

# Oral Screening Guidelines for Child Health Clinics



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# Oral Screening Guidelines

## Target Ages:

Screening: 2 months (or first time seen); then at 4, 6, 12, 18 months, and 4 years.

Education: 2, 4, 6, 12, 18 months, and 4 years.

## Materials Required:

- Infection control items such as tongue depressor and gloves may be required
- Good light source

## Technique:

Lift the child's lip and have the child open their mouth; assess the anterior and posterior of the oral cavity; knee to knee - older infant/toddler.



## Oral Assessment:

The oral assessment is part of the Standard Assessment in the Saskatchewan Child Health Clinic Guidelines for Standard Practice 2015.

	Findings	Action*
<b>Extraoral</b>	Asymmetry to the face, evidence of swelling. May or may not have history of pain.	Intraoral screening for evidence of potential cause. Refer to appropriate oral health care provider
<b>Teeth</b>	Heavy plaque or debris on teeth	Age appropriate guidance and refer for fluoride varnish
	White lines on facial surface of upper anterior teeth	Age appropriate guidance and refer for fluoride varnish
	Brown/black spots on any tooth surface	Age appropriate guidance and referral to appropriate oral care provider
	Obvious caries or broken down teeth	Age appropriate guidance and referral to appropriate oral care provider
<b>Tissue</b>	Red, inflamed	Age appropriate guidance and refer for fluoride varnish
	Evidence of fistulas (abscesses)	Age appropriate guidance and referral to appropriate oral care provider

\* See page 3 for referral recommendations.

## Risk Factors in Early Childhood Tooth Decay

### Does the child:

- live in an area with a non-fluoridated water supply, or a low natural fluoride level of less than 0.3mg/L? If you do not know, you can check with your local public health office.
- have visible plaque on teeth?
- have teeth brushed less than once a day?
- have a visible cavity or white chalky area on a tooth?
- have fillings, crowns, or extractions?
- see a dentist less than once a year?
- regularly eat foods or drink beverages that contain sugar (including natural sugars) between meals? This includes the use of a bottle or training cup filled with any liquid other than water.
- regularly use sweetened medicine?
- use a training cup or bottle after age 1?
- have a history of premature birth, with a low birth weight of less than 1500 grams (3 pounds)?
- have special health care needs?
- have a sibling, parent or caregiver with untreated cavities or existing fillings, crowns and extractions?
- have a sibling who had dental treatment under general anaesthetic?

**If one or more of the risk factors for early childhood tooth decay are present, use age appropriate anticipatory guidance and refer for a fluoride varnish.**

## ■ Referral Recommendations

The child may need to see an oral health professional (dental health educator/dental therapist) for prevention. The child may need to see a dentist/dental therapist for treatment.

A referral to a dentist/dental therapist for treatment services is recommended when one or more of the following are present:

- black brown spots on any tooth surface
- obvious caries or broken down teeth
- evidence of dental pain or abscesses
- asymmetry to the face, evidence of swelling.

A referral to the dental health educator/dental therapist is recommended when one or more of the following are present:

- early signs of decay (i.e. chalky white area along the gum line or tooth discolouration)
- evidence of poor oral hygiene (i.e. heavy plaque buildup)
- red/swollen gums

### OR

When parents have questions or concerns about the following:

- dental products
- dental services
- eruption patterns
- fluoride and its use
- injured anterior teeth
- pacifier use
- thumb and finger sucking



