The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves.

Did you know that fluoride is a mineral that occurs naturally in all water sources, even the oceans. It is important for children’s dental health because the right amount of fluoride causes formation of tooth enamel that is much more resistant to decay. Research has shown that fluoride reduces cavities in both children and adults and also helps repair the early stages of tooth decay even before the decay becomes visible. Fluoride is like any other nutrient; it is safe and effective when used appropriately.

Fluoride comes in two forms: fluoride systemically, that is, through fluorinated water or through fluoride supplements. This is because topical fluoride (most commonly in the form of fluoride-containing toothpaste) is not recommended until around age 3, or when children are able to spit. (Another topical form is a fluoride mouthrinse, but this is not recommended for children under six years of age because they may swallow the rinse.)

Because the Start Right information is geared to children age 0 to 3 years, the following information focuses on recommendations about systemic fluoride sources.

A parent’s first exposure to considering fluoride often happens in the pediatrician’s office, when asked if the family’s drinking water is fluoridated or if a supplement is needed for the child.

Consumption of fluoridated municipal (tap) water is the best source for most children to prevent excessive tooth decay while avoiding excessive fluoride ingestion. However, much of Missouri’s landscape is rural, where community water sources and private wells may not be fluoridated. Although levels of fluoride can be naturally present in well water, it may not be enough to meet the recommended amount.

Generally speaking, if the local water supply is fluoridated, no supplemental fluoride is needed to help the developing teeth. Fluoridated toothpaste is still beneficial for the teeth as long as it’s not being swallowed.

For children whose home water is not naturally fluoridated, before fluoride supplementation is considered, parents should take into account fluoride from other sources. This is called the halo effect. Although a child’s home water may not be fluoridated, it may be at the childcare location, grandparent’s home or pre-school. Processed foods and drinks may have fluoride because of the water source.

If bottled water is your child’s main source of drinking water, it may be missing the protective benefits of fluoride. While fluoride content of bottle water varies greatly, the vast majority of bottled waters do not contain optimal fluoride levels.

Studies show there are no known adverse health effects to fluoride ingestion in low levels. However, excessive fluoride exposure can be just as bad for the teeth as insufficient amounts. Fluorosis is the condition caused by excess fluoride exposure. It produces a chalky, cloudy or opaque appearance of the tooth enamel.

In summary, the amount of fluoride in water varies with each community and with different sources of drinking water. Consult with a dentist or pediatrician for fluoride recommendations based on your child’s circumstances.

**Early Childhood Oral Health Guide**

**What to do in case of tooth injury**

There’s bound to be bumps and bruises in infancy, especially as babies begin to walk. Sometimes the mouth can become injured, resulting in bleeding gums, a darkened tooth or even a loosened or knocked out tooth. Here’s what to do:

- **Gums Bleed:** This may be simply the gums bleeding from abrasion, or it could indicate a tooth has been loosened. **What to do:** Give a children’s pain reliever to reduce inflammation (such as Ibuprofen). Watch for signs of an abscess (gum boil/blister) next to the injury, such as fever and swollen, tender gums. A dental X-ray can make sure the underlying root is healthy.

- **Loosened Tooth:** A dislodged baby tooth may need to be placed back into position if it interferes with the child’s bite. A loose baby tooth should tighten up again. **What to do:** Give a children’s pain reliever to reduce inflammation (such as Ibuprofen). A dental X-ray can make sure the underlying root is healthy.

- **Knocked Out Tooth:** A knocked out baby tooth should not be replaced in the socket. This is because the baby tooth will not heal properly and will cause problems later when the permanent tooth erupts. **What to do:** Give a children’s pain reliever to reduce inflammation (such as Ibuprofen) and consult the child’s dentist. Space maintainers are available for cosmetic purposes only and are not necessary when a front tooth has come out early.

- **Darkened Tooth:** A dark tooth indicates previous trauma that caused the tooth to bruise on the inside. A dark tooth does not necessarily mean the nerve has died. **What to do:** The tooth will need to be watched by a dentist, with periodic X-rays, to make sure the tooth stays healthy.

