

An evidential guide

Caring for your child's teeth



approved by dentalBen

evidental
Evidence-Based Dentistry

AN EVIDENTAL GUIDE TO - CARING FOR YOUR CHILD'S TEETH

WHY SHOULD YOU CARE about your baby's teeth anyway? After all, aren't they just going to fall out in a few years, regardless of how much attention you pay to them now?

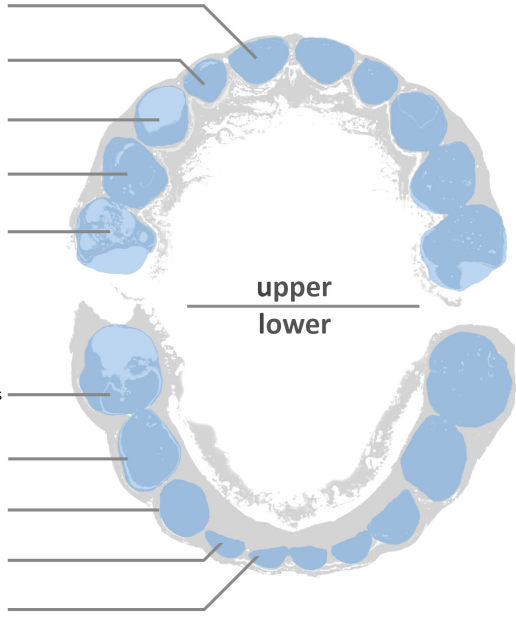
In fact, the primary ("baby") teeth play an important role in your child's health and development. They help your child eat, speak and smile! They also maintain the space in the jaws for the adult teeth that will soon be replacing them. If a primary tooth is lost too early, permanent teeth can drift, interfering with other teeth as they come in.

Primary Teeth Development

The baby's twenty teeth are already there in the jaws at birth, ten on the top, and ten on the bottom. They start to appear in the mouth ("erupt") between six months and one year, and are fully present by the age of three. Check out the development chart to see what ages you can expect certain teeth to appear, and when your child will lose them (and perhaps receive a visit from the tooth fairy!)

Cleaning Teeth

Primary teeth development

	Erupt	Shed	
Central Incisor	8-12 months	6-7 years	 A diagram of a child's primary teeth, showing the upper and lower arches. The teeth are labeled with their eruption and shedding ages. The upper arch is labeled 'upper' and the lower arch is labeled 'lower'. The teeth are arranged in a semi-circle, with the central incisors at the front and the second molars at the back. Lines connect the labels to the corresponding teeth in the diagram.
Lateral Incisor	9-13 months	7-8 years	
Cuspid	16-22 months	10-12 years	
First Molar	13-19 months	9-11 years	
Second Molar	25-33 months	10-12 years	
Second Molar	23-31 months	10-12 years	
First Molar	14-18 months	9-11 years	
Cuspid	17-23 months	9-12 years	
Lateral Incisor	10-16 months	7-8 years	
Central Incisor	6-10 months	6-7 years	

Young children are not able to clean their teeth on their own. As a parent, you must do it for them when they are very young, and do it with them as they get older.

You should start cleaning your child's mouth even before teeth appear. It gets both you and your child into the habit of keeping the mouth clean, and it gives primary teeth a clean place to come into. The goal is to wipe all parts of the gums and teeth.

- Lie your baby in a comfortable place.
- Make sure you can see into your baby's mouth.

- Use a soft baby brush or wrap your finger in a clean, damp washcloth.
- Brush or wipe your baby's gums and teeth.
- Do not use toothpaste until your child has teeth.

When your child can write their name, they are ready to brush for themselves, with your supervision.

Brushing and Toothpaste

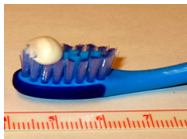
Make sure the toothpaste has fluoride! Check the box or tube for the symbol of the Canadian Dental Association - this guarantees that the toothpaste has fluoride. Use only a bit of toothpaste and make sure your child spits it out. As excessive swallowing of toothpaste by young children may result in dental fluorosis, children under 6 years of age should be supervised during brushing and only use a small amount of toothpaste.



Rice grain sized portion of toothpaste

Children under 3 years

Children under 3 years of age should have their teeth brushed by an adult. The use of fluoridated toothpaste in this age group is determined by the level of risk of having tooth decay. Parents should consult a health professional to determine whether a child up to 3 years of age is at risk of developing tooth decay. If such a risk exists, the child's teeth should be brushed by an adult using a minimal amount (a portion the size of a grain of rice) of fluoridated toothpaste. If the child is not considered to be at risk, the teeth should be brushed by an adult using a toothbrush moistened only with water.



