



Oral Health and Your Child

Baby teeth and replacement of teeth

Permanent teeth

Diet and mouth health

Oral hygiene

Most frequent oral diseases

Dental malformation

Prevention of dental traumas

Tooth and dental arch position

How to use this booklet

A key point of your child's growing up is when they start getting their permanent teeth. Your child will be becoming more independent and starting to look after their own teeth. It is extremely important that you teach them healthy messages as shown in these booklets during this transition stage, as these permanent teeth will need to last them a lifetime.

It is recommended that you read all 3 booklets, even if not at once, as together they will provide a comprehensive overview of how best to take care of your young family's teeth

If you find this booklet helpful, even a small donation to the Global Child Dental Fund will greatly help disadvantaged children all over the world gain access to dental care and wear a healthy smile for life.

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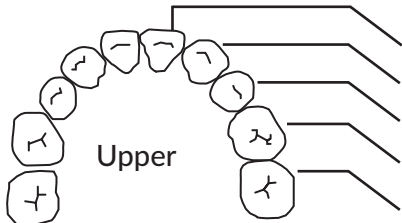
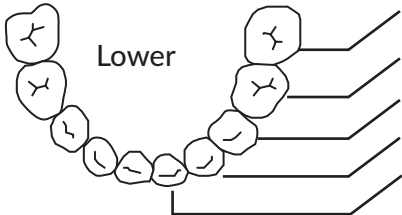
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The replacement of baby teeth for permanent teeth

When your baby reaches 2 or 3 years old, they should have 20 baby teeth in the mouth: 10 upper teeth and 10 lower teeth. See Image 1. The baby teeth are temporary. They stay in the mouth while your child is a baby and are replaced as they grow. The permanent teeth are definitive and should last your child's entire life. Parents should be alert and count the number of teeth because some children may have extra or missing teeth.

Image 1. Table of baby teething

	FIRST TEETH	When teeth "come in"
 <p>Upper</p>	Central incisors	7-12 mos.
	Lateral incisors	9-13 mos.
	Canines (cuspids)	16-22 mos.
	First molars	13-19 mos.
	Second molars	25-33 mos.
 <p>Lower</p>	Second molars	20-31 mos.
	First molars	12-18 mos.
	Canines (cuspids)	16-23 mos.
	Lateral incisors	7-16 mos.
	Central incisors	6-10 mos.

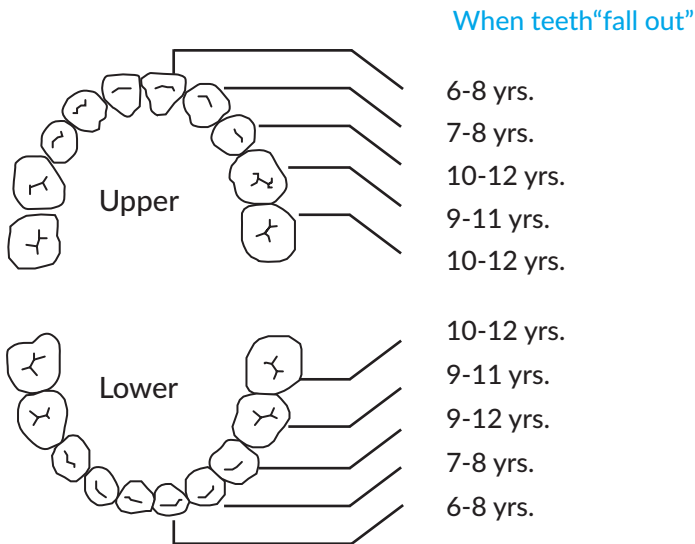
Functions of the baby teeth

- Guide the permanent teeth which are forming underneath into optimum position
- Keep the integrity of the dental arches so that orofacial development and growth can occur;
- Allow correct speech, chewing and swallowing of food;
- Enhance esthetics, giving your child a beautiful, healthy smile.

Permanent teeth

When children reach 5 or 6 years old, permanent teeth start to grow in at the back of the mouth. These the first permanent molars. At the same time, the front baby teeth slowly start to be replaced. All 20 teeth will eventually be replaced. See Image 2.

