



## Infant Dental Exam Fact Sheet



### **TEETHING**

Most infants experience some symptoms with teething, including: drooling, mouthing objects, irritability, change in sleep habits, and pain and gum tenderness.

Many children find relief from something cool or firm to chew on, like 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 12-14 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 the first tooth erupts.
- Use caution with Sippy cups. Many infants and toddlers who drink out of the cup or bottle between meals with sugary beverages (Kool-Aid, soda, chocolate milk, fruit juices, punches, and sweet tea) are at a higher risk to develop tooth decay.
- Encourage healthy, age appropriate snacks (whole grain, fruits, cheese and vegetables). Avoid cookies, candy, soda, cereals with sugar, foods that are high in carbohydrates and starch with no nutritional value. Read your labels. Many prepackaged foods are very high in sugar and low nutrition carbohydrates. Keep juice at a minimum.

### **FLUORIDE**

Fluoride plays an important role in cavity prevention. Your child may receive fluoride in many forms; 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 ½ 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: buffer hard edges and corners, use nonskid mats in the tub, and remove or hide cords that can electrocute or strangle a child. Put ice or a cold compress on an oral injury. See your dentist if a tooth has been fractured, knocked out, displaced in the socket, or loose 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 checkups 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 uniquely 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 adolescents oral health. This can be accessed online at [www.aapd.org](http://www.aapd.org).