

22 Great Dental Tips for New Parents



**By: Pediatric
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Parents often do not think about oral hygiene until their baby gets their first tooth. New parents will find these “22 Great Dental Tips for New Parents” most helpful to ensure good dental health for their growing child. These recommendations range from ways to clean the baby’s mouth before and after teeth come in to when it is time to schedule the baby’s first dental visit. Also, parents will learn how to avoid dental trauma and what to do if an accident involving the mouth occurs. Moms and dads will feel better prepared and more knowledgeable about ways to best manage their child’s dental health.



The Maryland Children’s
Oral Health Institute

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By: Dr. Winifred J. Booker, Pediatric Dentist

Tip # 1: Cleaning Baby's Mouth

It is important to clean your baby's mouth after every breast or bottle-feeding, especially if feeding has occurred during the night or at naptime. Sleeping infants will commonly hold the milk in their mouths without swallowing it. Allowing the milk to pool in the mouth for hours at a time after the baby's teeth begin to erupt will create an environment conducive for dental disease. Studies have demonstrated that breast-feeding throughout the night or allowing the baby to fall asleep with the bottle places the child at risk for Baby Bottle Tooth



Decay and Early Childhood Caries (ECC). Most other liquids, including breast milk, contain sugar which can cause tooth decay. Use a dampened gauze, a dental wipe or a clean washcloth to remove residual milk. Wrap a corner of the gauze, dental wipe or washcloth around the index finger and in a gentle sweeping motion wipe cheeks, gums, tongue and palate (roof of the mouth). Then, wipe the front and back of any erupted teeth. Physically cleaning the baby's mouth will stimulate salivation which also functions to help remove excess milk and food particles.

Tip # 2: Beverage of Choice

Around six months, promptly follow every breast/bottle feeding or cereal meal with a few ounces of water. This recommendation coincides with the time when tooth eruption begins. The baby will expect and look forward to this refreshing and cleansing water. This is an especially important practice for babies and young children who require daily doses of fructose based, liquid medicines. Following baby's milk, medicine, cereal meal, or juice with water may help to establish a proactive tooth preservation routine. The child will grow from a toddler into a teenager who is more likely to drink water after meals in and away from the home.

Tip # 3: Flossing

Your child's teeth do not touch each other when they first come into the mouth. As your child grows, spacing between the teeth will decrease as the back teeth move into position against one another. This can occur as early as age 3 or as late as age 6. When these back teeth start touching each other, it is time to start flossing your child's teeth. Flossing is essential because toothbrush bristles cannot reach between the teeth. This makes the areas between teeth at high risk for cavities. It is usually easier and more appealing for the youngsters to use child-friendly flossers versus traditional dental floss. Traditional floss is often better tolerated if it is flavored; however, children tend to dislike mint.



**Tip # 4:
Brushing
Options**

Finger toothbrushes, baby toothbrushes and toothettes are all good options to use for cleansing the cheeks, tongue, gums, lips and palate of babies and young children. Toothbrushing can begin when the first two teeth come in, usually around six months. Your baby's teeth and gums are very tender and delicate. Vigorous brushing is not necessary and should be avoided to prevent injury. When most of your child's teeth are in, at

about the age of 2, you can add a small drop of infant or training toothpaste to the brush. The excess toothpaste should be wiped from the mouth to prevent swallowing. Parents should brush their children's teeth up until they reach age 7 or 8. Very young children cannot get their teeth clean by themselves since they lack efficient dexterity skills.



**Tip # 5:
Cooling
Baby's
Food**

Parents, guardians and babysitters should avoid blowing on the baby's food with their mouth to cool it down. Numerous studies have shown that cavity-causing bacteria can pass from person to person through the transfer of saliva. Using utensils that they have put into their own mouths to test the temperature of the baby's food should also be avoided. This will help to prevent the transfer and introduction of gum disease and tooth decay producing bacteria into your baby's mouth from your mouth. Hot foods should be set-aside until warm. It has been reported that air from your mouth also contains many harmful free radicals such as carbon dioxide gas that can reduce the benefits of nutrition in baby food.

**Tip # 6:
Toothpaste**

As soon as the first tooth comes in, continue cleaning with a dampened washcloth or gauze. Once more teeth appear, switch to a small soft toothbrush specifically designed for babies and use a rice grain size amount of infant or training toothpaste. While infant and training toothpaste is fluoride free and can be swallowed, it is a good practice to minimize the consumption of any toothpaste product. When the child is 2 years old, parents can begin using toothpaste with fluoride. Use toothpaste with fluoride earlier if your child's dentist recommends it.