Image 2. Table of baby tooth replacement



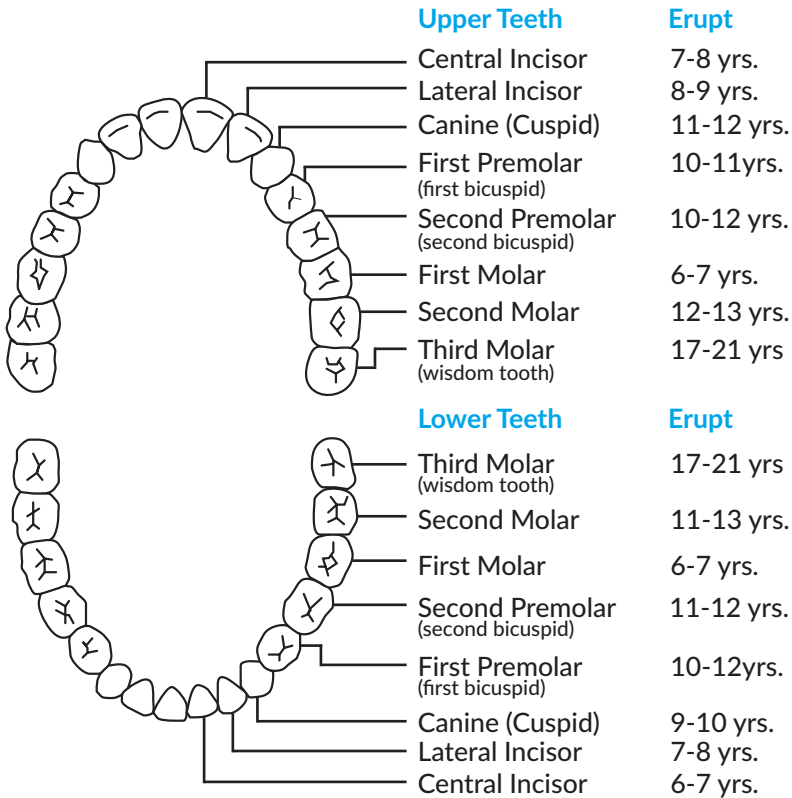
This replacement process should end by the age of 11 or 12. At this stage, more teeth will grow in at the back of the mouth; these are the second permanent molars. The wisdom teeth (third permanent molars) normally come in at very different ages, often after 17 years or possibly not at all.

It is vital to bear in mind that the first molars come in before any baby tooth is lost and they are sometimes not noticed by the parents. The first permanent molars are very important teeth but are more prone to cavities while growing through. They should be carefully and individually brushed as soon as they appear.



Your child should see the dentist regularly, but particularly when their first permanent molars are coming through. This can prevent these teeth from getting early cavities. Visiting once every 6 months is optimal, however some children may need to visit every 3-4 months. Ask your dentist about the optimum recall interval for your child. It should be noted that these teeth are the key to the spacing of all permanent teeth. There are 32 permanent teeth, 16 upper teeth and 16 lower teeth. See Image 3.

Image 3. Table of permanent teething



Diet and oral health in children

Children will inevitably join the feeding style of their family and the culture in which they live. You should always encourage a balanced diet with intervals between meals.

A balanced diet comprised of a variety of foods promotes nutritional balance and will favor your child's growth and development. At this age, they should not be forbidden to eat certain foods but be made aware of the importance of having good habits, such as choosing the right amount and type of foods, as well as the timing of meals.



- Healthy foods include fruits, vegetables, whole grains like cereals and bread, meat fish, eggs, beans and nuts
- Eat a limited amount of sugary foods and only at mealtimes
- Avoid sugary drinks, citric and other acidic drinks. Offer only water or milk between meals
- Eat more fresh fruit instead of fruit juice to meet the recommended daily intake
- Avoid dried fruits such as raisins for snacks because these are high in sugar.

Oral hygiene in childhood

Children should be encouraged and guided to perform oral hygiene first thing in the morning and last thing before going to bed. Until they reach 7 years old, the responsible adult should perform tooth brushing because your child will not yet have sufficient dexterity. After the age of 7, your child should clean their teeth themselves with adult supervision. By the age of 10, children can brush alone.

Child toothpastes should always have fluoride; this will reduce cavities. Since your child can spit at this age, the amount of toothpaste on the toothbrush should be the size of a pea (0.3g).

