Fact sheet 1

Thumbsucking and dummies

Sucking is a baby’s first instinct and the desire varies greatly from one baby to another. The need to suck generally lessens with age and usually stops around 12 months. Thumbsucking or the use of a dummy by a baby is usually little cause for concern for dental development up to this age. Most specialists agree the habit should not be broken abruptly if it causes undue stress to the child.

The habit is best broken before the permanent teeth appear in the mouth. However if the habit persists after the permanent teeth start to appear, the thumb or dummy may force the teeth and jaw out of alignment. This problem may then need correction. If possible, it is best to prevent this from occurring by encouraging children to give up the sucking habit.

Suggestions which an educator can give to parents/carers to change a child’s habits:
- only give the child a dummy at sleep time
- remove the dummy once the child is asleep
- discourage the child from walking around with the dummy or thumb in his/her mouth.

If the child still has a dummy or thumbsucking habit at around 2½ to 3 years of age, make a date by which the child will have given up the habit – say the child’s third birthday. Talk to the child about giving it up and work towards reducing the time the child has the dummy or sucks his/her thumb. This can be reinforced at child care. By the third birthday, the child may be prepared to stop the habit.

If the child’s sucking habit causes parent/carer concern, they should discuss alternative methods of breaking the habit with their dental professional.

Remember, dummies can be a source of infection. If the dummy is dropped, parents/carers should wash it with running water (not in their mouth) before returning it to the child.
Fact sheet 2

Teething

Eruption times (teeth coming through the gums)

Baby teeth begin forming at approximately six weeks after conception. Minerals, such as calcium and phosphorus, are deposited in the developing teeth in a one way process, supplied by the mother’s bloodstream. Calcium is not removed from the mother’s teeth for this process.

Eruption times can vary considerably. There appears to be little connection between time of eruption of teeth and other growth factors such as height of the child. Genetic influences may play a role in the late or early eruption of teeth or deviation in the number of teeth erupting.

Healthy deciduous (baby) teeth

Baby teeth start to come through at approximately 4-6 months. By three years of age, children have a full set of 20 baby teeth. A baby tooth is in the mouth for up to 12 years before it falls out. Baby teeth need to be cared for in the same manner as the adult teeth. Healthy baby teeth are important for a variety of reasons:

- to enable normal development of the jaw and permanent teeth
- to maintain space for adult teeth
- to enable children to eat nutritious, fibrous foods
- to assist development of good speech including the ‘S’ sound
- to develop a positive self image.

Keeping baby teeth healthy has other benefits, including freedom from pain and discomfort, as well as financial savings.

Teething problems

The healthy toddler should experience very few problems during teething. Some possible problems associated with teething include swollen gums, irritability, restlessness, flushed cheeks, dribbling, finger sucking and gastrointestinal upsets. If a child has a fever and/or is ill, the child should be taken to a doctor. Ear infection, throat infections and other illnesses are often mistakenly passed off as teething and can lead to delays in seeking prompt medical advice.

Managing teeth

Teething problems can be managed by:

- being sympathetic and understanding
- using teething rings (cold) and baby rusks containing no sugar or salt
- rubbing the child’s gums with a clean finger
- applying a gel containing a mild surface anaesthetic
- using a paediatric analgesic - these should not be used without medical advice.

Dummies are not very effective for teething problems.
Fact sheet 3

Tooth decay and plaque

Plaque is a sticky film made up mainly of bacteria, but it also contains saliva and the remains of cells of the mouth tissues and fibres from foods.

Protecting teeth

Teeth are important for speech development, eating and appearance. It is important they are well cared for. Acids produced by bacteria in plaque can lead to tooth decay if sugary foods and drinks are consumed too frequently. Limiting sugar intake to meal times will allow time for the saliva and plaque to repair the attacked surfaces.

Regular brushing helps prevent gum disease by removing the build-up of plaque and food debris from surfaces of the teeth, especially where the gums and teeth meet. Using fluoride toothpaste also makes the surfaces of the teeth stronger and more resistant to decay.

Erosion of tooth surfaces can be caused by acids in the diet, mainly from soft drinks, fruit juices and sports drinks. Teeth should not be cleaned immediately after having an acidic drink, as this might brush away the outer layer of the tooth surface that has been softened by the acids.

Acid attack and tooth decay (dental caries)

Bacteria in plaque produce acids when sugar is consumed. Each dose of sugar produces an acid attack. The acids act on the mineral part of the tooth causing demineralisation. Repeated acid attacks leads to tooth decay (dental caries).

As tooth decay spreads, it will continue to break down the tooth until it reaches the pulp or nerve. If detected early, small cavities can be treated with simple fillings or even fluoride treatment.

Early childhood caries (infant tooth decay)

Early childhood caries is tooth decay on baby teeth. It can start as soon as the first tooth comes through (erupts) and may become severe if the child is exposed to frequent and prolonged use of sugary liquids such as cordial or juice in the bottle (see fact sheet 8). The front top teeth may quickly develop severe decay.

If decay is detected at an early stage, further decay can be prevented. The initial holes often start where the teeth meet the gums. Plaque commonly accumulates here. Removing the plaque daily can reduce decay.

Ensuring sugary foods are not eaten or sweet drinks are not consumed frequently also greatly reduces the risk of infant tooth decay.

