Babies and Kids

See why taking care of your child’s baby teeth now can mean a healthier smile later.

Teaching your child good oral hygiene habits early can lead to a lifelong healthy smile, but did you know that just because babies don’t have any visible teeth, doesn’t mean they can’t get cavities? A baby’s 20 primary teeth are already present in the jaws at birth. And those baby teeth that begin coming through the gums around 6 months help set the stage for future smiles by keeping space in the jaw for adult teeth.

Baby teeth matter

When a baby tooth is lost too early, the permanent teeth can drift into the empty space and make it difficult for other adult teeth to find room when they come in. This can make teeth crooked or crowded. That’s why starting infants off with good oral care can help protect their teeth for decades to come. The ADA recommends that parents take children to a dentist no later than their first birthday and then at intervals recommended by their dentist.

To learn more, visit our other Babies and Kids pages on MouthHealthy:

- Healthy Habits
- Concerns unique to children
- Nutrition tips
Healthy Habits

Start Early

Your child’s baby teeth are at risk for decay as soon as they first appear—which is typically around age 6 months. Tooth decay in infants and toddlers is often referred to as Baby Bottle Tooth Decay. It most often occurs in the upper front teeth, but other teeth may also be affected. In some cases, infants and toddlers experience decay so severe that their teeth cannot be saved and need to be removed.

The good news is that tooth decay is preventable! Most children have a full set of 20 baby teeth by the time they are 3-years-old. As your child grows, their jaws also grow, making room for their permanent teeth.

Baby Teeth Eruption Chart
Cleaning Your Child’s Teeth

- Begin cleaning your baby’s mouth during the first few days after birth by wiping the gums with a clean, moist gauze pad or washcloth. As soon as teeth appear, decay can occur. A baby’s front four teeth usually push through the gums at about 6 months of age, although some children don’t have their first tooth until 12 or 14 months.

- For children younger than 3 years, caregivers should begin brushing children’s teeth as soon as they begin to come into the mouth by using fluoride toothpaste in an amount no more than a smear or the size of a grain of rice. Brush teeth thoroughly twice per day (morning and night) or as directed by a dentist or physician. Supervise children’s brushing to ensure that they use the appropriate amount of toothpaste.

- For children 3 to 6 years of age, use a pea-sized amount of fluoride toothpaste. Brush teeth thoroughly twice per day (morning and night) or as directed by a dentist or physician. Supervise children’s brushing and remind them not to swallow the toothpaste.

- Until you’re comfortable that your child can brush on his or her own, continue to brush your child’s teeth twice a day with a child-size toothbrush and a pea-sized amount of fluoride toothpaste. When your child has two teeth that touch, you should begin flossing their teeth daily.

Teething
Teething is one of the first rituals of life. Although newborns usually have no visible teeth, most baby teeth begin to appear generally about six months after birth. During the first few years of your child's life, all 20 baby teeth will push through the gums and most children will have their full set of these teeth in place by age 3. A baby’s front four teeth usually erupt or push through the gums at about six months of age, although some children don’t have their first tooth until 12 or 14 months. As their teeth erupt, some babies may become fussy, sleepless and irritable, lose their appetite or drool more than usual. Diarrhea, rashes and a fever are not normal symptoms for a teething baby. If your infant has a fever or diarrhea while teething or continues to be cranky and uncomfortable, call your physician.

First Dental Visit

As soon as your child’s first tooth appears, it’s time to schedule a dental visit. The ADA recommends that the first dental visit take place within six months after the first tooth appears, but no later than a child’s first birthday. Don’t wait for them to start school or until there’s an emergency. Get your child comfortable today with good mouth healthy habits.

Although the first visit is mainly for the dentist to examine your child’s mouth and to check growth and development, it’s also about your child being comfortable. To make the visit positive:

- Consider making a morning appointment when children tend to be rested and cooperative.
- Keep any anxiety or concerns you have to yourself. Children can pick up on your emotions, so emphasize the positive.
- Never use a dental visit as a punishment or threat.
- Never bribe your child.
- Talk with your child about visiting the dentist.

During this visit, you can expect the dentist to:

- Inspect for oral injuries, cavities or other problems.
- Let you know if your child is at risk of developing tooth decay.
- Clean your child’s teeth and provide tips for daily care.
- Discuss teething, pacifier use, or finger/thumbsucking habits.
- Discuss treatment, if needed, and schedule the next check-up.

Fluoride

Fluoride is a mineral that occurs naturally in all water sources, including oceans, rivers and lakes. Fluoride is also added to some community tap water, toothpastes
and mouth rinses. Infants and toddlers who do not receive an adequate amount of fluoride may be at an increased risk for tooth decay since fluoride helps make tooth enamel more resistant to decay. It also helps repair weakened enamel. Bottled water may not contain fluoride; therefore, children who regularly drink bottled water or unfluoridated tap water may be missing the benefits of fluoride. If you are not sure if your tap water has fluoride, contact your local or state health department or water supplier.

Discuss your child’s fluoride needs with your dentist or pediatrician. They may recommend a fluoride supplement if you live in an area where the community water is not fluoridated.

Pacifiers

Infants and young children may suck on thumbs, other fingers or pacifiers. Pacifiers dipped in sugar, honey, juice or sweetened drinks, can lead to tooth decay. Tooth decay can also begin when cavity-causing bacteria pass from saliva in a mother or caregiver’s mouth to the baby. When the mother or caregiver puts the baby’s feeding spoon in her mouth, or cleans a pacifier in her mouth, the bacteria can be passed to the baby.

