

Frequently Asked Questions About Children's Oral Health



At what age should I first take my child to the dentist?

The American Academy of Pediatric Dentistry and the American Dental Association recommend that a child's first visit to the dental office occur at approximately six months or when the first tooth erupts. If teeth do not erupt by the end of your child's first year, you should see a dentist.¹

Are primary teeth (baby teeth) important?

Primary teeth are mainly "place holders" for permanent teeth, and will be lost as a natural function of a child's growth. The baby teeth help guide the permanent teeth into their proper place. If a baby tooth becomes decayed, it is important not to allow the disease to spread into the gum and possibly affect the developing permanent tooth bud. This could cause problems to the child's permanent teeth.²

Is it necessary for me to clean or brush my baby's teeth?

Yes, it is very important to introduce your child to the concept of teeth cleaning and brushing.

- Parents should wipe an infant's gums and teeth after each feeding, using a moist washcloth or gauze pad.
- When one or more teeth appear, parents should brush child's teeth with a children's toothbrush and water. Unless it is advised by your dentist, do not use fluoridated toothpaste until age 2-3.³
- Once your child is preschool-age, start using fluoride toothpaste. Don't cover the brush with toothpaste; a pea-sized amount is just right. Young children tend to swallow most of the toothpaste, and swallowing too much fluoride toothpaste can cause permanent stains on their teeth.⁴

What is "Baby Bottle Tooth Decay"?

According to the National Institute of Dental and Craniofacial Research, Baby Bottle Tooth Decay, also known as "early childhood caries," is caused by prolonged contact with almost any liquid other than water. Milk, formula, juices, and other sweet drinks such as soda all have sugar in them. Sucking on a bottle filled with liquids that have sugar in them can cause tooth decay. To help prevent Baby Bottle Tooth Decay:⁵

- **Never put your child to bed with a bottle.** By 7 or 8 months of age, most children no longer need feedings during the night. Children who drink bottles while lying down also may be more prone to getting ear infections.
- **Only give your baby a bottle during meals.** Do not use the bottle as a pacifier; do not allow your child to walk around with it or to drink it for extended periods. These practices not only may lead to Baby Bottle Tooth Decay, but children can suffer tooth injuries if they fall while sucking on a bottle.
- **Teach your child to drink from a cup** as soon as possible, usually by 1 year of age. Drinking from a cup does not cause the liquid to collect around the teeth, and a cup cannot be taken to bed. If you are concerned that a cup may be messier than a bottle, especially when you are away from home, use one that has a snap-on lid with a straw or a special valve to prevent spilling.

Should I worry about my child sucking his thumb or using a pacifier?

This type of sucking is completely normal for babies and young children. It provides security. For young babies, it's a way to make contact with and learn about the world. In fact, babies begin to suck on their fingers or thumbs even before they are born. Most children stop sucking on thumbs, pacifiers or other objects on their own between two and four years of age. No harm is done to their teeth or jaws. However, some children repeatedly suck on a finger, pacifier or other object over long periods of time. In these children, the upper front teeth may tip toward the lip or not come in properly.

When your child is old enough to understand the possible results of a sucking habit, your dentist can help encourage your child to stop, as well as talk about what happens to the teeth if your child doesn't stop. This advice, coupled with support from parents, helps most children quit.⁶

1 American Academy of Pediatric Dentistry, <http://www.aapd.org/pediatricinformation/faq.asp>; American Dental Association, http://ada.org/prof/resources/pubs/jada/patient/patient_11.pdf.

2 American Dental Association, http://ada.org/prof/resources/pubs/jada/patient/patient_11.pdf; Academy of General Dentistry, http://www.agd.org/consumer/topics/baby/child_smile.asp.

3 Academy of Pediatric Dentistry, <http://www.aapd.org/publications/brochures/babycare.asp>. 4 American Academy of Family Physicians, <http://familydoctor.org/227.xml>.

5 American Academy of Pediatrics, http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZKBW52R7C&sub_cat=11.

Frequently Asked Questions About Children's Oral Health *(continued...)*



What is fluoride and does my child need fluoride treatments?

Fluoride is a substance used to prevent or reverse the early signs of dental caries (tooth decay). Research has shown that there are several ways that fluoride achieves its decay-preventative effects. It makes the tooth structure stronger so teeth are more resistant to acid attacks. Acid is formed when the bacteria that live in the plaque on your child's teeth breaks down sugars and carbohydrates from your child's diet. Repeated acid attacks can break down the tooth structure, which causes caries.

There are many communities that have fluoride in their water supply. Water fluoridation can reduce the incidence of tooth decay by about 20 to 40%. You can ask your local water company if they add fluoride to the water in your community. Your child's dentist may recommend fluoride supplements if fluoridated water is not available in your community.⁷

What are sealants and should my child have them?

Sealants are substances used in the prevention of tooth decay. It has been shown to be a very effective method to prevent cavities on the occlusal surface (biting surface) of teeth. While fluorides have been influential in the decline of decay on smooth tooth surfaces, sealants are very effective in the prevention of decay on pit and fissure ("nooks and crannies") surfaces of the teeth. They are thin, clear or tinted plastic coatings painted on the biting surfaces of permanent posterior teeth. The process is technique sensitive, takes about five minutes and it is important that the child cooperates by sitting still.

Sealants are particularly important for children who have a high risk for decay. The frequency for sealant placement will vary by the individual, but some standards for application of sealants are:⁸

- Sealants should be applied mainly on permanent molars (1st and 2nd).
- Teeth getting sealants should be non-restored.
- Once per tooth every 5 years up to the age of 19.

Ask your dentist if sealants are appropriate for your child.

All information provided in this brochure is intended for your general knowledge. It is designed only to help you and your family to answer some of the more common questions asked about children's oral health. This information is not a substitute for visiting a dentist or for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. This information is not intended to be a replacement of, and does not replace, advice given to you by your physician or dentist. By making this information available to you, MetLife is not engaged in rendering any medical or dental advice. This information is based on a review of dental literature that has been published on this topic.

⁶ The American Dental Association, <http://www.ada.org/public/topics/thumbsucking.asp>.

⁷ The American Dental Association and Centers for Disease Control and Prevention/Division of Oral Health, http://www.ada.org/public/topics/fluoride/fluoridation_nature.pdf.

⁸ The National Institute of Dental and Craniofacial Research, <http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/Sealants/SealOutToothDecay.htm>