Fact sheet 6

Regular dental check-ups

Regular dental check-ups should start before the child is two years old.

It is important for children to feel comfortable, confident and relaxed in a dental clinic. Educators are encouraged to use the resources in Happy Teeth to demystify a dental check-up and to ensure children are familiar with what they will encounter on a visit to a dental clinic.

Dental disease in its early stages may produce no symptoms. By the time obvious cavities (holes) are present, the treatment required is more complex than if it had been treated in the early stages. Regular check-ups are important so minor problems can be detected and treated before they become serious.

Oral health services

People who hold a Health Care Card or Pension Card can visit the local Queensland Health public dental clinic or a private dentist of their choice.

Public dental clinics are free of charge to eligible persons. Private dentists charge fees that may be reimbursed by private health cover.

All Queensland resident children 4 years of age or older who have not completed Year 10 of secondary school are eligible to visit the Child and Adolescent Oral Health Service (previously the School Dental Program). Children younger than 4 or those who have completed Year 10 are also eligible if they are dependents of current concession card holders or hold a current concession card themselves. Parents/carers can also take their children to a private dentist of their choice at their own cost.
Fact sheet 7

Healthy foods and fluids

Fluids

Breast milk is the best source of food for baby. Water is the only other fluid other than breast milk or formula that should be given to baby up to six months of age.

To quench thirst, water or plain milk (in moderation) are the best choices. If a child is used to drinking sugary drinks, try to reduce the amount of sugar by diluting with water.

Breast milk, or prepared formulas, supply adequate amounts of vitamin C, therefore children do not require vitamin C supplements.

Fruit juice is not necessary for good health. Even fruit juice with ‘no added sugar’ has high levels of natural sugar which can encourage a preference for sweet drinks and damage teeth when they come through. It is better to satisfy a thirst with water, and when the child is old enough, introduce whole fruits to eat to provide fibre, vitamins and minerals.

’Sports’ drinks and soft drinks are acidic and can harm teeth.

Solids

As children develop individually, their ability to chew and swallow can vary greatly, so regardless of age, all children should be supervised when eating to prevent choking.

Exercise caution when introducing foods to ensure the food chosen is of a suitable texture for the child’s age and development. Up to 2½ years of age, small hard pieces of food such as nuts, seeds, carrots, apples and celery should be avoided as they can be inhaled and cause choking.

It is important to remember while toddlers have front teeth to bite off food, they may not have molar teeth to grind their food before swallowing. Their ability to swallow may not be fully developed.

By approximately 2½ years of age, all baby molar teeth should have erupted into the mouth, thereby enabling a child to chew and grind foods.

When ‘mini meals’ (snacks) are consumed, offer a varied selection of nutritional foods. Cheese is a good choice. Other ‘mini meal’ suggestions are bread with a low fat/low sugar filling (eg. meat, peanut butter and vegetable extracts) plain popcorn, cheese, vegetables such as corn cobs or carrot sticks, plain yoghurt with fresh fruit and cold cooked pasta.

Artificial sweeteners

Artificial sweeteners are not recommended for young children as some types may cause diarrhoea. Whilst non-sugar sweeteners do not pose a risk to dental health, consumption of artificially-sweetened foods may displace more nutritious foods from the diet.

A number of types of sugarless sweeteners are available and overall these products are non-decay forming.
Fact sheet 7 (continued)

The use of sugarless sweeteners can be supported where a sweet taste is necessary, such as in medicines.

Not all sugar free products can be considered ‘safe for teeth’, because factors such as acidity must also be considered eg. soft drinks, sports drinks and ‘fruit drop’ lollies, though artificially sweetened, can still cause tooth erosion due to their acidity.

Tooth protective foods

Research shows some foods contain protective factors against tooth decay.

Casein, a protein found naturally in milk products, forms a coating on teeth thereby providing protection against acids formed in plaque. Casein also helps prevent loss of minerals from the tooth enamel by acting as a reservoir of calcium and phosphate eg. cheese eaten at the end of any meal or ‘mini meal’ (snack) reduces the harmful effects of sugar.

This protective function of dairy foods is explained by the following mechanisms:

- stimulating salivary flow to counteract the plaque acids and restore the mouth to its correct pH level
- raising the calcium concentration in plaque to encourage remineralisation of tooth enamel
- increasing the amount of alkaline substances to balance harmful acids in plaque thereby slowing the decay process.
Fact sheet 8

Sugar

Sweetened liquids

Sugar can be found in many children’s drinks including cordial, vitamin C syrups and fruit juice. Milk (cow’s milk and formula) also contains sugar in lower amounts.

