

# How to Prevent Tooth Decay in Your Baby

Baby teeth are important. If baby teeth are lost too early, the teeth that are left may move and not leave any room for adult teeth to come in. Also, if tooth decay is not prevented, it can be costly to treat, cause pain, and lead to life-threatening infections.

Tooth decay (called *early childhood caries*) is the most common chronic infectious disease of childhood. Tooth decay may also be called *nursing caries* or *baby bottle tooth decay*.

Healthy dental habits should begin early because tooth decay can develop as soon as the first tooth comes in. Here is information for parents and caregivers from the American Academy of Pediatrics about causes of tooth decay, signs of tooth decay, and how to prevent tooth decay.

## Causes of tooth decay

Tooth decay develops when a baby's mouth is infected by acid-producing bacteria. Parents and caregivers can pass bacteria to babies through saliva. For example, bacteria is spread by sharing saliva on spoons or cups, testing foods before feeding them to babies, and cleaning off a pacifier in the parent's or caregiver's mouth.

Tooth decay also develops when the child's teeth and gums are exposed to any liquid or food other than water for long periods or frequently throughout the day. Natural or added sugars in the liquid or food are changed to acid by bacteria in the mouth. This acid then dissolves the outer part of the teeth, causing them to decay.

The most common way this happens is when parents put their children to bed with a bottle of formula, milk, juice (even when mixed with water), soft drinks (soda, pop), sugar water, or sugared drinks. It can also occur when children are allowed to frequently drink anything other than water from a sippy cup or bottle during the day or night. Milk should be served only with meals and not offered throughout the day, at nap time or at bedtime. Although extended and frequent breastfeeding alone does not cause tooth decay, all breastfeeding mothers should be aware of and follow oral hygiene, fluoride, preventive dental care, and healthy diet recommendations.

## Signs of tooth decay

Tooth decay might first appear as white spots at the gum line on the upper front teeth. These spots are hard to see at first—even for a child's doctor or dentist—without proper equipment. A child with tooth decay needs to be examined and treated early to stop the decay from spreading and to prevent further damage.

## How to prevent tooth decay

Take the following steps to prevent tooth decay:

- Take good care of your own oral health even before your baby is born. It is important and OK to see a dentist for oral care while you are pregnant.
- Whether you choose to breastfeed or bottle-feed, it is important to take good care of your baby's teeth.
  - **Birth to 12 months.** Keep your baby's mouth clean by gently wiping the gums with a clean baby washcloth. Once you see the first teeth,

gently brush using a soft baby toothbrush and a smear (grain of rice) of fluoride toothpaste.

- **12 to 36 months.** Brush your child's teeth 2 times per day for 2 minutes. Use a smear of fluoride toothpaste until your child's third birthday. The best times to brush are after breakfast and before bed.
- **Never put your child to bed with a bottle or food.** This not only exposes your child's teeth to sugars but can also put your child at risk for ear infections and choking.
- **Do not use a bottle or sippy cup as a pacifier or let your child walk around with or drink from one for long periods.** If your child wants to have the bottle or sippy cup in between meals, fill it with only water.
- **Check to see if your water is fluoridated.** Your child will benefit from drinking water with fluoride in it. If your tap water comes from a well or another non-fluoridated source, your child's doctor or dentist may want to have a water sample tested for natural fluoride content. If your tap water does not have enough fluoride, your child's doctor or dentist may prescribe a fluoride supplement. He or she may also apply fluoride varnish to your child's teeth to protect them from decay.
- **Teach your child to drink from a regular cup as soon as possible, preferably by 12 to 15 months of age.** Drinking from a cup is less likely to cause liquid to collect around the teeth. Also, a cup cannot be taken to bed.
- **If your child must have a bottle or sippy cup for long periods, fill it with water only.** During car rides, offer only water if your child is thirsty.
- **Limit the amount of sweet or sticky foods your child eats, such as candy, gummies, cookies, Fruit Roll-Ups, or cookies.** Sugar is in foods like crackers and chips too. These foods are especially bad if your child snacks on them a lot. They should be eaten only at mealtime. Teach your child to use his tongue to clean food immediately off the teeth.
- **Serve juice only during meals or not at all.** The American Academy of Pediatrics does not recommend juice for babies younger than 6 months. If juice is given to babies between 6 to 12 months, it should be limited to 4 ounces per day and should be diluted with water (half water, half juice). For children 1 to 6 years, any juice served should be limited to 4 to 6 ounces per day.
- **Make an appointment to have your child see the dentist before the age of 1.** If you have concerns, the dentist can see your child sooner. Find a pediatric dentist in your area on the American Academy of Pediatric Dentistry Web site at [www.aapd.org](http://www.aapd.org). If no dentist is available to see your child by age 1, your pediatrician can look inside of your child's mouth, apply fluoride varnish, and talk with you about how to keep her healthy.

