

The logo for 'abc's' is rendered in a bold, lowercase, sans-serif font. The letters are dark with a slight 3D effect, and the apostrophe is positioned between the 'c' and 's'.

abc's

OF INFANT DENTAL HEALTH

PRESENTED BY

DENTISTRY FOR KIDS

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Forty years ago municipal water companies began to add fluoride to their systems, and as the years went by the dental profession noted a great decrease in the number of decayed teeth in the children. This has produced several generations of adults with decay-free teeth. Over the last five to ten years the number of children with moderate to severe decay rates, including infants as young as 16 months, has increased greatly. In this office we have seen a number of infants two years and under with severe decay problems, severe enough that we have had to resort to restoring their mouths to good dental health by treating them in the hospital under a general anesthetic.

In response to this problem, the American Academy of Pediatric Dentistry has developed a program to educate parents so that they have the knowledge and tools they need to help their children stay decay free. For some families this program may entail only a few minimal lifestyle changes, while other families may have to make significant lifestyle changes in areas such as diet and oral hygiene. It is our hope that this program will save many young children from undergoing major dental work at a very young age.

Before we begin, you must accept the fact that dental decay is a bacterial disease. It was proven fifty years ago that dental decay cannot exist in a germ-free mouth. As it is not possible to remove all of the bacteria from our mouths (nor desirable as some bacteria are necessary for digestion), we must seek other ways to lessen the risk to dental decay. The only avenues that we have are to change the bacteria in the mouth (or reduce their ability to develop cavities) and/or to change the teeth (to make them more resistant to decay). This program attempts to show you ways to accomplish these changes. This booklet is a review of the items we covered in our interview. We hope that you refer to it often.

ORAL HYGIENE

Plaque is the gooey substance that builds up on our teeth over a period of hours. Bacteria love this stuff because it provides them with the nourishment they need to live. If the plaque feeds them well enough, they multiply rapidly and produce the acid that starts the decay process. The more bacteria, the more acid there is. The decay process starts long before you can see it. Plaque likes to build up on the area where the tooth and gum tissue meet and between the teeth. The chewing surface is usually kept relatively plaque free by the action of chewing our food (except in the deep grooves and fissures - to be discussed later).

- * If the plaque is broken up it loses its ability to produce acid. Break it up twice a day and it cannot cause decay. We do this with a toothbrush and floss.
- * It is impossible for children under the age of seven or eight to do this adequately as they do not have the necessary hand-eye coordination. Consequently, an adult or older child has to accept this responsibility.
- * Of course, your child wants to "do it myself". Let them, then you finish the job.
- * Tooth paste is not necessary to do a good job. If a fluoride paste is used, use a very small amount.
- * The brush must be soft.

FLUORIDES

- * Fluorides combine with tooth enamel and chemically change that enamel to make it more resistant to the acid that bacteria produce.
- * Fluoride in drinking water or supplements works its magic only on developing enamel. That is, only on teeth before they erupt into the mouth. Consequently, after age ten the teeth receive no benefit from fluoridated water.
- * Fluoride in toothpaste, in mouth rinses, and in that applied in the dental office works on tooth enamel on erupted teeth.
- * If you have an osmosis unit in your house, the fluoride is removed from the water. Let your child use the water out of the regular tap.
- * If you have a water filter, most of the fluoride is probably removed. Only testing will tell us the amount of fluoride in your water.
- * If you use bottled water, the fluoride is probably removed. You drink the designer water, let the kids use the regular tap water.
- * Letting your infant use regular fluoridated tap water gets rid of the need of fluoride supplements (no vitamin/fluoride drops or tablets).
- * Too much fluoride may cause “mottled or stained” enamel. This may be minimized by not using fluoride supplements if the city water is fluoridated.

SEALANTS

Sealants have been used for a number of years and have proven to be very effective in preventing cavities. They are used mainly on the first and second permanent molars. They can also be used on permanent bicuspids and primary teeth. The pits and grooves of the permanent molars are impossible to clean thoroughly with the toothbrush, and decay can start in these areas very shortly after the tooth erupts into the mouth. The procedure used to apply the sealant involves etching the enamel, which does not etch as well on primary teeth as on the permanent teeth. This means that primary teeth do not retain sealants as well as permanent teeth.

- * In this office we use a device called air abrasion to clean the grooves of all organic material before we etch the enamel and place the sealant. We feel that this produces a sealant that should be more effective.
- * Most sealants remain in place and are effective for a number of years. However, these teeth must be examined regularly and the sealant reapplied if necessary.
- * The Santa Fe School System has a program in which sealants are applied to the first molars of children in the second grade. We strongly urge that you take advantage of this program. On occasion we may suggest sealants be applied in this office as waiting until the second grade may prove to be too late for some children.
- * Occasionally when using the air abrasion we discover that decay is present in the pit or groove of the tooth. We must stop, remove the decay, and place a resin restorative material (filling).

Diet

Diet control is an area of great concern in controlling dental caries, and one that may require the most lifestyle changes. Feeding patterns are difficult to change once they are well established, more so for the parent than the child. Excessive use of the nursing bottle or breast can lead to dental decay. The decay process starts on the back side of the upper front teeth and proceeds to the front side of these teeth. Hence parents rarely see any problem until the decay gets to the front surfaces. By this time the child is already in trouble. The decay then proceeds to the upper molars, the lower molars and then the lower front teeth.

Many parents put fruit juice, colas, sugar water and/or other liquids in the bottle. Our concerns are not only what goes in the bottle, but how long and how often the bottle is in the mouth. If plain water is used, frequency and duration are of no concern.

- * Try to limit feeding periods to 15 minutes or less.
- * Only milk or water in the bottle - no juices.
- * If unwilling or unable to brush the teeth after feeding, wipe the front and back sides with a damp cloth.
- * Try to wean by one year of age.
- * All of the above applies to sippy cups when you start to use those.
- * Do not let the child carry the bottle or sippy cup around with them.