Sugary drinks

Sugary drinks, consumed frequently, increase the risk of developing tooth decay. Fruit juice, flavoured milk, cordial and soft drinks are all high in sugar. Many commercial drinks such as soft drinks, fruit juices and sports drinks are also acidic and may cause erosion of teeth. These should only be consumed occasionally (about once per week or less).

Marketing surveys have reported by 12 months of age, almost 90 per cent of infants consume fruit juices, with children under five years consuming more fruit juice than any other age group. Consumption of excessive amounts of fruit juice has been associated with dental erosion.

Acidic drinks can gradually erode or dissolve the surface of the tooth (enamel) resulting in sensitivity and discomfort.

Bacteria in the mouth feed on the sugars, and in the process produce acids which may dissolve the child’s tooth enamel and cause decay. Each time a child drinks sugar-containing fluids, acids attack the child’s teeth for at least 20 minutes. If these fluids are given often, or for long periods of time, tooth decay will occur. Allowing a young child to suck on sweetened liquids constantly throughout the day, or to fall asleep with a bottle during a nap or at night, or to suck on a sweetened dummy, will seriously harm a young child’s teeth.

Tooth decay is preventable.

Breastfeeding

The National Health and Medical Research Council (NHMRC) recommends breastfeeding as the ideal method of infant feeding where possible. Breastfeeding has many benefits, including provision of nutrients and protection against infection and disease.

Preferences

Children may have a preference for sweet foods through early introduction of such food and these may form a large part of their diet, replacing more nutritious foods. The consumption of sugary foods and drinks can lead not only to increased risk of tooth decay, but also to obesity.
Fact sheet 8 (continued)

Hidden sugars in foods

On average, Australians consume about 51 kilograms of sugar per person per year. Most of our sugar intake is from added sugars, so it is difficult to avoid eating some sugar. We are all at risk of tooth decay to some extent. It is the form and frequency of sugar we eat and drink that increases our risk, not only the amount of sugars we add to drinks or eat in cakes and biscuits.

About two thirds of the sugar consumed is in the form of sweetened drinks, confectionery and table sugar. Sugar is hidden in many other foods including fruit straps, muesli bars, health bars, sauces, and drinks such as fruit juices. By choosing foods low in added sugar we can reduce our total sugar intake. Manufacturers are required to label the contents of foods with the ingredients listed in descending order of amount. Avoid products which have sugar listed high in the order of ingredients.

Health bars, fruit straps and muesli bars have a high sugar content and tend to cling to teeth. To reduce the risk of decay, it is recommended these foods, if eaten at all, be limited to meal times and not be eaten every day. Dried fruits are also high in sugar and cling to teeth so are best limited to meal times. Be aware that alternative names for sugar such as sucrose, dextrose, corn syrup, malt extract, fructose, maltose, lactose and glucose are often used. These are examples of ‘hidden’ sugars. Products labelled ‘no added sugar’ may already be high in sugar due to concentrated quantities of naturally occurring sugars such as fructose and glucose.

Meals

Dietary habits are formed early in children. By introducing sweet foods and liquids into the diet at an early age, the child will quickly become accustomed to eating sugar. It is best practice to encourage nutritious foods within the diet to prevent problems later. Give children the best possible start by delaying the introduction of sweet foods, providing nutritious meals and limiting foods high in sugar once they have been introduced.

Mini meals

Some children prefer to eat many small meals rather than three meals per day. Limit this grazing type of behaviour to six mini meals per day. It is important for educators to promote a ‘mini meal’ concept rather than snacks. People generally interpret snacks as being treats. Treats are often high in sugar and salt/fat, eg. biscuits, crisps, soft drink. These ‘mini meals’ should be as nutritious as main meals.

Sugars

Teeth need time to recover or remineralise from damage caused by acid attacks. It is sensible to cut down on sugary foods/drinks, allowing a longer gap between eating occasions and more time for saliva to neutralise the acid attack. More frequent eating/drinking (where sugars are available) throughout the day means teeth can be under constant acid attack with no time for repair (remineralisation).

Sugar in liquid pharmaceuticals

Children who are on long term medications can be at increased risk of decay if frequent doses of pharmaceuticals containing sugar are given. Some common medicines contain high amounts of sugar. Parents should check with their pharmacist or doctor to see if there is a sugar free alternative.
Fact sheet 9

Dental accidents - what to do

Traumatised deciduous (baby) tooth

Once a child begins to walk, accidents involving the mouth are common. Injuries may vary from small chips (fractures) to the tooth being knocked out (avulsed). The mouth has a profuse blood supply and often the severity of the injury cannot be assessed until the area is cleaned.

