

New Parents' Oral Health Handbook



Casper Children's
Dental Clinic



New Parents

Did you know almost half of Wyoming's children will get at least one cavity by the time they reach kindergarten? Often times, tooth decay and orthodontic problems result from unhealthy behaviors that are completely preventable. Please refer to this reference when confronted with questions on how to keep baby's teeth healthy.

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Upper Teeth		Erupt	Shed
Central incisor		8-12 mos.	6-7 yrs.
Lateral incisor		9-13 mos.	7-8 yrs.
Canine (cuspid)		16-22 mos.	10-12 yrs.
First molar		13-19 mos.	9-11 yrs.
Second molar		25-33 mos.	10-12 yrs.
Lower Teeth		Erupt	Shed
Second molar		23-31 mos.	10-12 yrs.
First molar		14-18 mos.	9-11 yrs.
Canine (cuspid)		17-23 mos.	9-12 yrs.
Lateral incisor		10-16 mos.	7-8 yrs.
Central incisor		6-10 mos.	6-7 yrs.

Primary Tooth Eruption

Primary (baby) teeth are important to help your child chew and speak normally. They are also important because they hold space in the dental arch for permanent teeth that will come in later. The first primary tooth usually comes around 6-8 months with the eruption of the lower central incisors. Usually children will have their complete set of 20 baby teeth by the age of 3 years.

Teething

While many children have no apparent difficulties, teething can lead to oral discomfort, irritability, mild fever, and excessive salivation. Oral pain relievers such as OTC children's Tylenol, Advil, or Motrin can help relieve symptoms. Increased fluid intake will help with any dehydration. Chilled



teething rings can be used for palliative care. Light pressure on the gums usually assists the teething process and can be stimulated by the use of a finger cot or vibrating teething device. The use of topical anesthetics, including Oragel, to relieve discomfort should be avoided due to potential toxicity of these products in infants.



Breastfeeding

Once your child's teeth begin to erupt, studies have shown children who continue to breastfeed up to 12 months of age are less likely to get cavities. However, breastfeeding has shown to cause more tooth decay if practiced throughout the nighttime.

Nighttime Bottle Feeding

If your child requires naptime or bedtime bottle-feeding, the infant should be held by a parent while feeding with the bottle. When finished, your baby should be placed in bed without the bottle and his/her teeth wiped off with a clean, moist (paper) towel. Xylitol wipes are also recommended.

If there is a need for additional sucking, a pacifier is preferable to the bottle. If prolonged use of the bottle is required, its contents should be limited solely to water. A prolonged nighttime bottle habit can have significant deleterious effects to your child's teeth.



Healthy primary
(baby) teeth



Mild decay



Moderate decay

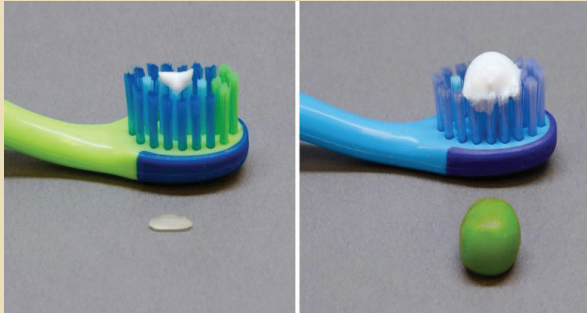


Severe (rampant)
decay

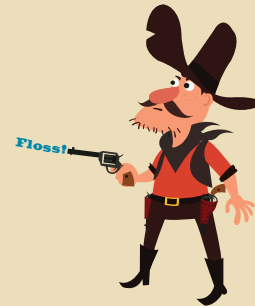


Brushing

Brushing twice daily (morning and night) should begin as soon as your child's first tooth erupts. A wet soft-bristled toothbrush with a rice-sized smear of toothpaste should be used at first; but after the eruption of your child's second primary molars (24-28 months), move up to a pea-sized amount of toothpaste. Close attention should be paid to the **chewing surfaces** of your child's **molars** and around the **gum-line** of his/her **upper anterior teeth**. Use ANY fluoridated toothpaste



(Tom's of Maine is not fluoridated) that your child ENJOYS using. Around 1.5-2 years of age, many children become stronger and object to brushing. Persistence is recommended. With time, brushing becomes an accepted part of every child's daily routine. We recommend that **YOU** brush your child's teeth until he/she is 6 years old. Your child has the dexterity to begin brushing alone as soon as he/she can tie his/her shoes.



