EARLY DENTAL CARE

Our primary goal for your child is to achieve and maintain optimum oral health throughout their development by providing advanced techniques and by maintaining their scheduled dental exams.

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**Teething**

Normally the first tooth erupts between ages 6 to 12 months. Gums are sore & tender and the child is sometimes irritable until the age of 3. Rubbing sore gums gently with a clean finger, the back of a cold spoon or a cold, wet cloth helps soothe the gums. Cold teething rings work well, but avoid teething biscuits—they contain sugar that is not good for baby teeth.

While your baby is teething, it is important to monitor the teeth for signs of baby bottle decay. Examine the teeth, especially on the inside or the tongue side, every two weeks for dull spots (whiter than the tooth surface) or lines. A bottle containing anything other than water and left in an infant's mouth while sleeping can cause decay. This happens because sugar in the liquid mixes with bacteria in dental plaque, forming acids that attack the tooth enamel. Each time a child drinks liquids containing sugar, acids attack the teeth for about 20 minutes. When awake, saliva carries away the liquid. During sleep, the saliva flow significantly decreases and liquids pool around the child's teeth for long periods, covering the teeth in acids.

**Infant's New Teeth**

The primary or "baby" teeth play a crucial role in dental development. Without them, a child cannot chew food properly and has difficulty speaking clearly. Primary teeth are vital to development of the jaws and for guiding the permanent (secondary) teeth into place when they replace the primary teeth around age 6.

Since primary teeth guide the permanent teeth into place, infants with missing primary teeth or infants who prematurely lose primary teeth may require a space maintainer, a device used to hold the natural space open. Without a maintainer, the teeth can tilt toward the empty space and cause permanent teeth to come in crooked. Missing teeth should always be mentioned to your family dentist. The way your child cares for his/her primary teeth plays a critical role in how he/she treats the permanent teeth. Children and adults are equally susceptible to plaque and gum problems—hence the need for regular care and dental checkups.

**A Child's First Dental Visit**

A child's first dental visit should be scheduled around his/her first birthday. The most important part of the visit is getting to know and becoming comfortable with a doctor and his staff. A pleasant, comfortable first visit builds trust and helps put the child at ease during future dental visits. If possible, we allow the very young child to sit in a parent's lap in the exam room. Children should be encouraged to discuss any fears or anxiety they feel.

**Why Primary Teeth Are Important**

Primary teeth are important for several reasons. First and foremost, healthy teeth allow a child to eat and maintain proper nutrition. Strong teeth allow for clear pronunciation and speech habits. The self-
image that healthy teeth give a child is immeasurable. Primary teeth also guide eruption of the permanent teeth.

**Good Diet and Healthy Teeth**

The teeth, bones and soft tissue of the mouth require a healthy, well-balanced diet. A variety of foods from the five food groups helps minimize (and avoid) cavities and other dental problems. Most snacks that children eat cause cavities, so children should only receive healthy foods like vegetables and low-fat yogurt and cheeses in order to promote resilient teeth.

**Tooth Eruption**

Children's teeth actually start forming before birth. As early as 4 months of age, the primary teeth push through the gums. The lower central incisors are first, then the upper central incisors erupt. The remainder of the 20 primary teeth typically erupt by age 3, but the place and order varies.

Permanent teeth begin eruption around age 6, starting with the first molars and lower central incisors. This process continues until around age 21. Adults have 28 secondary (permanent) teeth—32 including the third molars (wisdom teeth).

**Preventing Baby Bottle Tooth Decay**

Tooth decay is a progressive disease resulting in the interaction of bacteria that naturally occur on the teeth and sugars in the everyday diet. Sugar causes a reaction in the bacteria, causing them to produce acids that break down the mineral in teeth, forming a cavity. Dentists remove the decay and fill the tooth using a variety of fillings, restoring the tooth to a healthy state. Nerve damage can result from severe decay and may require a crown (a crown is like a large filling that goes over the tooth to cap it, making it stronger by covering it). Avoiding unnecessary decay simply requires strict adherence to a dental hygiene regimen: brushing and flossing twice a day, regular dental check-ups, diet control and fluoride treatment. Practicing good hygiene avoids unhealthy teeth and costly treatment.

**Thumb Sucking**

Sucking is a natural reflex that relaxes and comforts babies and toddlers. Typically, children stop between the ages of 2 and 4 years. Children should cease thumb sucking when the permanent front teeth are ready to erupt. Thumb sucking that persists beyond the start of eruption of permanent teeth can cause improper growth of the mouth and misalignment of the teeth. If you notice prolonged and/or vigorous thumb sucking behavior in your child, talk to your dentist.

**Expanders**

Attached to the upper molars through bonding or by cemented bands, the Rapid Palatal Expander is an orthodontic device used to create a wider space in the upper jaw. It is typically used when the upper jaw is too narrow for the lower jaw or when the upper teeth are crowded or blocked out of the dental arch.
When patients are still growing, their connective tissue between the left and right halves of their upper jaw is very responsive to expansion. By simply activating the expander through turning a screw in the center (with a special key we provide), gradual outward pressure is placed on the left and right halves of the upper jaw. This pressure causes an increased amount of bone to grow between the right and left halves of the jaw, ultimately resulting in an increased width.