Amount of toothpaste for children:

- Children who cannot spit: equivalent to a grain of uncooked rice (0.1g).
- Children who can spit: equivalent to a pea (0.3g).



Dental floss is very important for those who have tightly positioned teeth. High levels of motor control are required to use it, and supervision is required for younger children. You should also instruct your child to brush their tongue.

Mouthwashes should only be used after the age of 6, when it is less likely your child will swallow the product.

The best way to educate children is by role modelling. Toothbrushing when your children are around is a good method of role modelling, demonstrating that this is an everyday action, just like taking a shower, and it is part of daily body hygiene.

Most frequent oral diseases in childhood

Tooth decay and periodontal disease can occur and be treated at any age. Prevention is always the best solution.

It is possible to correct dental arch discrepancies with physical therapy oral exercises or by wearing fixed or removable braces.

Halitosis (bad breath) in children usually happens due to post-nasal drip and tongue coating (lack of tongue hygiene).

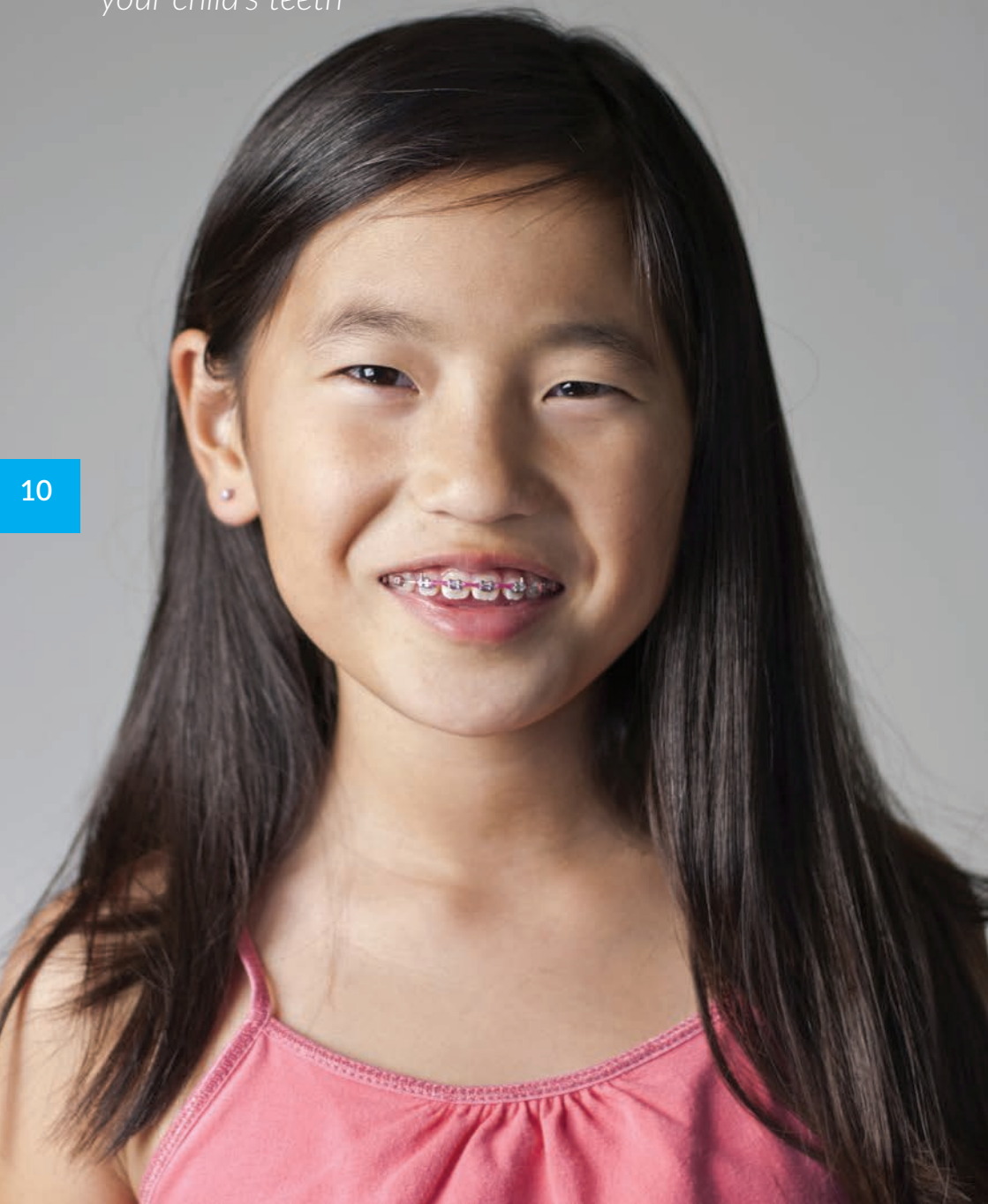
Dental erosion is the progressive loss of tooth structure without the presence of bacteria. This occurs due to chronic exposure to acids from food, drinks, medication, frequent vomiting or gastric reflux. Low salivary flow and saliva buffer capacity may aggravate the situation and can even be associated with other habits, like grinding and abrasion, which creates an even higher loss of dental tissue.