Flossing

Flossing is most important after the eruption of your child's second primary molars (24-28 months). Interproximal (in-between) tooth decay between children's molars is one of the most common areas for early dental caries. Also, children whose teeth are crowded will benefit from early flossing, as toothbrush bristles cannot reach between crowded teeth. Flossing is also important to clean plaque and bacteria from underneath the gumline and prevent gingivitis.

Good Foods

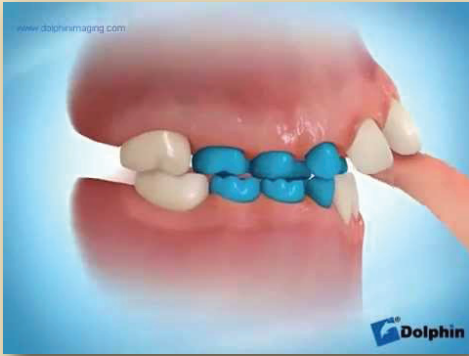


Bad Foods



Healthy Diet

As your child begins to eat solid foods (which usually coincides with the time he/she is getting teeth), limit snacking frequency and high carbohydrate foods that stick to the teeth for long periods of time. Consistent use of a sippy (training) cup and frequent in between meal consumption of sugar-containing drinks (eg. Juice, formula, soda) also increase the risk of dental caries. The use of a sippy cup should begin around age 1 but should only be used until your child can safely handle a drink on his own. Juice or soda should not be introduced to infants before 1 year of age, the AAPD recommends juice intake be limited to less than 4 oz. for children 1-3 years and less than 6 oz. for children less than 6 years of age.



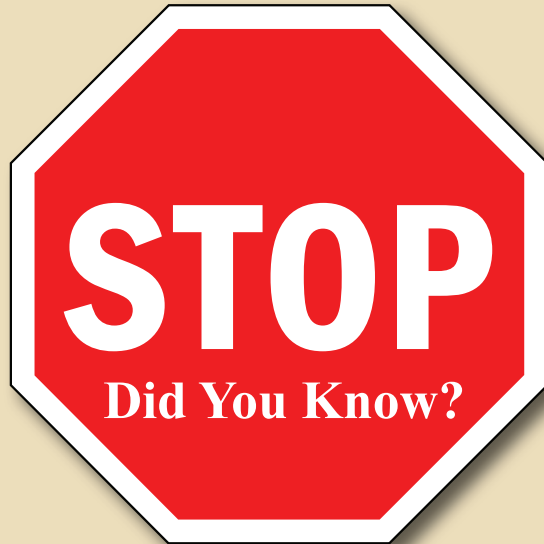
Thumb Habit?

Don't worry, non-nutritive sucking behaviors (thumb, finger, blanket) are considered normal in infants and young children. Sucking habits should be stopped prior to **3 years** of age to prevent narrowing of the upper arch, flaring of the teeth, and possible malocclusions.

First Dental Visit

The AAPD recommends your child's first dental visit take place before his/her first birthday, but dental visits at this young age are mostly informational and instructional for the parent. As long as you are brushing your child's teeth twice daily, avoiding nighttime bottle-use, and feeding your child a healthy low-sugar diet, the first dental visit can wait until before his/her second birthday. Seek immediate dental care/consultation if your child presents with any abnormal appearance to his/her teeth or oral soft tissue.





Parents with untreated dental cavities can transmit harmful bacteria to their children simply by sharing unwashed eating utensils or drink containers. This can alter the oral bacterial flora of your child, increasing the probability that he/she will get cavities. Your oral health as a parent is important! If you haven't been to the dentist in awhile, there's no better time than now!

Fluoride

Optimal fluoride supplementation (0.7 ppm) has been shown to significantly decrease cavity prevalence. **Casper's** water supply (0.3 ppm) is only about half of the optimal amount. Fluoride supplementation after the age of 3 is recommended; please speak to your pediatrician or child's dentist for a prescription. Since Casper's fluoride water level is less than recommended, there is little concern for excessive fluoride ingestion that could result in staining/mottling of the tooth enamel (fluorosis).



Emergency Care

If you are ever concerned your child has hurt his/her teeth from a fall or accident, your child has any swellings or pain in his/her mouth, or if you have any questions or concerns about pediatric oral care please contact Casper Children's Dental Clinic at (307) 266-1997.



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