

Oral Health Care Information

Primary Dentition

Dental Development

- ♦ Teeth typically begin to erupt at about 6 months of age and most children have all 20 primary teeth by age 3.
- ♦ Eruption patterns and sequences vary from child to child. Eruption of teeth is independent of skeletal age and chronological age, so do not worry if your child does not follow the typical pattern exactly.

Teething

Symptoms

- ♦ Symptoms can include: sensitive and uncomfortable areas of the gums, drooling, irritability, possible low grade fever and diarrhea.

Treatment

- ♦ Massaging gums with teething rings, placing ice or frozen teething rings on the gums, and Orajel-type rub on products may also work but are only helpful for short periods of time. We have found the best treatment is your child's pediatric dose of Tylenol or Motrin.

Diet & Nutrition

Bottle/Breast Feeding

- ♦ At will nursing allows milk to remain on the teeth for a longer period of time, increasing the probability of nursing decay.
- ♦ If your child takes a bottle at sleep times, please use only water in these bottles.
- ♦ Encourage your child to drink from a cup and try to discontinue bottle/breast feeding by age 1.

Diet

- ♦ A well-balanced diet is important in your child's growth and development (including their teeth and soft tissues).
- ♦ Snacks containing sugars and carbohydrates can be harmful to your child's teeth. Brushing after these snacks can be especially helpful in preventing decay.
- ♦ Please see our green sheet on healthy snacking and glycemic index for more details.

Brushing

Removing Plaque

- ♦ A washcloth or gauze will be sufficient for cleaning the first few teeth.
- ♦ Teeth should be brushed twice every day (after breakfast and before bed).
- ♦ Toothpaste is not necessary. A wet brush will remove plaque and food.
- ♦ Brush one tooth at a time using a circular motion.
- ♦ Flossing is recommended for teeth that contact tightly and trap food.

Fluoride

Sources

- ♦ Fluoridated water, Rx vitamins, toothpaste

- ♦ If the water in your area is not fluoridated and your child is not receiving the proper amount of fluoride, Dr. Moses can provide you with a prescription for a fluoride supplement.

Fluorosis

- ♦ Fluorosis is a discoloration of permanent teeth caused by excessive fluoride intake during their formation.
- ♦ To help prevent fluorosis, use fluoride-free toothpaste for your child until he/she is able to rinse and spit well.

Oral Habits

Thumbs, Fingers, & Pacifiers

- ♦ It is normal for infants and children to have a strong sucking desire.
- ♦ Most children stop oral habits on their own by the time their permanent teeth erupt (approx. 6 yrs.).
- ♦ In most cases, any disfigurement of primary teeth will self-correct. However, if the habit does not stop, dental-skeletal problems may occur with permanent teeth. If a child is having a difficult time breaking the habit, a dental appliance may be helpful.

Bruxism (Grinding of Teeth)

- ♦ This is normal and should not raise concern unless there is significant wear of the teeth.

Traumatic Injuries

- ♦ While we hope that your child never experiences a dental injury, 30% of children have dental injuries before the age of 5, so we would like to help prepare you in case an emergency situation arises.
- ♦ Injuries severe enough to cause bleeding or fracture teeth should be evaluated by Dr. Moses.
- ♦ Change of tooth color or red/swollen gums are not normal and can indicate dental infection even when the child is in no apparent discomfort.
- ♦ We are always available to see emergencies, so please do not hesitate to call. If the office is closed, Dr. Moses can be reached at home or on his cell phone.

Future Dental Visits

Check-ups

- ♦ In most cases, children should be seen every 6 months to ensure adequate dental care and to reinforce good dental habits. This time period also allows prompt diagnosis and treatment of any conditions that may pose a problem in the future.
- ♦ Check-up visits will include a full exam, cleaning, fluoride, x-rays (once a year), and instructions for proper brushing and flossing. Dr. Moses will also meet with you after each visit to go over x-rays, plan any needed treatment, and answer your questions.

Behavior

- ♦ Toddlers' and children's behavior varies widely. Each child goes through stages of development at his/her own rate, so please do not be concerned if it takes your child some time to grow into a great dental patient.
- ♦ Play visits are sometimes beneficial for young children with anxieties. During your child's play visit, they may: be allowed to observe other children having check-ups, talk with Dr. Moses, play with our toys, and get stickers and a prize. These visits are encouraged at any time – no appointment is necessary.