.

If a community does not have fluoride in the water supply, it can be obtained by either:

- Fluoride tablets, drops, or lozenges. If tablets are used the following amounts are recommended:^{xv}

Birth to 6 mos.	0	3 years to 6 years	.50 (mg.)
6 mos. to 3 years	.25 (mg.)	6 years to 16 years	1.00 (mg.)

- Mouth rinses – (low concentrations) usually used for children above the age of six. This is due to the fact that younger children tend to swallow the substance, which is not good for the child.
- Toothpaste (only use a pea size amount on a child’s toothbrush).^{xvi}
- Professional application of topical fluoride performed in the dental office.

The choice of topical fluoride for each patient should depend on the child’s age, ability to learn, oral health habits, and physical dexterity.

What Are Sealants and Should my Child Have Them?

Sealants are substances used in the prevention of tooth decay. It has been shown to be a very effective method to prevent cavities on the occlusal surface (biting surface) of teeth. While fluorides have been influential in the decline of decay on smooth tooth surfaces, sealants are very effective in the prevention of decay on pit and fissure (“nooks and crannies”) surfaces of the teeth.^{xvii} They are thin, clear or tinted plastic coatings painted on the biting surfaces of permanent posterior teeth. The process is technique sensitive, takes about five minutes and it is important that the child cooperates by sitting still.

Sealants will have the greatest benefit for children if they can be targeted to those who have the greatest risk of getting decay. Studies have shown that this represents approximately 25% of children between the ages of 5 – 17 who get approximately 80% of dental caries (tooth decay).^{xviii}

Some risk factors for children getting decay are:

- Children who have a history of tooth decay
- Children who tend to snack a lot (sugar intake)
- Children who do not have exposure to fluoride
- Children who have poor hygiene habits (do not brush after meals)

Sealants are particularly important for children who have a high risk for decay. The frequency for sealant placement will vary by the individual, but some standards for application of sealants are:

- Sealants should be applied mainly on permanent molars (1st and 2nd).
- Teeth getting sealants should be non-restored.
- Once per tooth every 5 years up to the age of 19.

ⁱ Clinician's Handbook of Preventative Services 2nd edition 1998 U.S. Dept. of Health & Human Services Chapter 19 p. 129

ⁱⁱ U. S. Dept. p. 131

ⁱⁱⁱ U. S. Dept. p. 131

^{iv} Brothwell, D.J. Dept. of Community Dentistry, Faculty of Dentistry, Univ. of Toronto Journal of Canadian Dental Assoc. 1997 Nov., 63 (10): 753-60, 764-60

^v CDC Handbook "The ABC of safe and Healthy Children"

^{vi} Brothwell, D.J.

^{vii} U. S. Dept. p. 131

^{viii} U.S. Dept. p. 131

^{ix} U.S. Dept. p. 131

^x U.S. Dept. p. 131

^{xi} U.S. Dept. p. 131

^{xii} Oral Embryology Book

^{xiii} ADA online Fluoride & Fluoridations: Facts About Fluoride

^{xiv} "Public Health Service Report on Fluoride Benefits and Risks" Feb. 1991

^{xv} U.S. Dept. p. 130

^{xvi} U.S. Dept. p. 131

^{xvii} Dental Sealants, Journal of American Dental Assoc. vol. 128 04 1997

^{xviii} National Institute of Dental Research, Results of National Oral Health Survey Released, March 11, 1996 p. 1