



Bright Futures Oral Health in Early Childhood

Early Childhood (1-4 years)

Oral Hygiene

- If the child has not yet been to a dentist, make an appointment for the child's first dental visit, thereby establishing a dental home.
 - After the initial dental visit, make the next appointment for the child according to the schedule recommended by the dentist, based on the child's individual needs or susceptibility to disease.
 - For children with special health care needs, make appointments for more frequent dental visits based on the child's individual needs or susceptibility to disease. Obtain special oral health equipment (e.g., a mouth prop) to brush the child's teeth.
 - For children under age 2, brush the teeth with plain water twice a day (after breakfast and before bed). For children at increased risk for tooth decay, consult with a dentist or physician about brushing the teeth with a pea-sized amount (small smear) of fluoridated toothpaste.
 - For children ages 2 and above, brush the teeth with no more than a pea-sized amount (small smear) of fluoridated toothpaste twice a day (after breakfast and before bed). Make sure the child spits out the toothpaste after brushing, but does not rinse with water. The small amount of fluoridated toothpaste that remains in the mouth helps prevent tooth decay.
- For effective plaque removal, make sure that a parent brushes the child's teeth.
 - Because brushing requires good fine motor control, young children cannot clean their teeth without parental help. After children acquire fine motor skills (e.g., the ability to tie their shoelaces), typically by age 7 or 8, they can clean their teeth effectively but should be supervised by a parent.
 - Become familiar with the normal appearance of your child's gums and teeth so that problems can be identified if they occur (see Tooth Eruption Chart on pages 78–79).^ψ Check the child's gums and teeth about once a month.
 - Give the child fluoride supplements only as prescribed by a dentist or physician, based on the risk of developing tooth decay and the known level of fluoride in the child's drinking water (see Systemic Fluoride Supplements: Recommended Dosage on page 84).^ψ
 - Discuss with a dentist or other qualified health professional the need to apply fluoride topically (via varnishes, gels, foams), which renews the high levels of fluoride in the outer layer of the tooth enamel. Topical fluoride may be especially effective for children at high risk for tooth decay because they have a history of decay, are not exposed to fluoridated water, snack frequently on foods containing sugar, or have a medical problem that decreases their resistance to decay.
 - Discuss with a dentist or other qualified health professional the need to apply dental sealants (thin plastic coatings applied to pits and fissures on the chewing surfaces of the teeth) to prevent tooth decay by creating a physical barrier against dental plaque. Dental

sealants should be applied shortly after the teeth erupt.

- If the child has sore gums caused by tooth eruption, give the child a clean teething ring, cool spoon, or cold wet washcloth. Other options include giving the child a chilled teething ring or simply rubbing the child's gums with a clean finger.

Nutrition

- Avoid sharing utensils (e.g., spoons) or orally cleaning a pacifier or a bottle nipple. This practice helps prevent transmission of bacteria that cause tooth decay from the parent, especially the mother, to the child via saliva.
- Continue to encourage the child to drink from a cup. Wean the child from the bottle by age 12 to 14 months.
- Do not put the child to sleep with a bottle or sippy cup or allow frequent and prolonged bottle feedings or use of sippy cups containing beverages high in sugar (e.g., fruit drinks, soda, fruit juice), milk, or formula during the day or at night to prevent sugary fluids from pooling around the teeth, which can increase the child's risk for tooth decay.
- Serve age-appropriate healthy foods during planned meals and snacks, and limit eating (grazing) in between.
- Serve fruit, vegetables, grain products (especially whole grain), and dairy products (milk, cheese, cottage cheese, and unsweetened yogurt).
- Serve foods containing sugar at mealtimes only (not between meals), and limiting the amount. Frequent consumption of foods high in sugar, such as candy, cookies, cake, sweetened beverages (e.g., fruit drinks, soda), and fruit juice, increases the risk for tooth decay.
- In addition, frequent consumption of foods that easily adhere to the tooth

surface, such as fruit-roll-ups and candy, increases the risk for tooth decay. When checking for sugar, look beyond the sugar bowl and candy dish. A variety of foods contain one or more types of sugar, and all types of sugars can promote tooth decay.

