



Bright Futures Oral Health in Infants

Infancy (0-11 months)

Health professionals should select the information in this section that is most appropriate, using clinical judgment to decide what is timely and relevant for each individual infant and family.

Family Preparation

To help prepare families for oral health supervision visits, health professionals can provide parents with a list of topics to discuss at the next visit. Topics may include the following:

- Changes in the teeth and the mouth
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking, cooking, or formula preparation
- Fluoride use (fluoridated toothpaste, fluoride supplements)
- Use of bottle or cup by infant
- Feeding practices
- Non-nutritive sucking (pacifier, thumb, finger)
- Illnesses or infections
- Medications
- Injuries to the teeth or the mouth
- Use of tobacco by parents

Interview Questions

- Following are examples of questions that health professionals may use. In addition to asking these or other interview questions, discuss any issues or concerns the family has.
- Does Felicity have any teeth?

- Do you clean Alexander's gums and teeth?
- How do you do that? How has this been going?
- Do you use toothpaste? Are you breastfeeding, bottle feeding, or both? How is feeding going?
- How well does Julia fall asleep? Do you give her a bottle in bed?
- Does Thomas use a pacifier? Does he suck his thumb or finger?
- Do you put Celeste in a safety seat when she rides in a vehicle?
- Do you have a family dentist? Did you see a dentist during your pregnancy?
- Has Carlos been to the dentist? Does he have a dental home? If not, have you made an appointment for his first dental visit?
- Has Natalie been to a health professional? If not, have you made an appointment for her first health supervision visit?

Risk Assessment

Use the tables shown on pages 68–75 [¶] to assess the infant's risk and protective factors for oral health issues.

Screening

Visually inspect the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth (see pages 11–13). [¶]

Examination

The first oral examination should occur within 6 months of the eruption of the first primary tooth, and no later than age 12 months.

[¶] Oral Health Pocket Guide
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>

Anticipatory Guidance

Discuss with parents or other intimate caregivers:

Oral Hygiene

Before teeth erupt

- Cleaning the infant's gums with a clean damp cloth or toothbrush and plain water after each feeding. Using a soft-bristled toothbrush with a small head, preferably one designed specifically for infants.

After teeth erupt

- Making an appointment for the infant's first oral examination within 6 months of the eruption of the first primary tooth, and no later than age 12 months, thereby establishing a dental home.
- After the initial dental visit, making the next appointment for the infant according to the schedule recommended by the dentist, based on the infant's individual needs or susceptibility to disease.
- For infants with special health care needs, making appointments for more frequent dental visits as directed by the dentist based on the infant's needs or susceptibility to disease. Obtaining special oral health equipment (e.g., a mouth prop) to brush the infant's teeth.
- If the infant has sore gums caused by tooth eruption, giving the infant a clean teething ring, cool spoon, or cold wet washcloth. Other options include giving the infant a chilled teething ring or simply rubbing the infant's gums with a clean finger.
- Brushing the infant's teeth as soon as the first tooth erupts, usually around age 6 to 10 months, twice a day (after breakfast and before bed). Using a soft-bristled toothbrush with a small head, preferably one designed specifically for infants, and

plain water. Lifting the lip to brush at the gum line and behind the teeth. Not giving the infant anything to eat or drink (except water) after brushing at night.

- For infants at increased risk for tooth decay, consulting with a dentist or physician about brushing their teeth with fluoridated toothpaste.
- Becoming familiar with the normal appearance of the infant's gums and teeth so that problems can be identified if they occur (see Tooth Eruption Chart on pages 78–79).^ψ Checking the infant's gums and teeth about once a month by lifting the infant's lip to look for decay on the outside and inside surfaces of the teeth.
- Giving the infant age 6 months or older fluoride supplements only as recommended by a dentist or physician based on the infant's risk for developing tooth decay and the known level of fluoride in the infant's drinking water (see Systemic Fluoride Supplements: Recommended Dosage on page 84).^ψ

Nutrition

- Breastfeeding the infant exclusively for approximately the first 6 months of life and continuing to breastfeed until age 12 months or as long as the mother and infant wish to continue.
- For mothers who cannot breastfeed or choose not to breastfeed, feeding the infant a prepared infant formula. No additional nutrients are needed.
- Avoiding testing the temperature of the bottle with the mouth, 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.
- Not putting the infant to sleep with a bottle or sippy cup or allowing 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 infant's risk for tooth decay.

