



Dental care advice for little ones

DURING PREGNANCY

Your baby's teeth begin to develop at about six weeks in utero and calcification (hardening) occurs from about four months in utero. Your developing baby's calcium requirements (for healthy bones and teeth) are supplied through your diet.

POST BIRTH

Breastfeeding: Breastfeeding creates a unique sucking action that promotes normal oral cavity development. The sucking action draws the nipple into the back of baby's mouth, allowing milk to be released into the throat and stimulating your baby to swallow. As a result of this sucking action milk is less likely to pool around the teeth. Ideal attachment and suckling promotes good nasal breathing and tongue positioning behaviours which can affect oral health outcomes at a later date.

Bottle Feeding: During bottle feeding, milk is more likely to pool around the teeth, as it is released into the front of the mouth. Consequently, this may increase the risk of early childhood caries (ECC/decay). We recommend that you encourage your child to drink from a cup or even a sippy cup by his/her first birthday. Reducing bedtime bottles and avoiding bottles with cordial, fruit juice, flavoured milk etc. will also decrease the risk of ECC

Thumb sucking & Dummy Use: Thumb sucking and/or the use of a dummy is not of serious concern before permanent teeth appear. However, continuation of the habit after the permanent teeth erupt may force the teeth and jaws into unfavourable position. If your child's dummy or thumb sucking habit persists, consult with your OHP (Oral Health Professional) once they reach approximately four years of age.

ECC - Early Childhood Caries (Childhood Decay): ECC is a specific form of severe tooth decay that can occur in children's deciduous (baby) teeth.

TIPS FOR PREVENTING

EARLY CHILDHOOD CARIES (ECC):

- Ensure your own oral health is stable i.e. no current active disease.
- Avoid sharing spoons when tasting your child's food to reduce the transference of bacteria.
- Regularly clean your newborn's gums with a damp washcloth following feedings.
- Use a soft baby sized toothbrush, cotton bud or gauze to gently clean your baby's teeth (as they start to appear) every morning and evening - no toothpaste is necessary at this stage.
- Do not put sugary drinks, such as fruit juice, cordials, flavoured milk or soft drinks in the baby bottle or sippy cup at any time.
- Avoid putting your baby to bed with a bottle, even if it contains milk formula or expressed breast milk. Do not put sweeteners on the bottle teat or pacifier to encourage use.
- Develop good oral health habits early by using appropriate children's toothpaste and interdental cleaners.
- Bring your child to your OHP appointments at the earliest opportunity to get them familiar with the dental environment - we recommend their own dental visits should start by 2 years of age.



CP DENTAL

MY BABY'S TEETH



Dental care advice for little ones continued...

FLUORIDE:

Many years of scientific research has significantly demonstrated the safe and effective use of fluoride in measured proportion for the prevention of tooth decay. Fluoridated water is the most cost effective and accessible method of dental decay prevention. The use of supplements e.g. fluoride tablets & drops are no longer recommended, due . The early implementation of fluoride toothpaste, in conjunction with a recommended home care regime and healthy diet, will help prevent tooth decay from occurring. As your child grows older, they may need to progress to a stronger fluoridated toothpaste. Speak to your OHP for advice regarding fluoride dosages relative to your child's age.

TEETHING:

Common Teething problems include:

- Red swollen gums
- Irritability and restlessness
- Flushed cheeks or fever
- Dribbling
- Finger and/or fist sucking

Teething may be eased by:

- Crusts of bread
- Unsweetened Rusks
- A teething ring (cool not frozen)
- Pain relieving medications
i.e. paracetamol or Ibuprofen.
- Rubbing your child's gum with your finger covered by a small damp cloth may also help. If pain persists and causes sleeplessness seek medical/dental advice. Please note - some teething gels (e.g. Bonjella) contain salicylate and overuse can cause salicylate intoxication. Consult your OHP before use.

TOOTH ERUPTION:

Every child is different and will go through teething at different times. The order or sequence of eruption (and later exfoliation) is more important than the timing or age of the child. Below is a table which can be used to roughly estimate the timing of when your child's teeth are most likely to exfoliate (shed) and when new teeth erupt (appear in the mouth).

Baby Teeth Eruption Chart	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.	

Permanent Teeth Eruption Chart	Upper Teeth	Erupt
	Central incisor	7-8 yrs.
	Lateral incisor	8-9 yrs.
	Canine (cuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-11 yrs.
	Second premolar (second bicuspid)	10-12 yrs.
	Lower Teeth	Erupt
	Third molar (wisdom tooth)	17-21 yrs.
	Second molar	12-13 yrs.
	First molar	6-7 yrs.
	Second premolar (second bicuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-12 yrs.
	Canine (cuspid)	9-10 yrs.
	Lateral incisor	7-8 yrs.
	Central incisor	6-7 yrs.