

ORAL HEALTH FOR INFANTS & TODDLERS

A Medical Provider's Guide

Primary/deciduous teeth begin to develop during the first trimester of pregnancy. Lower incisors start to erupt at approximately six months of age. By age two, all 20 teeth are usually present. Primary teeth need to stay healthy for six to twelve years. Early establishment of a “Dental Home” promotes oral health.

Functions of Primary Teeth:

- ☉ To Chew
- ☉ To Pronounce Words
- ☉ To Hold Space for Adult Teeth
- ☉ To Smile

To promote oral health for infants & toddlers, do the following:



Begin **Oral Assessment** at birth. Refer to dentist for first exam by age one.



Lift the Lip to view baby's teeth. Instruct parent/caregiver to perform this monthly.

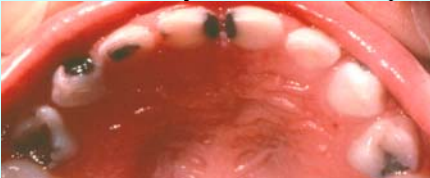


Perform **Knee-to-Knee** oral exam. Parent/caregiver sits opposite provider. Child's head tipped into provider's lap.

Initial Decay: white-brown spots



Advanced Decay: brown-black spots



Look for **Signs of Decay**. Check front, back, and between teeth.

Fluoride Supplement Schedule

AGE	Fluoride in Drinking Water (ppm)*		
	< 0.3 ppm	0.3 – 0.6 ppm	> 0.6 ppm
0 – 6 months	None	None	None
6 months - 3 years	0.25 mg/day**	None	None
3 – 6 years	0.50 mg/day	0.25 mg/day	None
6 – 16 years	1.0 mg/day	0.5 mg/day	None

*1.0 (ppm) parts per million = 1mg/liter

** 2.2 mg sodium fluoride contains 1 mg fluoride ion

Assess fluoride intake; Rx as needed.



Review child's caries risk factors and apply **Fluoride Varnish** as necessary.



Advocate proper **Nutrition**:

- Promote breast feeding
- No sugary liquids in bottles or cups
- Promote age appropriate, healthy foods; no sweet, sticky snacks



Advocate proper **Oral Habits**:

- Do not put baby to bed with a bottle
- Introduce cup at six months of age
- Wean from baby bottle by age 1
- Promote cleaning of teeth/gums daily
- Use a tiny dab of fluoride toothpaste



Recommend to parents/caregivers that **Transmission of Caries-Causing Bacteria** can be reduced by:

- Practicing proper oral hygiene
- Having regular dental visits
- Choosing gum or mints with *xylitol*

CARIES RISK FACTORS

- Low socioeconomic status
- Active caries or history of caries in child, parent, caregiver, sibling
- No recent dental visit
- Presence of white spot lesions
- Low/no exposure to fluoride
- Infant/toddler put to bed with a bottle
- Breast feeding ad lib during the night
- Frequent consumption of carbohydrates and/or sticky, retentive foods
- Visible plaque - poor oral hygiene
- Deep pits & fissures on teeth
- High saliva levels of mutans Streptococcus and/or Lactobacillus
- Taking medications with a sugar base or that induce dry mouth
- Mental or physical impairments

THE ORAL ASSESSMENT

Oral Assessments begin at birth and are part of every health assessment thereafter. Use the Caries Risk Factors above and the information below to perform oral assessments. Refer child to the dentist if any signs of decay are apparent or at least once each year beginning at age one.

Lift the Lip: *Lift the Lip* to perform an inspection of the soft tissue and teeth.

- Position the child to see in their mouth.
- Gently push back (lift) the lips.
- Check the inside, outside, and chewing surfaces of both the upper and lower teeth.

Knee-to-Knee Exam: *Knee-to-Knee Exams* may be used at any age to facilitate an oral assessment.

- Child's legs can be straddled around the parent and arms gently held in place.
- Child will usually laugh, cry, or open wide enough to allow for a quick exam (mouth mirror can be helpful).

Signs of Decay:

- Initial decay may begin as a chalky, white spot.
- Decay becomes progressively darker as it deepens into the tooth.
- A common pattern of early childhood caries is for decay to begin behind the upper front teeth and then spread to the back teeth.

Assess fluoride intake; Rx as needed: Assess fluoride status of major drinking water sources. If < 0.6 ppm use fluoride supplement schedule. Be sure that DDS has not already prescribed.

Fluoride Varnish: Medical professionals can apply fluoride varnish to arrest and prevent caries and remineralize white spot lesions. It takes under two minutes to apply by following the manufacturer's instructions. Medi-Cal reimburses for fluoride varnish three times per year.

Nutrition:

- Putting children to bed with a bottle, propping bottle, and breast feeding ad lib during the night can cause the liquid to pool around the teeth, which increases risk of caries.
- Emphasize that it is the *frequency* of eating foods containing sugar, not the *amount*, that primarily affects susceptibility to decay. By 12 months of age, child should have scheduled meals and snacks and not be allowed to graze throughout the day.
- If sugary foods are eaten, they should be limited to just after mealtimes.
- Encourage drinking fluoridated water.

Oral Habits:

- Do not coat pacifier with honey or other sweet substance.
- Avoid ingestion of fluoride toothpaste by wiping off excess and keeping out of children's reach.

Transmission of Caries-Causing Bacteria: Parents'/caregivers' oral health affects child's oral health.

- Get dental treatment if necessary to reduce spread of bacteria that can cause decay.
- Avoid sharing things that have been in the mouth, such as food, cups, straws, eating utensils, or toothbrushes.
- Do not put pacifier in mouth to "clean."
- Studies show xylitol use reduces decay.