- Holding the infant while feeding. Making sure to never prop a bottle (that is, use pillows or any other objects to hold a bottle in the infant's mouth).
- Never adding cereal to a bottle. This causes sugary fluids to pool around the teeth. Feeding the infant solid foods with a spoon or fork, or, once the infant is able, encouraging self-feeding.
- Introducing a small cup when the infant can sit up without support.
- Weaning the infant from the bottle as the infant begins to eat more solid foods and drink from a cup. Beginning to wean the infant gradually, at about age 9 to 10 months. By age 12 to 14 months, most infants can drink from a cup.
- Not introducing juice into infants' diets before age 6 months. Serving the infant juice in a cup, and limiting juice to 4 to 6 oz per day. Serving 100 percent fruit juice or reconstituted juice.
- For infants ages 6 months and older, serving age-appropriate healthy foods during planned meals and snacks, and limiting eating (grazing) in between.
- Serving 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, increase 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.

- Drinking 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 infants. Most infants 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 infant to calm himself/herself and focus attention. If parents choose to have their infant suck a pacifier, health professionals can advise them to take certain safety precautions. The following precautions are recommended:

- Never attaching a pacifier to a ribbon or string around the infant's neck.
- Making sure the pacifier is of sturdy, one-piece construction and that the material is flexible, firm, and not brittle.
- Keeping the pacifier clean.
- Not dipping a pacifier in sweetened foods (e.g., sugar, honey, syrup) to encourage sucking.
- Never orally cleaning a pacifier before giving it to an infant.

Injury Prevention

- Being aware that injuries to the head, face, and mouth are common among infants.
- Learning 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.

- Always keeping one hand on an infant on high places such as changing tables, beds, sofas, or chairs.
- Using a rear-facing infant-only or convertible car safety seat that is reclined at the angle specified by the manufacturer in the back seat of the vehicle at all times. Infants should ride rear facing until they are at least age 1 and weigh at least 20 lbs. Most infant-only car safety seats accommodate infants up to 20 to 22 lbs, and many convertible seats allow infants up to 33 to 35 lbs to ride rear facing. Not placing an infant at any age in a shopping cart. Instead, consider using a stroller or a backpack or frontpack while shopping with an infant.
- Using safety locks on cabinets. Keeping all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place.
- Keeping pet food and dishes out of reach. Not permitting the infant to approach the pet while it is eating.
- Keeping appliances and dangling telephone, electric, blind, and drapery cords out of reach.
- Locking doors or using safety gates at the top and bottom of stairs, and using safety locks and safety devices on windows above the ground floor. Supervising the infant on the stairs or furniture.
- Not giving toys small enough to be placed in the mouth. Making sure that toys do not have parts that can become detached. Keeping toys with small parts or sharp edges out of reach.
- Making 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.

- Supervising the infant on playground equipment. Making sure infants play only on developmentally appropriate equipment. Making sure that toys are soft (e.g., balls not made with leather or hard materials).
- Not using an infant walker with wheels.
- Providing the infant's caregivers with the dentist's emergency phone contacts, and ensuring that the caregivers know how to handle all emergencies.

Outcomes

- Parents and infant are under the care of an oral health professional.
- Parents are informed of oral development issues.
- Parents understand and practice good oral hygiene, feeding, and eating behaviors.
- Parents establish a safe environment and practice safety behaviors.
- Infant has no oral disease or injury.

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>