**Tip # 7:
Kissy
Kiss**

Once again there are studies about the transmission of cavity-causing bacteria from parent to baby. The primary culprit is *Streptococcus mutans*, a bacterium that can pass from person to person through the transfer of saliva. Saliva-transferring behaviors to avoid include:

- Sharing utensils
- Blowing on baby's food
- Kissing that sweet little bundle of joy on the mouth
- Pre-chewing baby's food
- Cleaning off baby's pacifier with your own mouth

Avoiding these saliva-transferring behaviors will also help to prevent Early Childhood Caries.

Young babies and small children seem to be more willing and enjoy brushing more at bath time. Brushing the baby's teeth while they are in the bathtub may allow the parent to do a more efficient job. The child is often excited by the whole bubbly soap and splashing water experience and they are usually more willing to open their mouth to have their teeth cleaned.

**Tip # 8:
Bathe and
Brush**



**Tip # 9:
Modeling**

Routinely brush your teeth in front of your baby. Parents can also brush each other's teeth in front of the baby. This will help to get the baby excited about the routine and the baby will look forward to having his or her teeth brushed.



Singing softly or humming a song while brushing the baby's teeth can prove to be a calming approach. This technique may captivate the baby for long enough to efficiently clean each tooth and thoroughly wipe out the mouth.

**Tip # 10:
Sing A
Song**

**Tip # 11:
Doll Baby
First**

Role-playing can be effective in getting youngsters interested in brushing their teeth. First, brush the doll baby's teeth (Dora the Explorer, Sponge Bob, American Girl, etc.). Then, help your toddler brush the doll baby's teeth. Guess whose teeth are brushed next? It's either you or your baby. At this point, the young child often feels more comfortable and is willing to have their teeth brushed.

Never let your toddler walk around with a toothbrush in their mouth. This can spell life-threatening danger for your child. A penetrating injury to the oral cavity, although rare, may cause serious injury or even death in small children. See video at



<http://www.youtube.com/watch?v=zx8KHePRM4g> about a toddler who impaled himself after falling with his toothbrush. If your toddler were to fall with a toothbrush in his or her mouth, it is critically important to not panic and to make the successful evaluation and management of the child's injuries. It is best to call 911 or get to the closest emergency room as soon as possible.

**Tip # 12:
Danger,
Danger**

An unsupervised toddler walking around with a toothbrush in his/her mouth = DANGER

**Tip # 13:
Lift the
Lip**

Injuries to the head, face and mouth are commonplace among infants and children. Infants and toddlers may experience injury when crawling or walking. These accidents may require an immediate visit to the dentist, especially if there is bleeding and loose or displaced teeth. Use a piece of 2x2 gauze to lift your baby's lip periodically to inspect your baby or toddlers teeth. If you see spots or stains on the teeth, immediately take your baby to a dentist. These may be the beginning signs of ECC secondary to bottle or breastfeeding. A gray or discolored tooth is often the sign of trauma and also warrants a visit to the dentist.



Get to know your child's teeth, as they appear healthy. Lift the lip monthly to notice any changes in the appearance of the teeth, gums and cheeks.

When teeth start to erupt, they can cause pain, fussiness and drooling. You can ease your child's teething discomfort by:



- Giving them a cold teething ring to chew
- Rubbing their gums gently with a clean finger
- Teething gels, tablets or ointments (Be sure to check with a healthcare provider before using these)

**Tip # 14:
Teething**

**Tip # 15:
Drooling**

As babies grow, they can often produce more saliva than they can swallow which causes drooling. If your baby is cranky or fussy and tends to chew or gnaw on their hands or bottle, they are most likely teething. Clean the drool from your baby's face often by dabbing, not wiping, with a soft cotton cloth. Too much moisture on a baby's sensitive skin may cause rashes, dryness and chapping. Teething usually does not cause a fever. If your baby has a fever, you should talk to your child's physician.

Babies have an intense need to suck and some have more intense needs than others.



Babies even suck their thumbs in the womb. Next to holding and feeding, sucking is the most time-tested comforter. Avoid attaching the pacifier to a string or ribbon around baby's neck or pinning the pacifier string onto baby's clothing. This can put a baby at risk of strangulation. Resist the temptation to sweeten the offering by dipping the pacifier in honey or syrup. If the baby has teeth, he/she is probably too old for the pacifier. Cut the nipple off the frame of the pacifier and return it to the supervised child upon their continuous, whining request. Guaranteed they will relinquish their beloved, "Binky." Just be sure not to go out and buy another one.

