

Children's Dental Health: What You Need to Know

A bright smile begins long before the first tooth appears. Parent and caregiver help is important for children to develop healthy teeth. Read on for information from the American Academy of Pediatrics about caring for your child's teeth.

Steps to good dental health include

- Regular care by a dentist beginning by 1 year of age
- Enough fluoride (in water, toothpaste, and fluoride varnish)
- Brushing and flossing 2 times each day
- Eating healthy and limiting sugar
- Using a mouth guard during sports participation to prevent injury, if necessary

Fluoride is important because it

- Hardens tooth enamel (the outside coating on teeth)
- Repairs early damage to teeth all day every day

Note: Fluoride is a natural substance that can be added to drinking water, toothpaste, mouthwash, and varnish (dental treatment). During well-child visits (also known as health supervision visits), doctors may recommend drinking more fluoridated water or, for some children, using fluoride tablets or drops. Also, fluoride varnish should be applied to children's teeth by their doctor or dentist up to 4 times per year.

Here's how to clean your child's teeth.

Babies to 3 years of age

- Wipe the gums 2 times each day with a piece of gauze or a damp cloth until the first tooth or teeth arrive.
- Brush the first tooth or teeth with a soft toothbrush 2 times each day. Brush for 2 minutes each time.
- Use "Just a dot, not a lot!" of fluoride toothpaste. The amount of toothpaste should be the size of a small grain of rice for children younger than 3 years.

Children 3 years and older

- Brush your child's teeth with a soft toothbrush 2 times each day. Brush for 2 minutes each time. Children should learn how to brush their teeth on their own. However, parents should brush their children's teeth first before handing over the toothbrush to their children until they are 7 years of age.
- Use "Just a dot, not a lot!" of fluoride toothpaste. The amount of toothpaste should be the size of a small pea for children 3 years and older.

All children

- Teach your child to spit out excess toothpaste. Your child may want to swallow the toothpaste because it tastes good. However, swallowing too much toothpaste can result in white spotting of the teeth called fluorosis. Children should not rinse after brushing and spitting out excess toothpaste.

- Floss where any 2 teeth touch each other to prevent a cavity forming between the teeth.
- Check front and back of the teeth for early signs of tooth decay, such as white, yellow, or brown spots or lines on the teeth. Lift up the top lip to get a good look at the front upper teeth.
- Change your child's toothbrush every 6 months.

Here are other ways to help prevent tooth decay in babies and children.

- Schedule regular dental checkups for each family member.
- Avoid sharing food, drinks, spoons, and forks. If your baby is using a pacifier, avoid licking it to clean it.
- Offer water if your child is thirsty. Also, only offer water in sippy cups between meals and in bedtime bottles. Sipping juices, sports drinks, flavored drinks, lemonade, soft drinks (soda, pop), or flavored teas throughout the day causes acid attacks on teeth.
- Offer healthy snacks such as fruits or vegetables. Avoid offering sweet or sticky snacks, such as raisins, gummy candies, and vitamins, or fruit-flavored snacks/rolls or cookies. There is sugar in foods like crackers and chips too. Reserve these for desserts at the end of meals.
- Be sure to clean teeth after your child drinks milk at bedtime.
- Check front and back of the teeth for early signs of tooth decay—white, yellow, or brown spots or lines on the teeth. Lift your child's lip to get a better look at the upper front teeth. This should be done about once a month.

Common Questions

Does pacifier use or thumb-sucking hurt teeth?

Sucking on a pacifier, thumb, or fingers may affect the shape of the mouth or how teeth are lining up.

- If the habit stops by 3 years of age, the teeth will usually correct themselves without treatment.
- If the sucking habit continues after "permanent" teeth have come in, orthodontic care may be needed to line the teeth up for disease prevention and appearance.

What should I do when my child falls and loosens a tooth?

- Call your child's dentist or pediatrician for advice.
- For the next 6 months or so, watch for redness in the gum above the loosened tooth and notify your child's dentist immediately if it occurs.

What is a pediatric dentist?

Pediatric dentists have special training to provide routine dental care for children and can care for children with complicated oral health problems. They are specialists in the care of children's teeth and mouth problems, especially when

- Teeth are chipped or injured or there is an injury in the mouth area.
- Teeth show signs of discoloration that could be tooth decay or trauma.

