

Infant Oral Health Answers

1. Which infants are at high risk of dental caries?

Dental caries can begin as soon as teeth erupt. Cavities may be visible as early as 10 months of age. Children at high risk of dental caries include infants born prematurely, infants with special needs, mothers with high caries rates and families of low socioeconomic status.

2. At 6 months of age who should receive systemic fluoride supplementation?

Children should receive systemic fluoride supplementation if they drink well water or other home water that contains <0.6 ppm of fluoride. This supplementation should begin at 6 months of age. See Table 1 on Page 2116 for dosing guidelines. Fluoride supplementation should not be given with formula or milk because it decreases absorption. Systemic fluoride is one of the most effective tools in prevention of dental decay and has been shown to reduce caries by 40-50%. Fluoride increases the resistance of the teeth to demineralization, promotes re-mineralization, and exerts bacteriostatic properties. Topical fluoride toothpaste should be encouraged while brushing their teeth twice a day. Use only a tiny dab no bigger than the head of a pencil eraser.

3. When do you first refer a child to the dentist?

The American Academy of Pediatrics recommends that children at “caries risk” should see a dentist by the age of 12 months. Any child with deviation from normal teeth need to be evaluated early. Low risk children can be referred to the dentist on their 3rd birthday. The American Academy of Pediatric Dentistry recommends that “all” children see a dentist by the age of 12 months.

4. What are early signs of dental decay?

Early signs of dental decay include white lines on the enamel near the gingival margin. Factors that contribute to early decay are exposure to sugars found in juices mainly. Lactose found in bovine milk is much less likely to be cariogenic as compared to sucrose founds in fruit juices. Early colonization with mutans streptococci also contributes and is passed from mother to child. Any abnormalities in the enamel of the teeth also contributed to early decay.

5. What is fluorosis?

Fluorosis is “mottling” white areas of the teeth secondary to chronic excessive fluoride intake. Acute excessive fluoride intake at doses

<5mg/kg can cause nausea and vomiting. Larger doses of fluoride can cause life threatening hypocalcemia with seizures, tetany, decreased myocardial contractility, ventricular arrhythmias and cardiac arrest.

References:

Please reference article from American Family Physician *A Practical Guide to Infant Oral Health*, December, 2004:

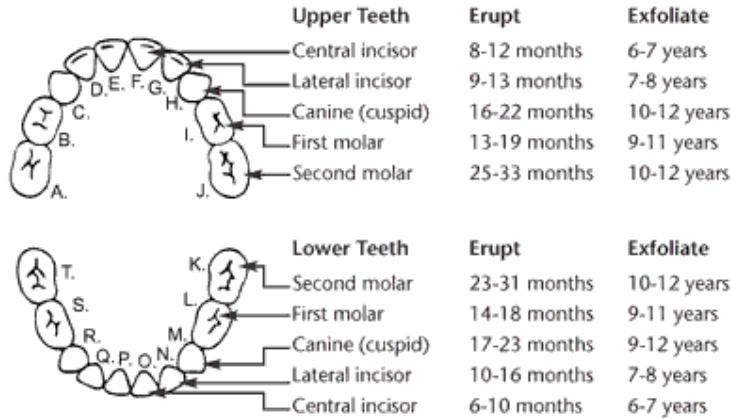
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Tooth Eruption Chart:

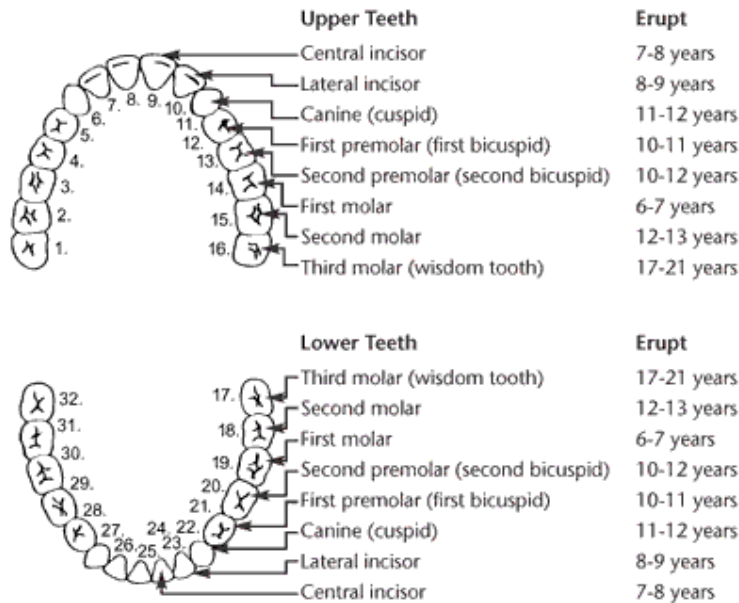
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Tooth Eruption Chart

PRIMARY DENTITION



PERMANENT DENTITION



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