



First Tooth

First Visit

Cavity Prevention

- Cavities, one of the most common childhood diseases, is both communicable and preventable.
- 40% of children have cavities by the time they reach kindergarten.
- Infants can obtain oral bacteria from their caregivers (i.e. kissing, sharing spoons, cleaning a dropped pacifier), so it is important that you take good care of your own mouth!
- Congratulations! By having your child examined by 1 year of age, you are taking the first step in establishing a dental home, and you are setting the course for a lifetime of cavity-free checkups for your child!

Teething

- Many infants have no teething discomfort, but some experience irritability, excessive salivation and loose stools.
 - Chilled teething rings can help relieve teething discomfort, and Tylenol can give up to 4 hours of pain relief.
 - DO NOT use topical anesthetics (Orajel), which only give minimal relief, yet have a moderate risk of toxicity.
 - Additional Comments:
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Brushing Technique

- Wipe your infant's gums with a damp washcloth to get him/her used to your fingers being in his/her mouth.
- When your infants teeth first come in, start using a toothbrush with soft bristles and a small sized head.
- Brush 2x/day and floss 1x/day wherever two teeth are touching with no space between them.
- Floss picks with handles are fine to us; just be sure to wipe the floss clean after each tooth so you do not transfer plaque to another area of the mouth.
- Lay your child's head back in your lap for brushing so you can see into his mouth better.
- Replace your child's toothbrush frequently. Once the bristles become frayed, the brush is no longer effective.

- Some children will cry and give you a hard time when you brush. Trust that you are not hurting them. Continue to reinforce a brushing routine until they learn that fighting is not worth the struggle!
 - Until your child can tie his/her own shoes, he/she does not have the dexterity to brush unsupervised.
 - Additional Comments:
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Toothpaste Use

- Start with a smear of fluoride toothpaste, “*grain-of-rice-amount*”, upon emergence of 1st tooth or 1st molar. This will be discussed with you by Dr. Carly.
 - Help your child to practice spitting, and when he/she starts to understand this concept, then graduate to using a “pea sized” amount of fluoride toothpaste (by age three).
 - Additional Comments:
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Fluoride

- Fluoride is a very important natural mineral in our diet. It becomes incorporated into the tooth structure from the inside out while the teeth are forming under our children’s gums. Fluoride helps make teeth stronger and more resistant to cavities for a lifetime. This mechanism is called *systemic fluoride*.
 - Fluoride also works once teeth have come into the mouth by coating them every time we drink fluoridated water. This method of action is called *topical fluoride*. Fluoride in this manner helps to keep the outside of the tooth enamel hard and more resistant to cavities.
 - Our office will discuss the water you use, any filtration systems, and use of bottled water to assure that your child is receiving the maximum cavity fighting benefits of fluoride.
 - Additional Comments:
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Injury Prevention

- Accidents and mouth injuries can be common when toddlers are beginning to walk and are gaining coordination.
 - Injury to a baby tooth can sometimes result in infection, which can damage the underlying permanent tooth bud.
 - Please call our office immediately if your child has a fall and you see bleeding from the mouth. 229-232-8339
 - Additional Comments:
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Habits

- Non-nutritive sucking is common in infancy and has been shown to reduce the incidence of SIDS.

- As children grow, sucking has no functional use, so habits such as finger or pacifier sucking usually diminish on their own by the age of 3-5 years.
- Changes to the shape of the mouth and teeth are related to the frequency, duration, and intensity of your child's sucking habit.
- We prefer pacifiers (Playtex Ortho-Pro) over finger or thumb-sucking because the habit is easier to break later.
- Children whose persistent sucking habit has caused tipped or "buck" teeth are more likely to damage their teeth in an injury, because their lip will not be able to cover & protect these teeth as well.
- Talk to our staff about some great ideas on how you can get your child to quit their habit.
- Additional Comments: _____

Diet

- You should stop feeding your child from a bottle by age one (at the latest)
- Never put any juice, honey, sugar or sweetener in your child's bottle.
- Transition as dexterity allows from a no-spill sippy cup → regular sippy cup → big-kid cup
- Children should drink as much water as possible. If drinking juice, water it down to at least 50/50. It is professionally recommended no more than 4-6 oz of juice per day.
- Avoid sticky snacks that linger in the grooves of the teeth (raisins, gummy snacks, candy)
- Good snacks to enjoy between meals are cheeses, yogurts and whole fruits.
- If your child has a late-night snack, you must brush after, CLEAN TEETH AT BEDTIME-NO EXCEPTIONS!
- Additional Comments: _____

Milestones

- Listed below is the average arrival time of the 20 baby teeth. (This is just a guide- don't worry, many times an otherwise normal infant may not conform strictly to this schedule).
- Children get their upper and lower incisors (the 8 front teeth) between 5-12 months
- Children get their upper and lower 1st molars (the large 4 back teeth) between 11-18 months
- Children get their upper and lower canines (the 4 pointed "eye teeth") between 16-20 months
- Children get their upper and lower 2nd molars (the 4 large back teeth) between 20-30 months
- Permanent teeth usually do not start growing in until 6 years of age.
- We start seeing children for in-office dental cleanings at the age of 2, and then we will see your child every six months thereafter.

- Additional Comments:
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It is our pleasure to serve as your child's dental home. We look forward to watching them grow up healthy and happy. Please do not hesitate to pick up the phone and call with any questions prior to your child's next visit. Welcome to our family!

Dr. Carly and Team