- Encourage the child to eat fruit rather than drink fruit juice.
- Serve the child juice in a cup, and limiting the child's consumption of juice to 4 to 6 oz per day. Serving 100 percent fruit juice or reconstituted juice.
- If the child drinks beverages between meals, encourage the child to drink water or milk rather than fruit juice or sweetened beverages (e.g., fruit drinks, soda).
- Drink fluoridated water (via a community fluoridated water source) to prevent tooth decay; for families that prefer bottled water, drinking a brand in which fluoride is added at a concentration of approximately 0.7 to 1.2 mg/L (ppm) is recommended.

Non-Nutritive Sucking

Sucking is a natural reflex for children. Most children require some amount of additional sucking beyond that needed for nourishment. This type of sucking, known as non-nutritive sucking, provides emotional benefits, enabling the child to calm himself/herself and focus attention. If parents choose to have their child suck a pacifier, health professionals can advise them to take certain safety precautions. The following precautions are recommended:

- Never attach a pacifier to a ribbon or string around the child's neck.
- Make sure the pacifier is of sturdy, one-piece construction and that the material is flexible, firm, and not brittle.
- Keep the pacifier clean.

- Do not dip a pacifier in sweetened foods (e.g., sugar, honey, syrup) to encourage sucking.
- Never orally clean a pacifier before giving it to a child.

Injury Prevention

- Be aware that injuries to the head, face, and mouth are common among children.
- Learn how to prevent oral injuries and how to handle oral emergencies. Because of the danger of damaging the underlying permanent teeth, never attempt to reinsert an avulsed (lost) primary tooth. It is impossible to relocate the tooth accurately, and there is danger of pushing it too far into the soft alveolar bone.
- Use an appropriate car safety seat in the back seat of the vehicle at all times.
- Children should ride rear facing until they weigh at least 20 lbs; it is preferable if they ride rear facing to the highest weight and height allowed by the car safety seat. Children who weigh at least 20 lbs should ride in a forward-facing car safety seat (unless their rear-facing car safety accommodates a higher weight); most forward-facing seats have a weight limit of 40 lbs, but a few have higher weight limits. After a child reaches the weight or height limit of the forward-facing car safety seat, the child should ride in a belt-positioning booster seat with a lap and shoulder belt.
- Do not place a child of any age in a shopping cart. Instead, consider using a stroller or a backpack or frontpack while shopping with a child.
- Use safety locks on cabinets. Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place.

- Keep pet food and dishes out of reach. Do not permit the child to approach the pet while it is eating.
- Keep appliances and dangling telephone, electric, blind, and drapery cords out of reach.
- Lock doors or using safety gates at the top and bottom of stairs, and use safety locks and safety devices on windows above the ground floor.
- Supervise the child on the stairs and when climbing on and off furniture.
- Do not give toys small enough to be placed in the mouth. Make sure that toys do not have parts that can become detached. Keep toys with small parts or sharp edges out of reach.
- Make sure that playgrounds are carefully maintained and that equipment is in good condition. All playground equipment should be surrounded by a soft surface (e.g., fine, loose sand; wood chips; wood mulch) or by rubber mats manufactured for this use.
- Supervise the child on playground equipment. Make sure children play only on developmentally appropriate equipment.
- Make sure that toys are soft (e.g., balls not made with leather or hard materials).
- Ensure that the child wears a bicycle helmet, even on a tricycle.
- Provide the child’s caregivers with the dentist’s emergency phone contacts, and ensure that the caregivers know how to handle all emergencies.

Source: “Bright Futures Oral Health Pocket Guide” by the National Maternal and Child Oral Health Resource Center
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>