

# LOOKING AHEAD FOR DENTAL HEALTH

## *When Your Child is 1 to 3 Years Old*

### **What is the most important dental fact about this age group?**

Recent studies indicate that there is a “window” period from about 18 to 26 months of age when children are most likely to get the bacterium that causes tooth decay. The most common source is the saliva of the mother or another caregiver.

### **How can I use this information to protect my toddler?**

Use this 6 point program:

1. If your toddler has not yet given up the bottle, be sure that it contains only water at naps and bedtime. When the child is sleeping, the saliva does not wash over the teeth to give protection from decay acid.
2. Keep your own teeth decay free with good dental care and regular brushing and flossing to minimize the concentration of the decay bacterium in your saliva.
3. Brush your toddler’s teeth twice a day in a thorough way.
4. Avoid fruit juice.
5. See your pediatric dentist for a first exam at about one year of age, and for checkups on the schedule that the pediatric dentist prescribes.
6. Be aware of the fluoride content of the water that your child drinks. If it is below 0.3ppm, consider fluoridated bottled water or a fluoride supplement.

### **What about breast-feeding and tooth decay?**

Breast milk contains lactose so it can cause decay when children nurse during the night. Children who have erupted

their teeth early and who nurse for many short periods or stay attached to the mother while they sleep are particularly at risk. If you are still nursing after your baby’s teeth erupt, use these suggestions:

1. Try to reduce the amount of night nursing because this is when the decay occurs.
2. Keep your toddler’s teeth very clean.
3. Ask your pediatric dentist if there are any white spots or lines that signal beginning decay. If no signs are present, ask for a ninety-day checkup interval while you are still nursing at night, and don’t worry. If decay is starting, you may want to consider weaning.

### **What is the best way to brush my toddler’s teeth?**

1. Use a dry toothbrush. Don’t even wet the toothbrush with water.
2. Don’t use toothpaste until 2 years old. After 2, brush with a dry brush first, and then add a half pea sized squib of paste.
3. Put the child’s head in your lap for comfort, security and good vision.
4. Use a small soft toothbrush with the bristles placed squarely against the teeth at the gumline. Use just enough pressure to cause slight whitening of the gums. Jiggle the brush in a sideways direction. Follow the same path around the mouth each time to cover all the outside, inside and chewing surfaces.
5. It should take 1 to 1 1/2 minutes to brush a toddler’s teeth.

### **What if my toddler won't let me brush?**

We would rather insist on brushing than insist on fillings. Many toddlers resist. That's part of the joy of parenting. Sit down on the floor; put the toddler's head in your lap, and brush. For particularly athletic offspring this may be a two-parent activity for a while, but don't give up!

### **What about fluoride supplements?**

The San Diego metropolitan area is more complicated than most areas of the country because we get our water from so many different sources. The fluoride levels vary widely. Your pediatrician and your pediatric dentist know what the fluoride content is at your home address and will tell you if your toddler needs extra fluoride. You must be sure to tell the doctors if your child is substituting bottled water or if you are putting your tap water through a reverse osmosis (RO) filter.

### **If my toddler is off the bottle, is a dental exam still necessary?**

Probably no decay will be found. The visit is still worthwhile to evaluate and improve your preventive program. Sometimes very small openings are found in apparently healthy teeth, and therefore sealants or temporary fillings can be done to prevent decay problems.

### **How can the pediatric dentist work with a toddler?**

When children are 30 months or younger we usually do their exams in the parent's lap. We sit in a knee-to-knee position so

that the child can be leaned back onto the dentist's knees. This keeps the child connected to the parent for reassurance. Minor restorative procedures can also be done in this way.

### **What if a child under 3 years of age needs a lot of dental work?**

It is often surprising how much cooperation we can get from very young children. But when the amount of work to be done is beyond a child's ability to cooperate, we have the qualifications and staff privileges to provide sedation, or general anesthesia by a board certified anesthesiologist.

### **What about thumbsucking and pacifiers?**

There is not much we can do about thumbsucking before three years old that is both effective and kind. So we suggest just a low-key effort to minimize the time spent sucking. Since the pacifier is not attached to the child, we can exert a little more control. After infancy, use the pacifier only for sleep and real distress. Don't automatically bring it to the store, to church, to the doctor. When the child can communicate, don't volunteer the pacifier at night until the child asks for it.

### **When my child bumps a tooth, how do I know if the dentist should look at it?**

If a tooth is loose, moved out of its usual position, or is broken so that the nerve may be exposed, the pediatric dentist should examine the child. We cannot re-implant baby teeth that are totally out.

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