



Infant Dental Exam Fact Sheet

Teething

Most infants experience some symptoms with teething, including:

- Drooling
- Mouthing objects
- Irritability
- Change in sleep habits
- Pain and gum tenderness

Many children find relief from something cool or firm to chew, such as a teething ring. Tylenol, Motrin or rubbing on the gums with a clean finger can provide relief. If the symptoms persist or worsen, contact your child's dentist.

Diet

- Infants should be weaned from the bottle and transition to the cup when they are between 12 and 14 months. Putting children to bed with a bottle puts them at a higher risk for dental decay and ear infections.
- Breast-fed babies should not be fed "at will" after their first tooth comes in.
- Use caution with sippy cups. Many infants and toddlers who drink out of the cup or bottle filled sugary beverages (soda, chocolate milk, fruit juices and punches, sweet tea) between meals are at a higher risk to develop tooth decay. Keep juice at a minimum.
- Encourage healthy, age-appropriate snacks (whole grains, fruits and vegetables, cheese, etc.). Avoid cookies, candy, soda, cereals with sugar and foods that are high in carbohydrates and starch with no nutritional value. Read your labels. Many pre-packaged foods are very high in sugar and low-nutrition carbohydrates.

Fluoride

Fluoride plays an important role in cavity prevention. Your child may receive fluoride in many forms, including toothpaste, food and water, fluoride supplements and fluoride treatments at the dental office. A small pea-sized amount of toothpaste is recommended for children 2 years and older. Careful supervision during brushing is important. Your dentist can help you determine if your child is receiving an adequate amount of fluoride.

Children who benefit the most from fluoride are those at highest risk for dental decay. Risk factors include a previous history of dental decay, high sugar and carbohydrate diet, dry mouth and orthodontic appliances.

Trauma prevention

Toddlers are susceptible to falls and injuries. Prevention strategies include:

- Buffering hard edges and corners
- Using nonskid mats in bathtubs
- Removing or hiding cords that can electrocute or strangle a child
- Putting ice or a cold compress on an oral injury. If tooth falls out, try to retrieve it and place it in milk. See your dentist if a tooth has been fractured, knocked out, displaced in the socket or loosened after an injury. Go to the emergency room if your child has had a severe blow to the head or a jaw fracture.

Follow up visits

Your dentist will schedule your child for regular check ups at their new dental home. These are important to evaluate tooth and facial development, proper oral hygiene, fluoride recommendations, preventive strategies and to give you age-appropriate recommendations concerning your child's oral development. Your pediatric dentist is trained to develop a combination of office and home preventive care to ensure your child a happy smile.

The American Academy of Pediatric Dentistry has many excellent policies and guidelines on infants, children and adolescent oral health. This can be accessed online at <http://www.aapd.org>.