## Remember

Tooth decay can be prevented. Talk with your child's doctor or dentist if you see any sign of decay in your child's teeth or if you have questions about your

child's teeth. With the right care, your child can grow up to have healthy teeth for a lifetime of smiles.

The American Academy of Pediatrics recommends that

- All infants receive oral health risk assessments during well-child visits starting at 6 months of age and periodic fluoride varnish application from the time the first tooth erupts through 5 years of age.
- All children should be referred to a dentist as early as 6 months of age to establish a dental home. If a dentist is not available, talk with your pediatrician about how to maintain your child's oral health and find a dental home.
- All children in their early toddler years should have a thorough initial dental examination and regular dental care whenever possible.
- Parents should limit food and drink exposure over the course of the day to 3 meals and 2 snacks (with healthy food choices and limited juice). More frequent exposure to sugars in foods and drinks makes it more likely that children will develop decay.
- Parents should brush their children's teeth with fluoride toothpaste as soon as they can see the first tooth coming in (erupting).

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

## From your doctor





# A Parent's Guide to Water Safety

Drowning is one of the top causes of injury and death in children. Children can drown in pools, rivers, ponds, lakes, or oceans. They can even drown in a few inches of water in bathtubs, toilets, and large buckets.

Here is information from the American Academy of Pediatrics (AAP) about how to keep your children safe in or around water.

## Water Safety at Home

Parents need to keep a close eye on infants and young children, especially as they learn to crawl.

### To keep your child safe, make sure you

- **Never leave your child alone in the bathtub—even for a moment.** Many bathtub drownings happen (even in a few inches of water) when a parent leaves a small child alone or with another young child. Also, bath seats are just bathing aids. Bath seats can tip over and your child can slip out of them, so they won't prevent drowning.
- **Empty water from containers, such as large pails and 5-gallon buckets, immediately after use.**
- **Keep bathroom doors closed.** Install doorknob covers or a hook-and-eye latch or other lock that is out of the reach of your small child.
- **Keep toilets closed.** Always close the toilet lid, and consider using a toilet lid latch.

## Water Safety at the Pool

An adult should actively watch children at all times while they are in a pool. For infants and toddlers, an adult should be in the water and within arm's reach, providing "touch supervision." For older children, an adult should be paying constant attention and free from distractions, like talking on the phone, socializing, tending to household chores, or drinking alcohol. The supervising adult must know how to swim.

### Pool Rules

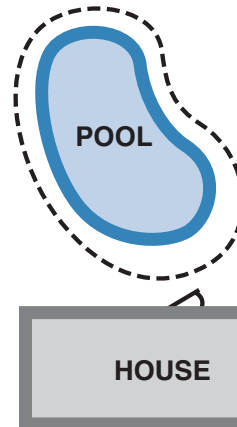
#### If you have a pool, insist that the following rules are followed:

- No one, adult or child, should ever swim alone.
- Keep toys away from the pool when the pool is not in use.
- Empty small blow-up pools after each use.
- No tricycles or other riding toys at poolside.
- No electrical appliances near the pool.
- No diving in a pool that is not deep enough.
- No running on the pool deck.

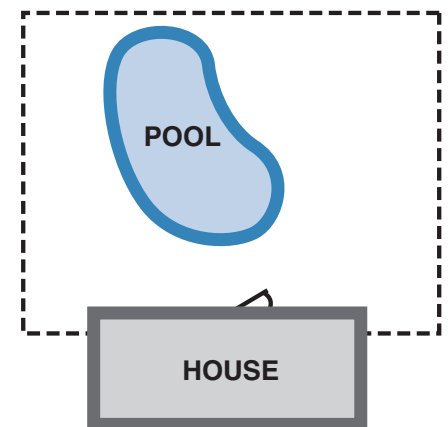
### Pool Fences

Children can climb out a window, climb through a doggy door, or sneak out a door to get to the backyard and the pool. To prevent small children from entering the pool area on their own, there should be a fence that completely surrounds the pool or spa. Combined with the watchful eyes of an adult, a fence is the best way to protect your child and other children who may visit or live nearby.

### RIGHT!



### WRONG!



A fence should completely surround the pool, isolating it from the house.