Healthy Teeth



White lines along gum line  
mean beginning of decay



Brown areas or decayed  
spots along gum line

Graphic courtesy of the Calgary Health Region

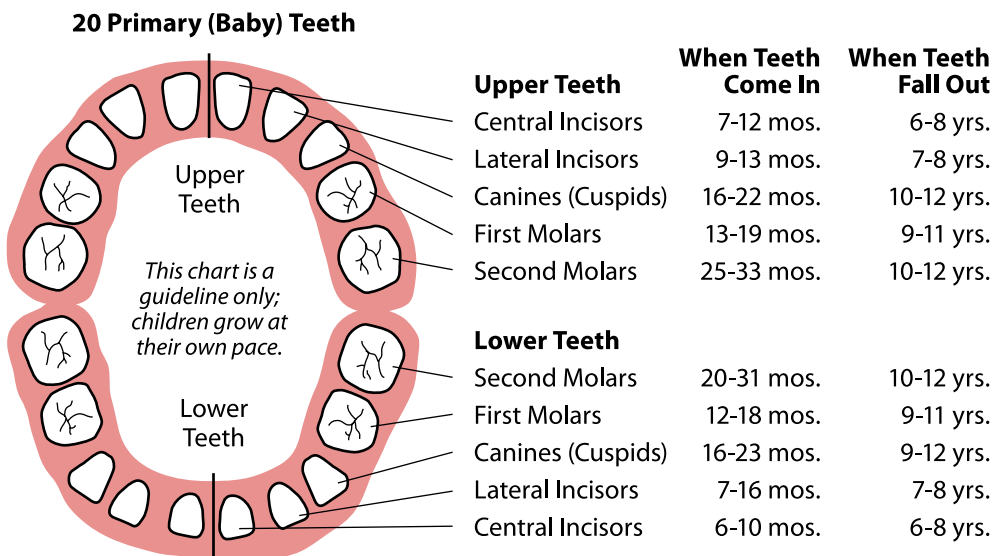
# Primary (Baby) Teeth

- During the 6th week of pregnancy the primary teeth begin to form.
- The first tooth usually appears between 6 and 9 months of age.
- By the time the child is three years old a full set of 20 primary teeth should be present.



Photo courtesy of Cypress Health Region

## Primary Tooth Eruption Chart



### Primary teeth are important for:

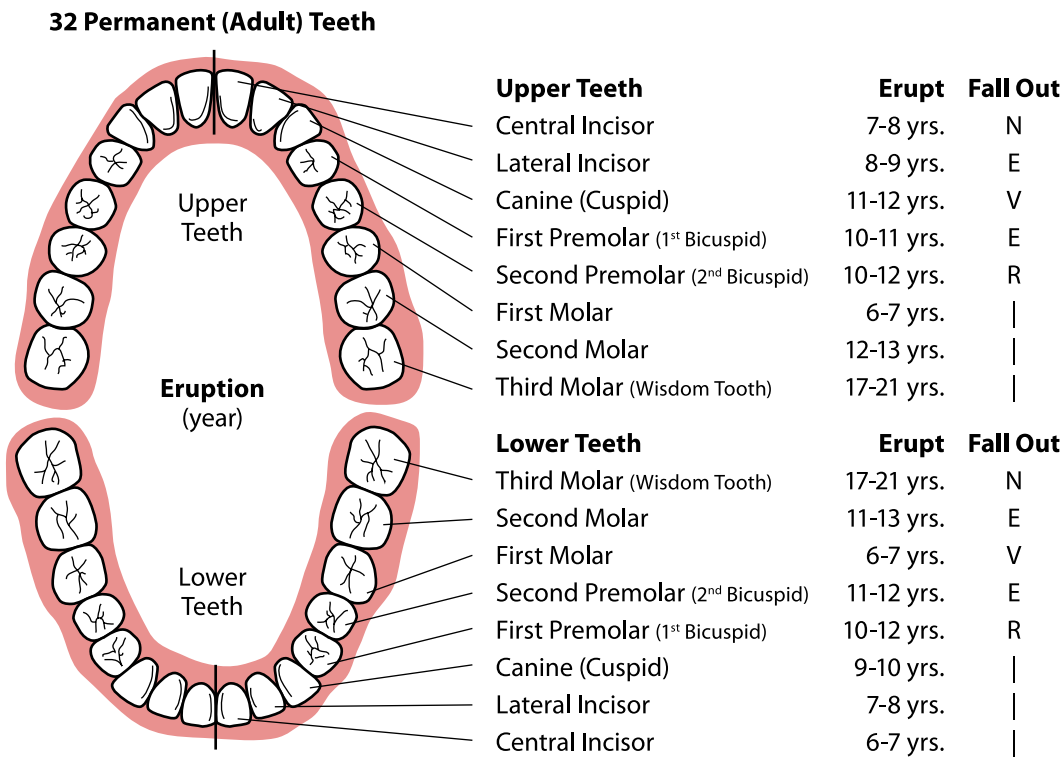
- Chewing / proper nutrition
- Providing the foundation for proper growth and development of the face and jaw
- Learning to speak/communication
- Maintaining space in the mouth for proper eruption of permanent teeth
- Self esteem and social connectedness