Pea sized portion of toothpaste

Children from 3 to 6 years

Children from 3 to 6 years of age should be assisted by an adult in brushing their teeth. Use a small amount (a portion the size of a green pea) of fluoridated toothpaste and brush thoroughly twice a day. Remind them not to swallow the toothpaste.

Early Childhood Tooth Decay

Once your child has teeth, he is susceptible to tooth decay. Mother's milk, formula, cow's milk and fruit juice all contain sugars that damage the teeth.

Look for dull white spots or lines on the teeth. These may be on the necks of the teeth next to the gums, and may be early signs of decay. Early childhood tooth decay must be treated quickly. If not, your child may develop pain and infection.

Babies may get early childhood tooth decay from going to bed with a bottle of milk, formula or juice. Unrestricted at-will breast-feeding at night may increase the risk of tooth decay. If you give your child a bottle of milk, formula or juice at bedtime, stopping all at once will not be easy.

Tips for easing your child off the bedtime bottle:

- Put plain water in the bottle.
- If your child complains, try watering down your child's bottle over a week or two, until there is only plain water left.
- If your child cries, don't give up! Comfort him or her, and try again.

Flouride Supplements

Flouride is a naturally occurring mineral found in soil, water, and some foods. It is an important part of dental care, as it makes teeth more resistant to decay, and can even reverse decay that has already started. In many Canadian communities, flouride is in the public water supply, either naturally present or added in carefully controlled amounts. Other flouride sources include flouridated toothpaste, flouride supplements, as well as professionally applied products such as gels or varnishes. Excessive exposure to flouride can result in a cosmetic condition known as dental flourosis. In Canada, flourosis is not an issue for the majority of children. Some children (16%) are affected by mild forms that go unnoticed by the children and their parents.

The Canadian Dental Association does not recommend flouride supplements,

in the form of chewable tablets, lozenges or drops, for the majority of Canadians. However, health professionals may prescribe them for high risk patients, after having completed a thorough analysis of the patient's fluoride intake from all sources.

Recommended daily fluoride supplement dosage

	Fluoride concentration in drinking water (ppm)		
	0.3 or less	0.3 - 0.6	0.6 or more
0 - 6 months	None	None	None
6 months - 3 years	0.25 mg	None	None
3 years - 6 years	0.5 mg	0.25 mg	None
6 years - 16 years	1.0 mg	0.5 mg	None

The Canadian Dental Association has published the following guidance for the of fluoride supplements:

- Before prescribing fluoride supplements, a thorough clinical examination, dental caries risk assessment and informed consent with patients/caregivers are required.
- The Canadian Consensus Conference on the Appropriate Use of Fluoride Supplements for the Prevention of Dental Caries in Children, held in November 1997, suggested that high caries risk individuals or groups may include those who do not brush their teeth (or have them brushed) with a fluoridated dentifrice twice a day or those who are assessed as susceptible to high caries activity because of community or family history, etc.
- The estimations of fluoride exposure from all sources should include the use of fluoridated dentifrice and all home and child care water sources. Health professionals should be aware of the water fluoride content in their area. This information is available from public health agencies. The possible

impact of fluoride reducing factors within the home, such as the use of un-fluoridated bottled water or some reverse osmosis devices, should be taken into account.

- Lozenges or chewable tablets are the preferred forms of fluoride supplementation. Drops may be required for individual patients with special needs.
- The use of fluoride supplements before the eruption of the first permanent tooth is generally not recommended. When, on an individual basis, the benefit of supplemental fluoride outweighs the risk of dental fluorosis, practitioners may elect to use these supplements at appropriate dosages in young children. In doing so, the total daily fluoride intake from all sources should not exceed 0.05-0.07 mg F / kg body weight in order to minimize the risk of dental fluorosis.
- Following the eruption of the first permanent tooth and the associated decrease in the risk of dental fluorosis at this stage of development, fluoride supplementation in the form of lozenges or chewable tablets may be used to deliver an intra-oral fluoride.

If you are interested in fluoride supplements, at Evidental we suggest that you come into our office and discuss this with a dentist. Our recommendations for fluoride supplements depend greatly on your personal risk of caries.

For more information on this and other dental topics, please visit our website at www.evidental.ca