



## SHORT GUIDE ON DENTAL HYGIENE FOR AGES 0-3

**You just had your first kid and you have a thousand doubts on the first dental treatments to be done? No worries, it's all normal. If you will start soon, your kid will accept more willingly the cleaning operations.**

It is never too early to start taking care of your baby's mouth.

It is important to perform the first cleaning operations right after the first milk feeds (also without teeth 😊).

- **With the help of a small humid gauze, remove all milk and regurgitation residues from the gums.**

You should do it sweetly at least once a day, or after each milk feed.

This will help the baby get used to the hygiene operations and to the feeling of gingival massage, as the gums will soon start to feel the stress from the eruption of baby teeth.

You should create a relaxed and playful atmosphere to slowly get him used to hygiene and the feeling of gingival massage.



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- **Alternative:**

As an alternative to the gauze rolled around the finger, on the market you can also find soft animal-shaped gloves which are perfect to make this moment fun and colorful.

- **When the baby is 3 months**

you can introduce the silicone finger cot for a delicate massage on the gums.



### Some advice:



When you feel your baby has the first impulse to scratch his gums (from 4 months), you can buy one of the many teethers on the market, maybe a soft and hygienic silicone one which will make sterilization operations easier.

We suggest you to buy the most practical ones for your baby's hands and those which cannot go very deep, as there is the risk of vomiting. Consider also those which can be refrigerated.



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## If you are breastfeeding

### YOUR MILK:

- is protective against the **bacterium Streptococcus mutans** present in the oral cavity. It's one of the bacteria responsible for caries.
- contains lactose which is a little cariogenic sugar
- contains lactoferrin which has an antibacterial effect

## Artificial feeding

### ARTIFICIAL MILK:

As milk is adapted to the baby's growth, its composition becomes similar to that of cow milk and therefore is more cariogenic.

You should consider the following:

stage 1 milk (0-5 months)

is very similar to breast milk enriched with lactose, mineral salts and oligosaccharides.

follow-up formula  
(6-12 months)

it contains less lactose than breast milk. Lactose is replaced by glucose and saccharose. This milk is similar to cow milk.

growing-up milk  
(after 12 months)

it is like normal cow milk but with mineral salts and vitamins.



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### Breastfeeding at night, watch out for caries!

**!** When possible, remember to clean the gums with a soft gauze soaked in water after each night feed, both in case of breastfeeding and artificial one.

**INFANT CONSIDER THAT:** when the baby falls asleep the frequency of his sucking decreases. His salivary flow and swallowing also slow down, therefore milk and residues stay in the mouth and increase the risk of caries.

The risk exists also in the case of breast milk which has a high carbohydrate content, composed of 95% lactose and of 5% oligosaccharides.

### Some advice

- limit artificial feeding at night
- when the baby is able to drink, try with a sip of water after feeding him
- avoid sugary drinks, lyophilized chamomile infusions, fruit juices
- always read the labels of children's drinks and choose the ones without added sugars.



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### The first teeth are here!



- find 2 moments per day for a playful oral hygiene
- use the teether and the toothbrush, so the baby can become familiar with his first toothbrush which should be small and have soft bristles
- leave back the silicone finger cot when he starts biting 🤤 and opt for the baby toothbrush to play with for a few minutes and then guide him for the hygiene sessions after meals.
- **IDEA:** «**treasure chest for the mouth**»: all toys, teethers and toothbrushes should be colorful and noisy, so as to make everything fun and stimulate his desire to “taste” and experiment
- as soon as the baby can stand: use a mount to help him reach the sink and favor his autonomy.

**Once the baby is 6 months old**, you can introduce the TOOTHPASTE only as an “idea” rather than as a substance. You can slightly dirty the bristles of the toothbrush to get the baby used to the flavor; do not increase the amount until you are sure he is able to expel it without ingesting it to avoid an excessive intake of fluoride.



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### From age 3: “Mom, I can do it on my own!”



**During this age, a lot of patience and strategy is needed in order to grant the right autonomy, but always under parental control.**

- Choose an age-appropriate toothbrush with a small head and very soft bristles and, if you think your kid is ready, take into consideration also an electric toothbrush with a small head for children.
- You can start in front of the mirror and brush the teeth together, giving the kid the chance to imitate your movements, and supervise the cleaning session.
- Letting him handle the toothbrush and guiding him with your hand is also useful, as it will help him become familiar with the right movements which, at the beginning will consist of small circles with the mouth open or closed, on both arches inside and outside. Then they will become roller movements from the gums towards the teeth.
- Don't forget to **make the first appointment** with the dentist to introduce him to the environment and the person who will guide him through his oral growth. The Pedodontist will explain him how to brush his teeth correctly in a playful way. The kid will feel involved and therefore the act of brushing his teeth will become a normal routine and he will show up at the next appointment with clean teeth.



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### Which toothpaste?

- **0 - 6 months:** only use water
- **6 months - 2 years:** choose based on your kid's ability to spit the toothpaste to avoid fluoride overdoses by ingestion. Start by putting a really small amount of toothpaste on the bristles, just to get him used to the flavor. When you think he is ready, use a 500 ppm fluoride toothpaste twice a day in pinhead size.
- **2 - 6 years:** use a 500 ppm fluoride toothpaste twice a day in small <<pea size>>.
- **after 6 years:** use a 1450 ppm fluoride toothpaste twice a day in 1 cm long.