### Pool fences should also

- Be climb-resistant and not have anything alongside them (such as lawn furniture) that can be used to climb them.
- Be at least 4 feet high and have no footholds or handholds that could help a child climb them.
- Have no more than 4 inches between vertical slats. Chain-link fences are very easy to climb and are not recommended as pool fences. If they must be used, the diamond shape should not be bigger than 13/4 inches.
- Have a gate that is well maintained and is self-closing and self-latching. It should only open away from the pool. The latches should be higher than a child can reach—54 inches from the bottom of the gate.
- For aboveground pools always keep children away from steps or ladders. When the pool is not in use, lock or remove ladders to prevent access by children.

Other protection products, when used with an "isolation" fence, may be of some benefit; however, these are not substitutes for adequate fencing.

### These may include

- Automatic pool covers (motorized covers operated by a switch). Pool covers should cover the entire pool so that a child can't slip under them. Make sure there is no standing water on top of the pool cover. Be aware that floating solar covers are *not* safety covers.
- Door alarms pool alarms, and window guards.
- Doors to the house that are self-closing or self-latching.

## Swimming Lessons

Children need to learn to swim. The AAP supports swimming lessons for most children 4 years and older and for children 1 to 4 years of age who are ready to learn how to swim. Keep in mind that because children

## Don't Drink and Swim

Swimmers are at serious risk of drowning when they drink alcohol or use other drugs while swimming, diving, and playing water sports. These activities require clear thinking, coordination, and the ability to judge distance, depth, speed, and direction. Alcohol impairs all of these skills. People who are supervising other swimmers should not be using alcohol or drugs.

develop at different rates, each child will be ready to swim at her own time. Also, swimming lessons do not provide “drown-proofing” for children of any age, so supervision and other layers of protection are necessary—even for children who have learned swimming skills.

Some factors you may consider before starting swimming lessons for younger children include frequency of exposure to water, emotional maturity, physical limitations, and health concerns related to swimming pools (for example, swallowing water, infections, pool chemicals). While some swim programs claim to teach water survival skills to infants younger than 12 months, evidence does not show that they are effective in preventing drowning.

Swim classes should be taught by qualified teachers. For children younger than 3 years, the World Aquatic Babies & Children Network recommends that parents must participate, the time the head is submerged underwater is limited (swallowing too much water can make your child sick), and classes should be fun and include one-on-one teaching.

Pool conditions should be monitored to make sure chemical and water temperature levels are safe. Another safety measure is to check with the pool operator if there are protective drain covers or vacuum release systems.

## Diving

Serious spinal cord injuries, permanent brain damage, and death can occur to swimmers who dive into shallow water or spring upward on the diving board and hit it on the way down.

**Keep safe by following these simple commonsense diving rules.**

- Check how deep the water is. Enter the water feetfirst, especially when going in for the first time.
- Never dive into aboveground pools.
- Never dive into the shallow end of a pool.
- Never dive through inner tubes or other pool toys.
- Learn how to dive properly by taking classes.

## Water Safety in Other Bodies of Water

Swimming in a pool is different from swimming in other bodies of water. In addition to rules for pool safety, parents and children should know the rules for swimming in oceans, lakes, ponds, rivers, and streams.

**These include**

- Never swim without adult supervision.
- Never dive into water unless an adult who knows the depth of the water says it's OK.

- Always use an approved personal flotation device (life jacket or life vest) when boating, riding on a personal watercraft, fishing, waterskiing, or playing in a river or stream. Water wings and other blow-up swimming aids should not be used in place of life jackets.
- Never try water sports such as skiing, scuba diving, or snorkeling without instructions from a qualified teacher.
- Never swim around anchored boats, in motorboat lanes, or where people are waterskiing.
- Never swim during electrical storms.
- If you swim or drift far from shore, stay calm and tread water, or float on your back until help arrives.
- Other water hazards found near many homes include canals, ditches, postholes, wells, fishponds, and fountains. Watch your child closely if he is playing near any of these areas.

## Life Jackets and Life Preservers

If your family enjoys spending time on the water, make sure everyone wears an approved personal flotation device or life jacket. Some people think life jackets are hot, bulky, and ugly. However, today's models have improved in looks, comfort, and protection. Many states require the use of life jackets and life preservers. They must be present on all boats traveling in water supervised by the US Coast Guard. Remember, without wearing a life jacket, your child is not protected.