- Children complain of tooth pain or sensitivity to hot or cold foods or liquids. This could also be a sign of decay.
- There is any abnormal growth inside the mouth.
- Children have an unusual bite (in other words, their teeth do not fit together right).

You can find a pediatric dentist in your area on the American Academy of Pediatric Dentistry website at www.aapd.org. Some family dentists are trained to provide care for children without complicated problems. There are also many family dentists who provide preventive care to healthy children.

When should my child begin regular dental checkups?

- All infants should receive oral health risk assessments by 6 months of age at their well-child visit with their medical provider and at every well-child checkup.
- Children with special health care needs should be referred to a dentist as early as 6 months of age, and no later than 12 months of age, to establish their dental home and may be seen more frequently than typical children.
- Every child should have a dental home established by 12 months of age.

Remember

If you have any questions or concerns about your child's teeth, contact your child's dentist.

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Sleep Problems in Children

Children may wake up or not sleep well during the night for different reasons. Here is information from the American Academy of Pediatrics about common sleep problems and how parents can help their children develop good sleep habits. Common sleep problems include nightmares, night terrors, sleepwalking and sleep talking, and bedwetting.

Keep in mind that children differ in how much sleep they need, how long it takes them to fall asleep, and how easily they wake up. If you have any questions about your child's sleep habits, ask your child's doctor.

Nightmares

Nightmares are scary dreams that often happen during the second half of the night, when dreaming is most intense. Children may wake up crying or feeling afraid and may have trouble going back to sleep.

What You Can Do

- Go to your children as quickly as possible.
- Assure children that you are there and will not let anything harm them.
- Encourage children to tell you what happened in the dream. Remind them that dreams are not real.
- Allow children to keep a light on if it makes them feel better.
- Once children are ready, encourage them to go back to sleep.
- See whether there is something scaring your children, like shadows. If so, make sure it is gone.

Night Terrors

Night terrors occur most often in toddlers and preschoolers and take place during the deepest stages of sleep. Deepest sleep usually happens early in the night, often before parents' bedtime. During a night terror, children might

- Cry uncontrollably
- Sweat, shake, or breathe fast
- Have a terrified, confused, or glassy-eyed look
- Thrash around, scream, kick, or stare
- Not recognize you or not realize you are there
- Try to push you away, especially if you try to hold them

Although night terrors can last as long as 45 minutes, most are much shorter. Most children fall right back to sleep after a night terror because they have not actually been awake. Unlike with a nightmare, children will not remember a night terror.

What You Can Do

- Stay calm. Children are unaware of ever having a night terror because they are asleep, so there is no effect on children, only parents.
- Make sure children cannot hurt themselves. If they try to get out of bed, gently restrain them.
- Remember, after a short time children will probably relax and sleep quietly again. If children have night terrors, be sure to tell the babysitters what night terrors are and what to do. If night terrors persist, talk with your child's doctor.

Sleepwalking and Sleep Talking

Like night terrors, sleepwalking and sleep talking happen when children are in a deep sleep. While sleepwalking, children may have a blank stare. They may not respond to others, and it may be very difficult to wake them up. Most sleepwalkers return to bed on their own and do not remember getting out of bed. Sleepwalking tends to run in families. It can even occur several times in one night among older children and teens.

What You Can Do

- Make sure children don't hurt themselves while sleepwalking. Clear the bedroom of things children could trip or fall on.
- Lock outside doors so children cannot leave the house.
- Block stairways so children cannot go up or down.
- Do not try to wake children when they are sleepwalking or sleep talking. Gently lead them back to bed, and they will probably settle down on their own.

Bedwetting

Bedwetting at night (also called nocturnal enuresis) affects 5 million children in the United States. Although most children are toilet trained between 2 and 4 years of age, some children may not be able to stay dry at night until they are older. Children develop at their own rate. For example, studies have showed that 15% of 5- and 7-year-olds wet the bed. But by age 15, fewer than 1% wet the bed.