**Learn more at www.modental.org**

**Click on the Start Right link from the homepage**

A PROJECOF THE MISSOURI DENTAL FOUNDATION
THE CHARITABLE SUBSIDIARY OF THE MISSOURI DENTAL ASSOCIATION

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**DID YOU KNOW**

- **Tooth decay is the most common chronic childhood disease, 5 times more common than asthma.**
- **More than 40% of children have tooth decay by the time they reach kindergarden.**
- **Tooth decay is preventable. Early oral health assessment can help prevent future cavities.**

**What about fluoride?**

Fluoride is a mineral that occurs naturally in all water sources, even the oceans. It is important for children’s dental health because the right amount of fluoride causes formation of tooth enamel that is much more resistant to decay. Research has shown that fluoride reduces cavities in both children and adults and also helps repair the early stages of tooth decay even before the decay becomes visible. Fluoride is like any other nutrient; it is safe and effective when used appropriately.

**Fluoride forms of fluoride: systemic and topical.**

- **Fluoride at age 0 to 3 most commonly gets fluoride systemically, that is, through fluorinated water or through fluoride supplements. This is because topical fluoride (most commonly in the form of fluoride-containing toothpaste) is not recommended until around age 3, or when children are able to spit. (Another topical form is a fluoride mouthrinse, but this is not recommended for children under six years of age because they may swallow the rinse.**

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In summary, the amount of fluoride in water varies with each community and with different sources of drinking water. Consult with a dentist or pediatrician for fluoride recommendations based on your child’s circumstances.

**Did you know**

- **A dark tooth indicates previous trauma that caused the tooth to bruise on the inside.** This is because the baby tooth will not heal properly and will cause problems later when the permanent tooth erupts. What to do: The tooth will need to be watched by a dentist, with periodic X-rays, to make sure the tooth stays healthy.

**Cavities may still be the single most common childhood disease, 5 times more common than asthma.**

**More than 40% of children have tooth decay by the time they reach kindergarden.**

**Tooth decay is preventable. Early oral health assessment can help prevent future cavities.**

**Cavities, an infectious disease caused by acid-forming bacteria found in dental plaque, destroy the tooth’s structure. Young children, ages one through six, are more susceptible to develop cavities because their primary teeth have thinner enamel. This enamel is a prime target for cavity causing bacteria. Cavities grow a lot faster in baby teeth, and toothaches can occur early on because the tooth nerves are larger in infants.**
oral health screenings

looking at a child’s teeth & understanding what you might see
Parents should check a child’s teeth at least monthly for changes and to detect early signs of decay.

healthy mouth
- No obvious dental problems
- Uniform white tooth surfaces
- Pink firm gums

Necessary care: Daily oral health care and routine dental appointments by age 1 and thereafter.

moderate decay
- Brown or black discolorations
- Broken teeth and teeth that are wearing down
- Child’s teeth may be sensitive to hot or cold

Necessary care: Seeing a dentist now can prevent the tooth nerves from becoming infected.

mild decay
- Early signs of cavities appear as lesions
- Lesions can appear white, opaque or chalky
- Lesions appear as bands along the gum line

Necessary care: Seeing a dentist now can prevent these cavities from getting worse.

severe decay
- Multiple large cavities
- Cavities often accompanied by gum abscesses
- Pain may not be present if nerve is already damaged

Necessary care: Seeing a dentist now can prevent damage to the unerupted permanent (adult) teeth

At-risk indicators

Early childhood decay relates to poor eating habits, poor oral hygiene and saliva sharing activities (where decay-causing bacteria can be transferred). Other indicators of high risk for decay include:

- Previous Decay
- Mother has/had much decay
- Siblings have/had much decay
- Not enough fluoride
- No routine dental care
- Bottle/nursing after 14 months
- Sippy cup use with sugary liquids
- Low-income family

When to refer a child for dental consultation

- Holes in the back teeth
- Fractured, loose or lost tooth
- Swollen or bleeding gums

Checking a child’s teeth
Use one of these positions to look at teeth

- Get in a position where you can see inside the child’s mouth, especially the back of the teeth.
- Two suggestions include sitting on the floor with the child in your lap (above left), or sitting knee-to-knee with a partner (above right), with the child across both laps.
- These positions work well because an adult can hold the child’s hands if necessary for better cooperation.
- Gently lower child’s head into your lap.
- Lift the lip and quickly assess child’s oral condition.

what in the world are strep mutans?