**Keep the following tips in mind:**

- A life jacket should not take the place of adult supervision.
- Choose a life jacket that fits your child's weight and age. It should be approved by the US Coast Guard and tested by Underwriters Laboratories (UL). Check the label to be sure. The label should also say whether the jacket is made for an adult or a child.
- Teach your child how to put on her own life jacket and make sure it is worn the right way.
- Blow-up water wings, toys, rafts, and air mattresses should never be used as life jackets or life preservers.

## In an Emergency

**Here are ways to be ready for an emergency.**

- **Learn CPR.** Anyone caring for or watching children should know CPR (cardiopulmonary resuscitation). CPR can save a life and help reduce injury after a near drowning. The American Red Cross, the American Heart Association, and your local hospital or fire department offer CPR training.
- **Always have a phone near the pool.** Clearly post your local emergency phone number (usually 911).
- **Post safety and CPR instructions at poolside.**
- **Make sure all rescue equipment is nearby.** This includes a shepherd hook, safety ring, and rope.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.  
from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

© 2018 American Academy of Pediatrics. All rights reserved.



## AGES 8-12 MONTHS

The following are guidelines for a 8 to 12 month child. A child's calorie needs vary depending on activity level and appetite. For more specific nutrition information, talk with your provider or IHA Nutrition Specialist.

A child's needs vary depending on their activity and their appetite. Children should be allowed to eat when they are hungry and stop when they are full. Vegetarian choices are also included.



### DAIRY

Amount per day:  
**3-4 SERVINGS**

One serving looks like:

6-8 oz breast milk (nursing or expressed breast milk in a bottle or sippy cup)

6-8 oz iron-fortified formula

4-8 Tbs full fat yogurt



### GRAINS

Amount per day:  
**2 SERVINGS**

One serving looks like:

4-8 Tbs baby cereal – rice, oats, barley or dry cereals mixed with formula

¼ cup whole grain pasta and rice, well cooked

½ slice dry toast

2 crackers



### PROTEIN/MEAT

Amount per day:  
**2 SERVINGS**  
(equivalent of 2 ounces)

One serving looks like:

3-4 Tbs strained jar meat or home prepared finely cut chicken, beef, pork, fish (no added salt)

1 scrambled egg

3-4 Tbs dried beans (cooked)

1-2 Tbs peanut butter (discuss with provider if family history of nut allergy)



### FRUIT

Amount per day:  
**2 SERVINGS**

One serving looks like:

3-4 Tbs strained jar food or peeled soft mashed or finely chopped fruit



### VEGETABLES

Amount per day:  
**2-3 SERVINGS**

One serving looks like:

3-4 Tbs strained jar food or mashed, soft vegetables



## TODDLERS 12-24 MONTHS

The following are guidelines for children between 12 and 24 months of age. A child's calorie needs vary depending on activity level and appetite. For more specific nutrition information, talk with your provider or IHA Nutrition Specialist.

A child's needs vary depending on their activity and their appetite. Children should be allowed to eat when they are hungry and stop when they are full. Vegetarian choices are also included.



### DAIRY

Amount per day:  
3-5 SERVINGS

One serving looks like:

4 oz or ½ cup full fat cow's milk/toddler formula

4-8 Tbs full fat yogurt

¼ cup cottage cheese

½ oz cheese



### GRAINS

Amount per day:  
6 SERVINGS

One serving looks like:

4-8 Tbs cereal – ready to eat or cooked

¼ cup whole grain pasta and rice, well cooked

½ slice dry toast

2 crackers



### PROTEIN/MEAT

Amount per day:  
2 SERVINGS  
*(equivalent of 2 ounces)*

One serving looks like:

1 oz finely cut chicken, beef, pork, turkey or meat alternative

1 oz fish without bones

1 scrambled egg

3-4 Tbs dried beans (cooked)

1-2 Tbs peanut butter (discuss with provider if family history of nut allergy)



### FRUIT

Amount per day:  
2-3 SERVINGS

One serving looks like:

¼ cup peeled soft or small chunks of fruit



### VEGETABLES

Amount per day:  
2-3 SERVINGS

One serving looks like:

¼ cup strained jar food or soft vegetables

## 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 <b>160 mg / 5 mL</b>	Children's Oral Suspension <b>160 mg / 5 mL (tsp)</b>	Children's Soft Chewable Tablets <b>80mg</b>	Jr. Strength Chewable Tablets <b>160 mg</b>
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 <b>50mg / 1.25 mL</b>	Children's Oral Suspension <b>100mg / 5 mL</b>	Children's Soft Chewable Tablets <b>50mg</b>	Children's Jr. Strength Chewable Tablets <b>100mg</b>
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**