**Tip # 16:
Pacifier
Habit Be
Gone**

Both thumb and pacifier sucking habits are mainly problematic if they occur over a long period of time. Frequent or intense sucking habits over prolonged time may lead to problems with the alignment of the child's teeth. Most children stop sucking their thumbs on their own sometime between ages 3 and 6. They usually do not need treatment to correct this habit. Treatment to stop thumb-sucking works best if the child is involved in the process and wants to quit.

**Tip # 17:
Digital
Habits**

**Tip # 18:
Sippy
Cups**

Sippy Cups can be a great way for your baby to transition from nursing or bottle-feeding to a regular cup. They can also help improve hand-to-mouth coordination. However, these cups can promote tooth decay. Since most children sip out of these containers for extended periods of time, parents and caregivers must be careful what liquids they put into these cups. Even watered down 100% fruit juice poses a potential problem due to the frequency of sugar bathing the teeth. It is better to give juice only with meals since more saliva is produced during mealtime. Saliva plays a role in destroying bacteria of the mouth and cleansing the mouth of debris. If your baby is transitioning from the bottle using a Sippy Cup, it should be filled with only water between meals to help prevent dental disease. The Sippy Cup should not become another appendage!

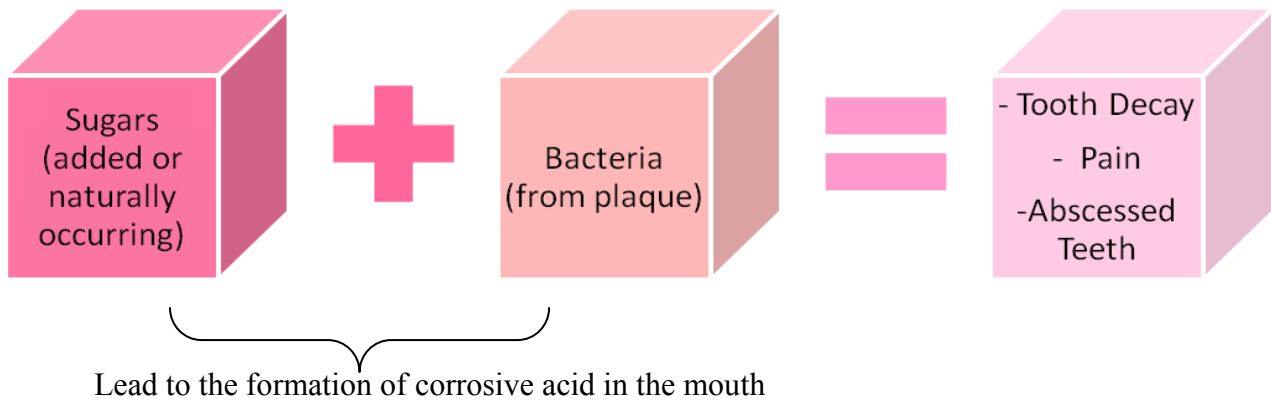


Using a lap-to-lap method with a partner may make brushing easier with a resistant infant or child. Two parents sit with their knees facing each other. Then, the baby is reclined onto their laps and teeth brushing can begin. Your pediatric dentist can further explain this and other techniques at the infant dental exam. Once solid foods have been introduced, it is critical that brushing occurs before every naptime and definitely before bedtime.

**Tip # 19:
Lap to
Lap**

**Tip # 20:
Diet**

Naturally occurring and added sugars do not cause cavities by themselves; they are a part of the tooth decay equation. Begin establishing healthy dietary habits when your child is learning to eat. Include playtime friends (see Tip 11), movies and games in these teaching exercises. Bad habits are hard to break in a two-year old (or even a 16-year old)! Parents should start early by training your children to develop healthy eating habits. There are many products marketed for infants and toddlers that have high sugar content. It is particularly important to read food labels when choosing foods, especially snacks. Your pediatric dentist can be a great resource in helping you establish good dietary practices in your household by identifying the foods in your diet that commonly contribute to dental disease.



Fluoride can be a great tool in cavity prevention. Most baby formulas contain fluoride. It also naturally occurs in many raw fruits and fruit juices. Today, fluoride has been added to the municipal water systems of most major cities in the U.S. as well as some bottled waters. Supplementation should be dependent on your infant's risk level and individual situation. For infants at high risk of developing cavities, fluoride is simply one tool of many you may choose to use to prevent future decay and lower your child's risk level. This is something you want to discuss with a dental professional.

**Tip # 21:
Fluoride**

**Tip # 22:
First Dental
Appointment**

The American Academy of Pediatric Dentistry recommends the first dental visit happen by the baby's first birthday. You can schedule the first dental visit as soon as the first two teeth erupt, around six months. The baby usually receives a lap examination and parents are counseled about brushing, diets, habits and more. This is what dental professionals call the "anticipatory guidance visit."

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