What You Can Do

- Do not blame your children. Remember that it is not their fault.
- Offer support, not punishment, for wet nights. Let your children know bedwetting is not their fault and that most children outgrow bedwetting.
- Set a no-teasing rule in your family.
- Let your children help. Encourage them to help change the wet sheets and covers. This teaches responsibility. It can also keep them from feeling embarrassed if the rest of the family knows. However, if they see this as punishment, it is not recommended.
- Parents may try waking children to use the toilet 1 to 2 hours after they go to sleep or encouraging children to drink less in the evening. However, keep in mind that bedwetting could still occur because even if your children urinate before going to bed and drink very little in the evening, their kidneys continue to produce urine.
- If you are concerned about your child's bedwetting, talk with your child's doctor. There are treatments available.

For More Information

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

Adapted from the American Academy of Pediatrics (AAP) brochure *Sleep Problems in Children*.

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Starting Solid Foods

Rice, oatmeal, or barley? What infant cereal or other food will be on the menu for your baby's first solid meal? Have you set a date?

At this point, you may have a plan or are confused because you have received too much advice from family and friends with different opinions.

Here is information from the American Academy of Pediatrics to help you prepare for your baby's transition to solid foods.

When can my baby begin solid foods?

Here are guidelines from the AAP book *Nutrition: What Every Parent Needs to Know*. Remember that each child's readiness depends on his own rate of development.

- **Can he hold his head up?** Your baby should be able to sit in a high chair, a feeding seat, or an infant seat with good head control.
- **Does he open his mouth when food comes his way?** Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.
- **Can he move food from a spoon into his throat?** If you offer a spoon of rice cereal, he pushes it out of his mouth, and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. That's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times; then, gradually thicken the texture. You may also want to wait a week or two and try again.
- **Is he big enough?** Generally, when infants double their birth weight (typically at about 4 months of age) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

Check with your child's doctor about the recommendations for vitamin D and iron supplements during the first year.

How do I feed my baby?

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is?"). Your baby may not know what to do at first. She may look confused, wrinkle her nose, roll the food around inside her mouth, or reject it altogether.

One way to make eating solids for the first time easier is to give your baby a little breast milk, formula, or both first; then switch to very small half-spoonfuls of food; and finish with more breast milk or formula. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

Do not make your baby eat if she cries or turns away when you feed her. Go back to breastfeeding or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process; at first, your baby will still be getting most of her nutrition from

breast milk, formula, or both. Also, each baby is different, so readiness to start solid foods will vary.

NOTE: Do not put baby cereal in a bottle because your baby could choke. It may also increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child's doctor.

Which food should I give my baby first?

Your baby's first foods are your choice. Whether you decide to make your own baby food or buy premade baby food, you have many options. However, keep the following in mind:

- Foods should be soft or pureed to prevent choking.
- Introduce one "single-ingredient" new food from any food group every 3 to 5 days. Look out for any reactions.
- There is no evidence that waiting to introduce baby-safe (soft) foods, such as eggs, dairy, soy, peanut products, or fish, beyond 4 to 6 months of age prevents food allergy. However, testing for peanut allergy is recommended for babies with severe eczema and/or egg allergy. Check with your child's doctor about how and when to give peanut products.
- There is no evidence that your baby will develop a dislike for vegetables if fruit is given first.
- Be sure to include foods that provide iron and zinc, such as baby food made with meat or iron-fortified cereals.
- If you feed your baby premade cereal, make sure it is made for babies and is iron fortified. Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods, such as breast milk, formula, or both; meats; cereal; vegetables; fruits; eggs; and fish.

When can I give my baby finger foods?

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To prevent choking, make sure anything you give your baby is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; scrambled eggs; well-cooked pasta; well-cooked, finely chopped chicken; and well-cooked, cut-up potatoes or peas.

At each of your baby's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. Limit giving your baby processed foods that are made for adults and older children. These foods often contain more salt and other preservatives.

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Although you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any food you do not use, and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

NOTE: Do not give your baby any food that requires chewing at this age. Do not give your baby any food that can be a choking hazard, including hot dogs (including meat sticks, or baby food “hot dogs”); nuts and seeds; chunks of meat or cheese; whole grapes; popcorn; chunks of peanut butter; raw vegetables; fruit chunks, such as apple chunks; and hard, gooey, or sticky candy.

What changes can I expect after my baby starts solids?