Other less common changes in the mouth may present, such as decreased saliva, canker sores, herpes, candidiasis, oral cancer and hemangioma. This is why it is important to visit your dentist regularly. As a responsible parent, you should also check your child's mouth regularly.

Some syndromes and systemic diseases can alter the time or sequence of tooth eruption, or even promote the emergence of some oral diseases. For example, diabetes may increase the risk of periodontal disease; and when a carrier of diabetes has periodontal disease, it may favor the loss of glycemic control.

Another example is a patient who breathes through the mouth. Since this action decreases the saliva, it increases the risk of cavities and gingival diseases. It also usually alters the development of the arches and posture of the head and neck.

*Your dentist will be able
to protect or rehabilitate
your child's teeth*



Malformed teeth

Malformed teeth are common, often having esthetic and functional implications. This usually occurs due to inadequate nutrition, disease, infection or excess of fluoride during tooth formation. Your dentist will be able to protect or rehabilitate these teeth.



Prevention of dental traumas in childhood

Children will naturally have the urge to explore, play and interact with other children. Accidents involving their mouths are fairly common.

After the age of 4 years, dentists recommend that children use mouth protection while playing high impact sports such as judo, basketball and soccer. The mouth protection should be made specifically to the child's mouth and should not be bought from a store. Sports grounds and courts should be equipped to prevent accidents, for example incorporating shock absorbing flooring.

Tooth and dental arch position in childhood

Your child's mouth should help them swallow, chew, speak and breathe through the nose without problems. Any alteration in the growth or development of your child should be corrected as soon as possible. This is also true to any alteration in their faces or mouths.

Professionals from different specialities may interact and take care of the same patient, combining expertise in areas such as dentistry, otolaryngology, speech and physical therapy. Orthodontics is available to correct teeth and arch alignment, using either removable or fixed braces.

References

Table 1 and 2: JADA, Vol. 136 www.ada.org/goto/jada November 2005

Table 3: JADA, Vol. 137 <http://jada.ada.org> January 2006

Other booklets in this series:

Oral Health and Your Pregnancy

Visiting the dentist during pregnancy
Common oral health problems in pregnancy
Oral health advice

Oral Health and Your Baby

Breastfeeding Bottle Feeding Pacifiers
Teething and the first visit to the dentist
Diet and baby teeth
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Series authors (from left to right):

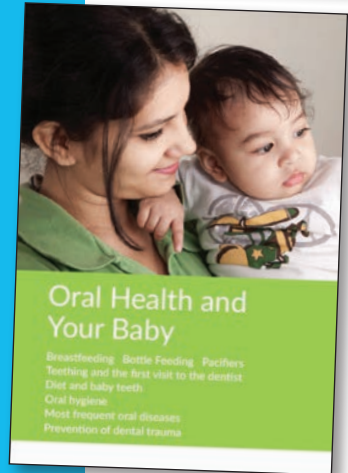
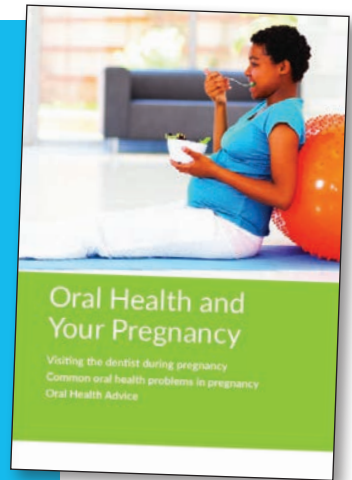


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