First aid

If an accident occurs, reassure the child and let him/her settle. Gently clean the area to determine the damage caused by the accident. Seek immediate dental care.

If a baby tooth is knocked out do not replace it. Seek immediate dental care. However, knocked out permanent teeth should always be replaced.

What to do if a child’s permanent (adult) tooth is knocked out.

1. Remain calm and find the tooth.
2. Handle the tooth by the crown (top), not the root.
3. If the tooth is dirty, rinse in milk or owner’s saliva only - do not scrub the tooth or use water or other cleaning agents.
4. Immediately replace the tooth in its socket, if possible.
5. If not possible to replace, wrap tooth in plastic wrap or store in milk only. Do not store in water.
7. Injury to the baby teeth can cause the nerve to die even if there is no obvious fracture. If the tooth discolours, or a ‘gum boil’ forms above the tooth, contact a dental professional.
# Fact sheet 10

## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid attack</td>
<td>Bacteria in plaque produces acids when sugar is eaten. Each dose of sugar produces an acid attack.</td>
</tr>
<tr>
<td>Anterior teeth</td>
<td>Front teeth.</td>
</tr>
<tr>
<td>Bacteria</td>
<td>Small or microscopic germs.</td>
</tr>
<tr>
<td>Caries</td>
<td>Decay of teeth, holes in teeth.</td>
</tr>
<tr>
<td>Casein</td>
<td>A protein found naturally in milk products, which forms a coating on teeth, providing protection against acids formed in plaque.</td>
</tr>
<tr>
<td>Deciduous (baby) teeth</td>
<td>First set of teeth.</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>Assist dental professionals in the dental clinic and perform administration duties.</td>
</tr>
<tr>
<td>Dental Therapist</td>
<td>Dental Therapists provide dental therapy services to children and adolescents. Dental Therapists are registered with the Dental Board of Queensland.</td>
</tr>
<tr>
<td>Dentine</td>
<td>Second layer of tooth structure. Softer than enamel.</td>
</tr>
<tr>
<td>Dentist</td>
<td>Dentists provide the full range of general dental services to clients of all ages in a variety of settings. Dentists working for Queensland Health may also be employed in 'team leader' roles where they supervise the work of the team and mentor junior team members.</td>
</tr>
<tr>
<td>Early childhood caries</td>
<td>Commonly known as infant tooth decay, nursing caries, or infant caries.</td>
</tr>
<tr>
<td>Enamel</td>
<td>First layer of tooth structure. Hardest tissue in the body.</td>
</tr>
<tr>
<td>Erupt</td>
<td>Teeth coming through the gums as part of their normal development.</td>
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<tr>
<td>Fluoride</td>
<td>Compounds of fluorine. Small quantities occur naturally in water and at optimal levels make teeth more resistant to decay.</td>
</tr>
<tr>
<td>Gingivitis</td>
<td>Inflammation of the gums.</td>
</tr>
<tr>
<td>Mini meals</td>
<td>Small meals that are nutritious. These should replace ‘snacks'.</td>
</tr>
<tr>
<td>Oral Health Therapist</td>
<td>Oral Health Therapists are dually qualified Dental Therapists and Dental Hygienists and are registered with the Dental Board of Queensland in both disciplines. Oral Health Therapists provide dental therapy services to children, adolescents and dental hygiene services to clients of all ages. Oral Health Therapists are also qualified to lead individual, group and community oral health promotion strategies.</td>
</tr>
<tr>
<td>Permanent (adult) teeth</td>
<td>Second set of teeth.</td>
</tr>
<tr>
<td>Plaque</td>
<td>A sticky film which forms on teeth; in which the bacteria live.</td>
</tr>
<tr>
<td>Tooth decay (dental caries)</td>
<td>Cavities in teeth, caused by the acids produced by bacteria in plaque, as a result of the breakdown of dietary sugars.</td>
</tr>
<tr>
<td>Tooth-friendly foods</td>
<td>Those foods and drinks that are not likely to stick to teeth and contain very low amounts of sugar and acids. Milk does have natural sugar but is tooth-friendly.</td>
</tr>
<tr>
<td>Unfriendly foods</td>
<td>Those foods and drinks which stick to teeth and/or contain moderate or high amounts of sugar.</td>
</tr>
</tbody>
</table>