



TODDLER TIME



1. **Dental Home at 12 months - not age 3!**
 - a. Anticipatory Guidance - Education.
 - b. Early Intervention and Prevention.
 - c. Patient of record for dental trauma.
 - d. 18-24 months for siblings first visit.
2. **Risk Factors - *Early Childhood Caries* - ECC (new term)**
 - a. Special health care needs.
 - b. Grazers - drinks and snacks.
 - c. Liquid medicine - Zyrtec.
 - d. Breastfeeding - brush teeth AFTER!
 - e. Milk/juice/sweetened liquid to bed in bottle/sippie cup.
 - f. Reflux (GERD) - stomach acid contacting teeth.
 - g. Reduce mom's cavity potential and transfer of bacteria to child.
 - i. 100% xylitol chewing gum (5 pieces/day by mom).
 - ii. Minimize saliva sharing activities.
 - h. Brush teeth twice-daily - AFTER breakfast and prior to bedtime.

3. Diet and Drinks

- a. Dental Equation = Tooth, sugar and bacteria (plaque).
- b. Natural sugar vs. processed.
- c. Snacking or grazing greatly increases risk!
- d. GUMMIE VITAMINS, gummie snacks, fruit roll-ups, skittles, dried fruits - ex. raisins, cranberries.
- e. Carbs, crackers, breads.
 - i. Cheerios a better choice - oat grain!
 - ii. Reduce/eliminate between-meal snacks containing fermentable carbohydrates.
- d. Milk - chocolate, soy, breast and citric acid juices.
- f. Watered down juice - this is only helpful for hyperactivity - teeth still at risk!
- g. Flavored waters/alternatives.
 - i. Fruit₂O, Aquafina - Splenda.
 - ii. Crystal Light - Aspartame (Nutrasweet).



4. Toothbrushing and Flossing

- a. Technique - 45 degree angle, brush in direction the teeth grow.
"Wiggle, Jiggle, 1,2,3"
- b. Use Fluoride toothpaste with the eruption of the first tooth.
- c. Knee to knee position.
- d. Control by parent, not child.
- e. Wet toothbrush early on (no wiping).
- f. Spin brushes vs. traditional.
- g. Closed contacts - wild flossers/floss handles.



5. Toothpaste

- a. Use Fluoride toothpaste twice-daily.
 - i. 'Rice-size/smear' for children <2 yrs.
 - ii. 'Pea-size' for children 2-5 yrs once they can spit consistently.
 - iii. Parents should assist with brushing.
- b. Spit training suggestions - ping pong ball technique



6. Fluoride History

- a. Topical (paste, gels, rinses) vs. Systemic (water).
- b. City water - need to ask further questions:
 - i. Filtration Systems - reverse osmosis and distillation - reduced fluoride levels.
 - ii. Bottled water brought in (variable fluoride but usually low).
 - iii. Other places? school, grandmas, foods/beverages made with water including infant formula.
 - iv. Nursery water with fluoride - need 6oz/day.
- c. Well Water (private or community well).
 - i. Water test kit - health dept test.
 - ii. Supplementation fluoride schedule and prescription.
- d. Teas and Grape Juices - higher in natural fluoride.



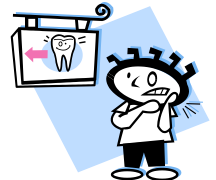
7. Thumbs, Fingers, Pacifiers

- a. Anticipatory Guidance.
- b. Pacifiers - trimback technique, plant in yard, pacifier fairy.
- c. Thumb - substitute pacifier for thumb, thumb paint/nail bitters paint, reminders - band aids, gloves, socks, reward charts, thumbguard, thumbkin.



8. Trauma

- a. Frenum (skin under lip) tear.
- b. Concussion injury - tooth is "bumped".
- c. Subluxation - loose tooth, not displaced.
- d. Luxation displaced (pushed back) - most common injury.
- e. Avulsion (tooth knocked out) - locate, but don't replace in mouth.
- f. Intrusion (pushed into gum) - use towel on bathtub.



9. Fluoride and Radiographs Required - Our Policy

- a. In-office topical fluoride treatment every 6 months.
- b. Radiographs as recommend by the American Academy of Pediatric Dentistry.
- c. High risk kids may need to be seen every 4 months (3 times a year) or extra fluoride treatments every 3 months.



For more information, log onto:

<http://www.cdhp.org/Projects/PPMCHResources.asp> or www.aapd.org

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