When your baby starts eating solid foods, his stools will become more solid and variable in color. Because of the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby’s meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal. Your baby’s digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and introduce them more slowly. If the stools continue to be loose, watery, or full of mucus, consult your child’s doctor to find the reason.

Should I give my baby juice?

Babies do not need juice. Babies younger than 12 months should not be given juice. After 12 months of age (up to 3 years of age), give only 100% fruit juice and no more than 4 ounces a day. Offer it only in a cup, not in a bottle. To help prevent tooth decay, do not put your child to bed with a bottle. If you do, make sure it contains only water. Juice reduces the appetite for other, more nutritious, foods, including breast milk, formula, or both. Too much juice can also cause diaper rash, diarrhea, or excessive weight gain.

Does my baby need water?

Healthy babies do not need extra water. Breast milk, formula, or both provide all the fluids they need. However, it’s OK to offer a little water when you begin to give your baby solid foods. Use an open, sippy, or strawed cup and limit water to no more than 1 cup (8 ounces) each day. Also, a small amount of water may be needed in very hot weather. If you live in an area where the water is fluoridated, drinking water will also help prevent future tooth decay.

Good eating habits start early

It is important for your baby to get used to the process of eating—sitting up, taking food from a spoon, resting between bites, and stopping when full. These early experiences will help your child learn good eating habits throughout life.

Encourage family meals from the first feeding. When you can, the whole family should eat together. Research suggests that having dinner together, as a family, on a regular basis has positive effects on the development of children.

Remember to offer a good variety of healthy foods that are rich in the nutrients your child needs. Watch your child for cues that he has had enough to eat. Do not overfeed!

If you have any questions about your child’s nutrition, including concerns about your child eating too much or too little, talk with your child’s doctor.

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TREATING FEVER IN YOUR CHILDREN

ACETAMINOPHEN Dosage for Children (e.g. Tylenol, Tempra, generic brands - - ask pharmacist for the least expensive brand)

- Always use your child's weight to determine the correct dose
- One dose may be given every 4 – 6 hours (see chart). **Do NOT exceed 5 doses in 24 hours.**

AGE / WEIGHT	Infants Oral Suspension 160 mg / 5 mL	Children's Oral Suspension 160 mg / 5 mL (tsp)	Children's Soft Chewable Tablets 80mg	Jr. Strength Chewable Tablets 160 mg
0–3 mos / 6–11 lbs	1.25 mL	1.25 mL (¼ tsp)		
4–11 mos /12–17 lbs	2.5 mL	2.5 mL (½ tsp)		
12–23 mos /18–23 lbs	3.75 mL	3.75 mL (¾ tsp)		
2–3 yrs / 24–35 lbs	5 mL	5 mL (1 tsp)	2 tablets	
4–5 yrs / 36–47 lbs		7.5 mL (1 ½ tsp)	3 tablets	
6–8 yrs/48–59 lbs		10 mL (2 tsp)	4 tablets	2 tablets
9–10 yrs/60-71 lbs		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11+ yrs/72–95 lbs		15 mL (3 tsp)	6 tablets	3 tablets

IBUPROFEN Dosage for Children **6 MONTHS AND OLDER** (e.g. Motrin, generic brands- ask pharmacist for the least expensive brand)

- One dose may be given every 6 to 8 hours as needed (see chart). **Do NOT exceed 4 doses in 24 hours.**

AGE	WEIGHT (lbs)	Infant Concentrated Drops 50mg / 1.25 mL	Children's Oral Suspension 100mg / 5 mL	Children's Soft Chewable Tablets 50mg	Children's Jr. Strength Chewable Tablets 100mg
6 – 11 mos	12 – 17	1.25 mL	2.5 mL (½ tsp)		
12 – 23 mos	18 – 23	1.875 mL	3.75 mL (¾ tsp)		
2 – 3 yrs	24 – 35	2.50 mL	5 mL (1 tsp)	2 tablets	1 tablet
4 – 5 yrs	36 – 47		7.5 mL (1 ½ tsp)	3 tablets	1 ½ tablets
6 – 8 yrs	48 – 59		10 mL (2 tsp)	4 tablets	2 tablets
9 – 10 yrs	60 – 71		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11 – 12 yrs	72 – 95		15 mL (3 tsp)	6 tablets	3 tablets

DO NOT GIVE ASPIRIN