Baby Bottle Tooth Decay

You can help prevent your baby from getting cavities or developing what is called Baby Bottle Tooth Decay or Early Childhood Caries, by beginning an oral hygiene routine within the first few days after birth. Start by cleaning your baby’s mouth by wiping the gums with a clean gauze pad. This helps removes plaque that can harm erupting teeth. When your child's teeth begin to come in, brush them gently with a child's size toothbrush and a small amount of fluoride toothpaste, about the size of a grain of rice. For bottle feedings, place only formula, milk or breast milk inside and avoid using sugary beverages such as juice or soda. Infants should finish their bedtime and naptime bottle before going to bed.

Dental Emergencies

Accidents can happen anywhere, anytime. Knowing how to handle a dental emergency can mean the difference between saving and losing your child’s permanent tooth. For all dental emergencies, it’s important to take your child to the dentist or an emergency room as soon as possible.

Here are some tips if your child experiences a common dental emergency:
For a knocked-out tooth, keep it moist at all times. If you can, try placing the tooth back in the socket without touching the root. If that’s not possible, place it in between your child’s cheek and gum, or in milk. **Call your dentist right away.**

For a cracked tooth, immediately rinse the mouth with warm water to clean the area. Put cold compresses on the face to keep any swelling down.

If your child bites his tongue or lip, clean the area gently and apply a cold compress.

For toothaches, rinse the mouth with warm water to clean it out. Gently use dental floss to remove any food caught between the teeth. Do not put aspirin on the aching tooth or gum tissues.

For objects stuck in the mouth, try to gently remove with floss but do not try to remove it with sharp or pointed instruments.

**Thumbsucking**

Sucking is a natural reflex and infants and young children may suck on thumbs, fingers, pacifiers and other objects. It may help them relax or make them feel safe or happy. Most children stop sucking by age 4. If your child continues to thumb suck that after the permanent teeth have come in, it can cause problems with tooth alignment and your child’s bite. The frequency, duration and intensity of a habit will determine whether or not dental problems may result. Children who rest their thumbs passively in their mouths are less likely to have difficulty than those who vigorously suck their thumbs. If you are worried about your child’s sucking habits, talk to your dentist or consult your child’s pediatrician.

**Space Maintainers**

**Space maintainers** help “hold space” for permanent teeth. Your child may need one if he or she loses a baby tooth prematurely, before the permanent tooth is ready to erupt. If a primary tooth is lost too early, adult teeth can erupt into the empty space instead of where they should be. When more adult teeth are ready to come into the mouth, there may not be enough room for them because of the lost space. To prevent this from happening, the dentist may recommend a space maintainer to hold open the space left by the missing tooth.

**Sealants**

**Sealants** are a fast and easy way of protecting your child’s teeth that act as barriers to cavity-prone areas. They are usually applied to the chewing surfaces of back teeth and sometimes used to cover deep pits and grooves. Sealing a tooth is fast and there is virtually no discomfort. As long as the sealant remains intact, the tooth
surface will be protected from decay. Sealants hold up well under the force of normal chewing but may have to be reapplied if needed. Both primary and permanent teeth can benefit from sealants. Ask your dentist if sealants will help your child.

**Mouthguards**

Mouthguards can help protect your child from a dental emergency. They should be worn whenever your child is participating in sports and recreational activities. Mouthguards cushion blows that would otherwise cause broken teeth, injuries to the lips and face and sometimes even jaw fractures. If your child participates in such pastimes, ask your dentist about custom-fitted mouth protectors.

**Malocclusion**

Malocclusion, or bad bite, is a condition in which the teeth are crowded, crooked or out of alignment, or the jaws don’t meet properly. This may become particularly noticeable between the ages of 6 and 12, when a child’s permanent teeth are coming in. If not treated early, a bad bite can make it difficult to keep teeth and gums clean where teeth are crooked or crowded, increasing the risk for cavities and gum disease.

Bad bites can also:

- Affect proper development of the jaws.
- Make the protruding teeth at risk for chips and fractures.
- Affect eating and speaking.
- Make some teeth more likely to wear abnormally or faster than those that are properly aligned.

**Nutrition**
Children need strong, healthy teeth to chew their food, speak and have a good-looking smile. What’s more, a good diet is essential for a child’s growth and development. Almost all foods, including milk or vegetables, have some type of sugar, which can contribute to tooth decay. To help control the amount of sugar your child consumes, always try to read food labels and choose foods and beverages that are low in added sugars. Also, select beverages, such as water, that hydrate and contribute to good nutrition.

What to Eat:

According to MyPlate, a website from the Center for Nutrition Policy and Promotion, an agency of U.S. Department of Agriculture, a balanced diet should include:

- **Fruits and vegetables.** Combined these should be half of what your child eats every day.
- **Grains.** Make sure at least half of their grains are whole grains, such as oatmeal, whole wheat bread and brown rice.
- **Dairy.** Choose low-fat or fat-free dairy foods.
- **Lean proteins.** Make lean protein choices, such as lean beef, skinless poultry and fish. Try to vary protein choices to include eggs, beans, peas and legumes, too. Eat at least 8 oz. of seafood a week.

In addition to a nutritious diet, snacking habits, bottles and pacifiers also impact your child’s oral health. Here are some tips to keep your child's mouth healthy:

- Place only formula, milk or breast milk in bottles. Avoid filling the bottle with liquids such as sugar water, juice or soft drinks.
- Infants should finish their bedtime and naptime bottles before going to bed.
- If your child uses a pacifier, provide one that is clean—don’t dip it in sugar or honey, or put it in your mouth before giving it to the child.
- Encourage children to drink from a cup by their first birthday and discourage frequent or prolonged use of sippy cups.
- Serve nutritious snacks and limit sweets to mealtimes.