Tooth decay is basically an infectious disease. When baby teeth first erupt, they can be occupied by Streptococcus mutans, the predominant bacteria of dental plaque. This bacterium converts sugars and carbohydrates in the mouth to acid, which dissolves and weakens the tooth enamel, equaling tooth decay. Babies mainly pick up the “Strep” mutans germ from their mothers through saliva sharing activities (sharing utensils and blowing on hot food, for example). The most vulnerable time for infection is between 6 and 31 months. Mothers with high levels of Strep mutans, due to poor oral hygiene, are most likely to infect their children. That’s why an infant’s good oral health starts with mom.

keeping mom’s mouth healthy:

- During pregnancy, get your mouth in optimum health.
- Tell your dentist if you are pregnant so your oral health can be monitored closely.
- Have decayed teeth repaired and treat gum disease.
- Brush teeth at least twice daily with fluoride toothpaste, and floss daily.
- Drink plenty of water and eat nutritious meals and snacks.
- Chew gum with xylitol as the main ingredient (such as Carefree Koolerz). This has been shown to reduce decay-causing bacteria in the mouth.

Decay reduction can mean better prenatal health and a reduction in the transmission of bacteria from mother to child.

Science shows that mothers with active decay problems, gum problems, or both will transmit the bad bacteria to the baby and make the baby more susceptible to decay.

...Women will put the needs of their children before themselves... if they know that their oral health is affecting the health of their unborn children, they tend to take that very seriously.
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and why moms should care

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- This has been shown to reduce decay-causing bacteria in the mouth.
- Decay reduction can mean better prenatal health and a reduction in the transmission of bacteria from mother to child.

...Women will put the needs of their children before themselves...if they know that their oral health is affecting the health of their unborn children, they tend to take that very seriously.

Allowing your infant or toddler to fall asleep with a bottle or sippy cup filled with anything but water can be particularly dangerous. As children grow and their diets change, the capacity of the mouth to handle acids and bacteria also changes. Even popular snacks, such as fruit roll-ups and gummy fruit sweets, contain extra sugar that coats the teeth. Even “healthy” snacks such as cut-up fruits can have a high sugar content. Not enough fluoride

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- Siblings have/had much decay
- Not enough fluoride

No routine dental care
- Bottle/nursing after 14 months
- Sippy cup use with sugary liquids
- Low-income family

White or brown spots
- Dental pain or infection
- Discolored tooth
- Oral dental problems

Holes in the back teeth
- Fractured, loose or lost tooth
- Swollen or bleeding gums

At-risk indicators

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Funding for this project was provided in whole by the Missouri Foundation for Health. 

A PROJECT OF THE MISSOURI DENTAL FOUNDATION

early childhood oral health guide

DID YOU KNOW

A knocked out baby tooth should not be replaced in the socket. This is because the baby tooth will not heal properly and will cause problems later when the permanent tooth erupts. What to do

Loosened Tooth: A dislodged baby tooth may need to be placed back into position if it interferes with the child's bite. A loose baby tooth should tighten up again. What to do

Kicked Out Tooth: A knocked out baby tooth should not be replaced in the socket. This is because the baby tooth will not heal properly and will cause problems later when the permanent tooth erupts. What to do

Darkened Tooth: A dark tooth indicates previous trauma that caused the tooth to bruise on the inside. A dark tooth does not necessarily mean the nerve has died. What to do

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Studies show pregnant women with severe gum disease born in the U.S. may be the result of their mother’s inflammatory gum disease. 

Show pregnant women with severe gum disease have 7 times the risk of delivering a low-birthweight baby. These pregnancy complications may be partially preventable through a mother’s improved oral health during pregnancy.

cont.