### Mouthwashes and fluoride gels

- Mouthwash is not recommended before the age of 6 because of its high ingestion risk
- Home fluoride gel should be used if suggested by the doctor and under parental supervision.

### Fluoroprophylaxis

- In a normal situation, it is enough to use just a fluoride toothpaste (as per guidelines from the Ministry of Health)
- other measures such as **gels** and **varnishes** can be used in the dental office in subjects with medium/high risk of caries, such as kids suffering from MIH (*Molar incisor hypomineralization*) or other enamel hypoplasias.



## DENTAL FLUOROSIS

*Too much of anything becomes unhealthy*

When fluoride intake is excessive compared to optimal levels, and during the dental development phase (pre-eruptive phase), the enamel formation can be altered. Its hypomineralization



determines the appearance of dull spots and white, symmetrical, discolored stripes which, in most severe cases, can cause superficial damages in the enamel, such as brown stains and porosities.

These clinical signs depend on the amount of fluoride absorption and the duration of exposure to fluoride.

*An example of excessive systemic intake: integration by mouth + water with fluoride + high fluoride foods and/or artificial milk + fluoride toothpaste.*





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### Careful with the lingual frenulum!

You are right, this is a guide about the use of the pacifier, but we would also like to talk about another important factor which sometimes regards new parents, that is the length of our kid's lingual frenulum.



This is the thin membrane which links the tongue to the floor of the mouth.

**It is important to keep it under control because in some cases it is extremely short.**

- As a matter of fact, it can happen that its length is excessively reduced. A short frenulum **can limit the tongue's mobility** and cause **difficulties during breastfeeding** and can also cause speech **problems during growth**.
- In most obvious cases, the frenulum can be «cut» without anaesthetics right after birth or a few weeks later by the pediatrician, in order to increase the tongue's mobility and in this case we talk about ➡ **FRENULOTOMY**
- In preschool age, however, it might be necessary to retreat the frenulum if it is still too short, in order to avoid phonation problems and in this case we talk about ➡ **FRENECTOMY** (tissue removal).  
After surgery, the orthodontist will recommend a check-up with a speech therapist.





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## The 1° dental visit

The first visit represents a VERY IMPORTANT MOMENT in the process of getting in contact with the orthodontic world and determines a feeling of trust and empathy which are necessary for the success of the orthodontic treatment.

- **The best age is between 2 and 3 years. It is advisable to have a fun approach, before having experimented pain nor dental problems,** so to make the first visit a positive and pleasant moment and not connected to a traumatic event
- the kid will then start to gain confidence with the orthodontist and the tools he/she uses like an “expert magician” and will learn to recognize the typical smells and noises of the dental office
- the visit will therefore be experienced as a game, but your kid will begin to pay attention to the teeth and its mouth
- it will be a precious moment to provide parents with hygiene, food and fluoride indications
- Later we recommend to book a dental visit with the pediatric dentist every 6 or 12 months, in order to monitor oral hygiene, diet and mouth development.

## ! The environment

The environment in which the kid is welcomed for the first time matters a lot.

After all, the first impression is important even for adults, isn't it? The waiting room and the clinic must

be welcoming and comfortable, able to make them feel protected and safe because they are designed for them with games and pastimes.





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### Why a Pedodontist?

*He is a specialized pediatric dentist who prevents and treats orofacial pathologies, infections, pain and restores the dentition's shape and function.*

#### HE IS ABLE TO:

- *evaluate the kid's growth level*
- *manage any disability*
- *evaluate the predisposition for dental treatments and his temper*
- *evaluate and reduce anxiety and fear with an appropriate behavior and vocabulary*
- *manage the kid's reaction to treatments and that of those surrounding him*
- *have communication skills, empathy and a flexible and understanding behavior*
- *capture stress indicators to implement changes in the behavioral treatment plan*

### Some tips...

Parents have a very important role in the kid's approach to the orthodontic world.

#### So pay attention to:

- *unintentionally transfer your fears and worries towards the dentist or towards the treatments our kids have to undergo*
- *carefully select the terms to explain the treatments, because children's imagination can rework them in a negative way.*



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### Some other advice...

- \* make an appointment on quiet days and not on the same day of other specialist check-ups: if the kid is not too busy, he will feel more relaxed
- allow him to bring a game or a stuffed animal to make him feel at home and have a “friend” to support him. Let him also choose what to wear: this could increase his positive expectations
- get him ready as for any other appointment, in a serene and positive way, without emphasizing the event, but rather explaining him that the dentist is a friend who, like a teacher, will teach him to take care of his mouth
- do not tell him what mental and behavioral attitude he should have during the appointment (be a good boy, don't cry and so on) to not stress him emotionally and negatively influence the moment
- stay beside him for the entire duration of the first appointment and stay in the waiting room during treatment appointments. This will help the medical staff to establish a more solid relationship of trust with him
- let him answer questions from the doctor by himself
- do not explain the dentist's intentions in detail
- avoid terms like: syringe, needle, pain, suffering, tweezers, blood, tearing etc and do not show him pictures and videos on the internet
- do not say sentences such as: “Don't eat candy or I will take you to the dentist's and they will give you a shot and remove your tooth” or “I'm scared of the dentist but you are better than mom”...
- don't make it seem like going to the dentist's is a punishment.



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Do you still have doubts or questions?

Email us at:

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from Mon. to Fri. from 8,30 to 7

our doctors will be happy to help you.