Only milk, formula or water should be placed in the bottle.
Fact sheet 4

Fluoride

The most effective means of making tooth enamel more resistant to tooth decay is through exposure to fluoride. This can be achieved by exposure to low concentrations of fluoride over a long period of time (eg. daily drinking of fluoridated water) and/or using a fluoride toothpaste daily.

Fluoride is a naturally-occurring mineral and works by inhibiting the ability of bacteria to produce acids, strengthening the enamel and making teeth more resistant to decay.

In a fluoridated area, about one third of the adult fluoride intake comes from foods such as fish, meat, vegetables and eggs. The other two thirds come from drinking water and using fluoride toothpaste.

Fluoride toothpaste

In fluoridated areas:
From 18 months of age, parent/carers should start using a thin smear or small, pea-sized amount of low fluoride toothpaste on the brush.

In non-fluoridated areas:
From 6 months of age, parent/carers should start using a thin smear or small, pea-sized amount of low fluoride toothpaste on the brush.

Children must not use too much toothpaste. To prevent this, parent/carers can:
• supervise young children brushing their teeth or brush for them
• use a thin smear of low fluoride toothpaste (there are low fluoride toothpastes available eg. My FirstColgate®, Macleans Milk Teeth® or Oral B Stages® which contain half the amount of fluoride of adult toothpaste)
• ask children to spit out excess toothpaste after brushing
• avoid toothpastes that are brightly coloured or contain attractive flavouring agents so toddlers do not think toothpaste is for eating
• ensure young children do not brush more than twice a day
• keep toothpaste out of reach of children.

Fluoride rinses and supplements

Children with special needs, such as those with some medical conditions requiring long term oral medication containing sugar, have a higher risk of tooth decay. These children may benefit from fluoride supplements. These should only be given after consultation with a dental professional.

Fluoride is most beneficial once the tooth has erupted into the mouth. The child’s teeth will benefit from fluoride being available in regular small doses in the form of fluoridated drinking water or toothpaste. If a child has a high decay risk and lives in an area where the drinking water is low in fluoride, fluoride supplements may be recommended by a dental professional as a short term aid, until other factors such as diet and oral hygiene are brought under control.
Fact sheet 5
Correct tooth cleaning techniques

Gum disease and toothbrushing

Gum disease in children is usually caused by poor oral hygiene. The bacteria in plaque produce toxins that irritate the gums which causes them to become inflamed and bleed easily. In the early stages, the inflammation will disappear if the plaque is removed by regular effective toothbrushing. Gum disease can affect children and adults.

Habits start early. If children develop good oral hygiene as part of their everyday hygiene practices, they are more likely to maintain these habits as adults.

Cleaning babies’ teeth

Children’s teeth can be cleaned as soon as they come through. It is necessary to clean the teeth daily, as plaque (a sticky invisible film of bacteria and left over food debris) will form in a child’s mouth just as it does in your own. A moistened soft cloth can be used to wipe off plaque and milk around the teeth in young babies. As the child becomes older (at about 12 months of age), a toothbrush with a small head and soft bristles can be introduced. In non-fluoridated communities a thin smear of low fluoride toothpaste may also be used from six months of age.

Cleaning toddlers’ teeth

Children should be encouraged to brush their own teeth. However, they do not have the skill to use a toothbrush correctly until about eight years of age. It is advisable for an educator or parent to supervise toothbrushing until the child is able to manage the correct technique.

In fluoridated areas toothpaste is not necessary until about 18 months of age.

Children must not use too much toothpaste. To ensure children under six years of age get the ‘correct’ amount of fluoride, parents/carers should:
• supervise young children brushing their teeth or brush for them
• use a thin smear of low fluoride toothpaste (there are low fluoride toothpastes available eg. My FirstColgate®, Macleans Milk Teeth® or Oral B Stages® which contain half the amount of fluoride of adult toothpaste)
• ask children to spit out excess toothpaste after brushing
• avoid toothpastes that are brightly coloured or contain attractive flavouring agents so toddlers do not think toothpaste is for eating
• ensure young children do not brush more than twice a day
• keep toothpaste out of reach of children.

Alternative position for cleaning child’s teeth

It is often easier to sit a toddler in your lap facing away from you, with their head resting against your body. This way you will have more control and the child will feel more secure.
Fact sheet 5 (continued)

Toothbrushing method

How to Brush

It is important to take time to brush well. Parents/carers need to brush for children until they are about eight years of age. Children should be encouraged to assist with brushing as this helps them to learn techniques and develop the flexibility required.

Establish a routine as this helps teach children the importance of brushing every tooth, every day. It will take one to two minutes to brush well.

A small soft toothbrush should be used. Make sure the toothbrush bristles are straight and not “shaggy” (replace toothbrush when bristles are shaggy).

Use a small amount (about half a pea-size) of low (500 parts per million) fluoride toothpaste. Because children have difficulty spitting out, they tend to swallow most of the toothpaste applied to the brush. Keep toothpaste out of reach of children.

Clean the top insides, bottom insides, chewing surfaces and outsides of every tooth, twice a day. Make sure to clean right down to the gum line as food and plaque hides just under the gums.

When finished brushing, children should be encouraged to spit out, but not rinse. The toothpaste left in the mouth will continue to repair and protect the teeth.