

Why Establishing HEALTHY ORAL CARE HABITS IN INFANTS is Imperative



Parents of infants are bombarded with information from all angles. Their families have advice on how to survive those first few weeks. Their friends stop by to commiserate about hourly feedings. Their pediatrician provides a long list of infant “do’s and don’ts.”

In that environment, it shouldn’t be surprising that oral care often gets overlooked during a child’s first few months. While many pediatricians will perform a basic oral exam once a baby’s first tooth erupts, putting an oral care routine in place and establishing an oral care routine from birth (or before it) can help prevent downstream issues.

The Dangers of Early Plaque Buildup

In a simplistic sense, tooth decay requires 3 factors — the presence of a tooth, a bacteria living on the surface of a tooth, and a fermentable carbohydrate. When an infant’s mouth is colonized with harmful bacteria, that bacteria will find its way to an erupting tooth as soon as it appears. The bacteria will then digest excessive fermentable carbohydrates such as lactose, fructose, and glucose to create an acid that slowly eats away at the surface of the tooth enamel. If there is no intervention for a significant amount of time, a cavity will form. Cavities, of course, create a slew of potential problems, including the need for unexpected dental visits and/or dental procedures, problems with chewing and nutrition, tooth alignment issues, and

pain. Children with untreated tooth decay have a 3-to-4-fold greater risk of poor performance in school compared to children without these issues.¹ In serious instances, infections in the tooth can proceed through the gum line to the bony ridge or face and cause cellulitis or infection of the skin or, in rare cases, the brain.²

When to Start the Conversation

Having discussions with parents about the oral health of their infant should take place as soon as possible, typically at either the 1- or 3-month well visit. At these visits, the focus should be on anticipatory guidance that addresses use of appropriate liquids for infants, cleaning of gums, preventative oral health, and establishing an oral care routine. Early intervention is thought to be key to preventing future oral health issues and acquainting the child with an oral exam and the oral health team.

In a 2016 survey of 203 office-based pediatricians, only 19% of respondents said that they begin

discussions with parents about oral health care prior to an infant’s third month. The majority (68%) said that they wait until months 3–8 to have that initial conversation (**Table 1**). **Table 2** shows the age in which respondents typically recommend the introduction of specific oral care activities, with many not recommending anything specific until the infant reaches at least 5 months of age.³ This data reflects a missed opportunity to set up an effective dental routine during early infancy.

Table 1 At what age do you typically begin discussions with parents about infant oral care?

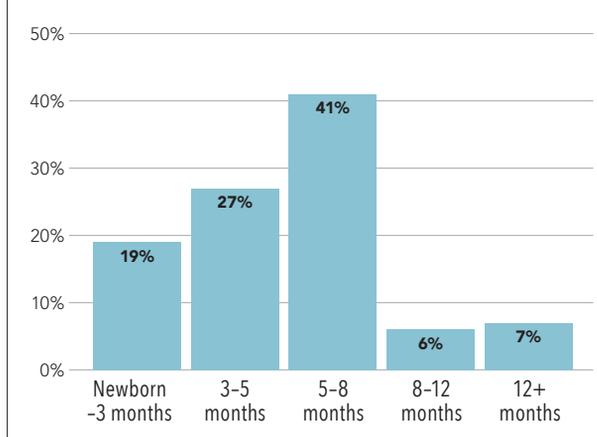


Table 2 At what age do you recommend beginning each of the following specific oral care activities?

	Infant–3 months	>3–5 months	>5–8 months	>8–12 months	>12–24 months
Cleaning baby’s teeth and gums	25%	26%	38%	6%	3%
Brushing teeth	1%	10%	41%	26%	22%
Visiting dentist	1%	2%	5%	7%	74%
Using fluoride	1%	2%	22%	6%	65%

Tips to Help Parents Establish Healthy Routines

A few simple actions can make a big difference in the healthy development of teeth and gums. Tooth and gum cleansers are appropriate to use in infants after 3 months of age to not only help prevent the development of bacteria in the mouth but also to establish an effective oral care routine. Orajel™ offers fluoride-free cleansers to avoid the risk of excess fluoride ingestion. These tooth and gum cleansers can be applied by the parent with a finger brush or small toothbrush after the infant finishes his/her bottle. A wet rag or washcloth may be alternatively suggested. The use of these products should help get an infant accustomed to having cleansing products in their mouth early in life, making the eventual transition to toothpaste simpler.

Other oral care suggestions for parents of an infant include the following:⁴

1. Avoid sharing spit with your infant, pre-chewing food, and sharing utensils, cups, spoons, or toothbrushes
2. Discourage the use of whole milk, sugary drinks, and fruit juice from a bottle, especially at night
3. Avoid dipping pacifiers in any sweetened liquid, sugars, or syrups

Relief from Teething Issues

Irritability due to teething issues is common among babies starting as early as 3 months of age. While parents will sometimes discuss possible remedies with their pediatricians, many will turn to over-the-counter pain relievers to soothe a fussy baby. It may therefore be wise to provide proactive guidance regarding potential teething remedies prior to eruption of the first tooth.

For milder teething issues, rubbing the gums with a clean finger or a small rubber finger massager can temporarily ease an infant’s pain. Letting an infant chew on a frozen or wet washcloth can also be effective.

For more serious or chronic teething discomfort, benzocaine-free teething gels are now available

from Orajel™ as an option. These cooling gels can be applied up to 4 times a day in infants aged 4 months and older to soothe sore gums. Daytime and nighttime formulas are both available from Orajel™. In addition to being benzocaine free, these gels are also free of artificial colors, menthol, sugar, parabens, belladonna, sodium lauryl sulfate, gluten, and dairy. The nighttime formula has chamomile for use at bedtime.

Conclusion

For many years, pediatricians have treated early oral hygiene as a lower priority on the list of issues to discuss with parents of infants. In many ways, this is understandable. There is a lot to cover during these appointments. However, taking a moment to have conversations about oral health and the establishment of an oral care routine during initial baby well visits may prevent future tooth and gum issues.

There remains a pervasive myth in the general public that cavities in baby teeth are “no big deal” and that we all get a second chance with our adult teeth, yet data is clear that the most significant predictor of cavities in adult teeth is cavities in baby teeth.⁵ Developing good oral hygiene practices from birth does not require a complicated regimen, and Orajel™ offers a variety of products that can help with the introduction of oral products in infants and toddlers. There are simple, easy-to-understand recommendations to offer patients that can help establish and maintain a healthy oral care routine and allow their children to enjoy a lifetime of smiles.

REFERENCES

1. Jackson SL, Vann WF Jr, Kotch JB, Pahel BT, Lee JY. Impact of poor oral health on children’s school attendance and performance. *Am J Public Health.* 2011;101(10): 1900-1906.
2. Azenha MR, Homsí G, Garcia IR Jr. Multiple brain abscess from dental origin: case report and literature review. *Oral Maxillofac Surg.* 2012;16(4):393-7.
3. Internal survey data
4. American Academy of Pediatrics. Bright futures guidelines for health supervision of infants, children, and adolescents. Available at brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf. Accessed April 25, 2019.
5. Li Y, Wang W. Predicting caries in permanent teeth from caries in primary teeth: an eight-year cohort study. *J Dent Res.* 2002;81(8):561-6.

