

Caring for your Children's Teeth

Is tooth brushing before bedtime a problem?

Are you not sure if you're getting it right? How to check children's teeth.

Do they keep getting cavities?

Preventative Treatments - what is best?

What role does diet play? Are there simple rules around a healthy diet?

Fluoride - what are the issues around this chemical?

Do you get the feeling that a lot of companies and organizations are making things complicated...just so they can offer you a solution? I love busting myths - the cheaper we can bust the myth - THE BETTER!

I'm going to start with the bedtime brushing problem.

First thing I'm going to surrender is that I have 3 kids of my own. They're close in age (22 months between each sibling) - and they're bloody crafty!

I'm not an expert in childcraft, but if we can just assume that most children will do anything rather than what you ask of them then we have a common starting point.

When I started brushing my kids teeth, this assumption meant that I had to brush each child's teeth. I started this technique with each of my kids at 24-30 months (2 years old).

Equipment required:

1. Kids battery operated electric toothbrush
2. Children's toothpaste
3. Room with lighting above - downlights are great
4. Lounge

Obviously, when doing anything with kids - you gotta get all your stuff ready first and then ambush the kids with it. Get the electric toothbrush and make sure it works. Take the children's toothpaste (low fluoride variety) and place a smear of toothpaste on the kids toothbrush that is so fine that you have to hold the brush up the light to see if there is any toothpaste on it. This has the advantage that you are not going to create so much foam that your loungeroom will be confused for one of those foam parties and besides -why would you want your child to ingest that much toothpaste/ fluoride?!!

Catch the child in question, coax him/her over to the lounge. Sit on the edge of the lounge and drape the child's back over your knee/lap supporting the child's head with your free hand.

You now have the child's mouth open - facing upward. You should have good lighting above and be able to see clearly into their mouth and see all of their teeth from the one position.

This is the ideal posture to look at teeth. In fact, I use it on all of my patients when I've got them in the dental chair!

Without turning on the electric toothbrush, I rub the miniscule amount of toothpaste that is on the brush onto all of their teeth. I then turn on the electric toothbrush and work my way around - simply pointing the brush to individual teeth, working one tooth at a time from the top left side, round to the top right, then from the bottom left, working around to the bottom right side.

Encourage the child to breathe through their nose the whole time and resist the temptation to allow them to get up to take a breath / swallow. Gently encourage the child to keep their mouth open and breathe through their nose. This is an important skill. This is why I put a miniscule amount of toothpaste on the brush. I don't wish to poison my child with toothpaste (no matter how good the manufacturers say it is and the child will eat the toothpaste irrespective of how much you put on the brush anyway).

You are training the child for an important skill - the ability for the child to breathe through their nose while they have their mouth open. This is a critical skill for the child if they are ever to have dentistry and be comfortable and NOT panicked!

I cannot stress the importance of this skill. It is CRITICAL to being comfortable at the dentist - you have the power as a parent to ensure that not only will your offspring have good habits around dental care - but they will also be as comfortable as they can be in the dental setting.

Once children have learned this skill, they will not forget it. You have single handedly cured your child of the major factor involved in dental phobia.

dental phobia = Maintaining a good airway while someone has an instrument in your mouth

Reclining the child over your lap and checking teeth regularly is the best way to stay up to date with what is going on in your child's mouth -and you're teaching them a life skill - BRAVO!

Diet & Habits

Once the tooth brushing is accomplished - the balance of children's dental care is largely diet. For diet, I can only offer some simple solutions that have worked for me. The basic rules all revolve around foods that can be eaten at meals versus foods that can be eaten between meals.

At Meals...

pretty much anything goes - I had one that always wanted to eat vegetables and no meat - so she had to be encouraged around protein. Obviously bribes regarding dessert can go a long way. Virtually nothing was off the menu as long as they had a little of everything. I preferred juice rather than soft drinks (but soft drinks were on offer at times) - and only once a significant part of the meal was consumed. Initially, if the child wanted a drink - what's wrong with water? Dessert could be stick and sweet - as long as it formed part of a meal.

In-between Meals...

is a somewhat different story. My rules between meals is natural foods only. Water and milk for drinks. For snacks - nuts eg tamari almonds, vegies eg raw carrots, RAW fruit eg apples and mandarins. If they were really hungry - tin of tuna.

The main factor around in between meal snacks is consideration for the retentive value of the food. Does it stick to their teeth. Most natural foods have a very low retentive value, are high in fibre and will keep the kids entertained longer as well as giving a longer burn ie low GI.

I'm not averse to providing soft drinks at times of high caloric need. We often ride skateboards for kilometers at a time. It's times such as this that water can be supplemented with an energy source such as soft drinks. I know it's not ideal...but it is real.

Chewing gum is 'food' product that elicits mixed responses. I encourage the use of sugar free gum for my children between meals and after meals when we are out.

Preventative Treatments

I'm often asked about the use of fluoride supplements in areas that don't have fluoridated water supplies. I've seen children that have suffered significant fluorosis (white mottling of the teeth due to excessive fluoride consumption in relation to body weight). My suggestion to parents who wish to provide fluoride to children in non-fluoridated areas is to provide half the recommended dose of fluoride (capsules or drops), continue to use fluoridated toothpaste (for children - a specific child's toothpaste) and to avoid excessive ingestion of the toothpaste.

I don't recommend flossing for children but some of my brood do use toothpicks at times.

I do however, wholeheartedly recommend...

Pit and Fissure Seals

The other, most significant preventative treatment that I recommend is the use of fissure sealing of adult (and occasionally deciduous) teeth that display susceptibility to pit and fissure decay.

The number of times I have been surprised to find decay in children's teeth that appear for all purposes to be absolutely pristine is overwhelming.

See below an example of a tooth that looks pristine - yet the pink dye we use to detect decay tells a very different story. I have treated many children's teeth, just like this one - these children are now in their 20s and have not suffered any of the ravages of decay.



appears to be a pristine tooth...



pink dye indicates decay



tooth cleaned of decay...



tooth restored with composite resin

Selective fissure sealing is an excellent preventative measure and are covered under the commonwealth teen dental scheme (- politicians can get some things right!)