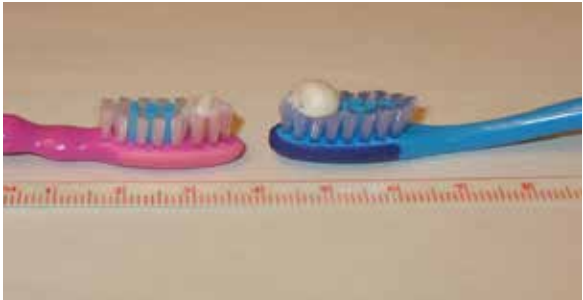
# Permanent Teeth

- Permanent teeth start to form during the sixteenth (16th) week of pregnancy.
- The first permanent molar appears at the back of the mouth at approximately age six.
- At the same time the first permanent molar appears, the front primary teeth become loose and fall out.
- A full set of 32 permanent teeth are meant to last a lifetime.

## Permanent Tooth Eruption Chart



## Fluoride Recommendations



- Toothbrush on left with minimal toothpaste the size of a grain of rice;
- Toothbrush on right holds toothpaste the size of a pea.

On December 1, 2010 the Medical Health Officers' Council of Saskatchewan (MHOCOS) accepted the Canadian Dental Association's (CDA) 2010 recommendation on the use of fluoride. The recommendations are:

### 1. Fluoridated Toothpastes and Mouth Rinses

CDA recognizes and supports the use of fluoridated toothpastes and mouth rinses in the prevention of dental caries.

Fluoridated toothpastes should be used twice a day to brush teeth. Early commencement of tooth brushing has been associated with lack of colonization by the bacteria that are primarily responsible for cavities. Because young children tend to swallow toothpaste when they are brushing, which may increase their exposure to fluoride, the following guidelines have been established to moderate their risk of developing dental fluorosis while optimizing the benefits of fluoride.

**Children from birth to 3 years of age** should have their teeth and gums brushed by an adult. The use of fluoridated toothpaste in this age group is determined by the level of risk. Parents should consult a health professional to determine whether a child up to 3 years of age is at risk of developing early childhood tooth decay. (See Determination of Risk for Early Childhood Tooth Decay page 2)

If such a risk exists, **the child's teeth should be brushed by an adult using a minimal amount of fluoridated toothpaste the size of a grain of rice.**

Use of fluoridated toothpaste in a small amount has been determined to achieve a balance between the benefits of fluoride and the risk of developing fluorosis.

If the child is not considered to be at risk, the teeth should be brushed by an adult using a toothbrush moistened only with water.

## ■ Fluoride Recommendations

**Children from 3 to 8 years of age** should be assisted by an adult in brushing their teeth. Only a small amount of fluoridated toothpaste, the size of a green pea, should be used. All children should be supervised or assisted until they develop appropriate manual dexterity (for example, the ability to write their own name). Fluoride mouth rinses are an effective preventive measure for at risk individuals and should be used according to the specific needs of the individual. Fluoride mouth rinsing is not recommended for children under 6 years of age.

### 2. Child's First Dental Visit

ECTD can be painful, may cause infection and is difficult and expensive to treat. Therefore, **by a child's first birthday**, the parents should consult a health professional knowledgeable in the areas of early childhood tooth decay and the benefits of fluoride. This health professional will help to determine the child's risk of developing tooth decay and whether there would be a benefit of brushing with a minimal amount (a portion the size of a grain of rice) of fluoridated toothpaste before the age of 3 years.

# ■ Fluoride Recommendations

## 3. Community Water Fluoridation

The Canadian Dental Association (CDA) supports fluoridation of municipal drinking water (at minimum levels required for efficacy as recommended by the Federal-Provincial-Territorial Committee on Drinking Water) as a safe, effective and economical means of preventing dental caries in all age groups.

### Recommendations include:

To adopt a level of 0.7 mg/L as the optimal target concentration for fluoride in drinking water. The MAC (Maximum Allowable Concentration) is 1.5 mg/L for fluoride in drinking water.

## 4. Fluoride Supplements

The use of fluoride supplements before the eruption of the first permanent tooth is generally not recommended. **Public Health does not recommend fluoride supplements.** If parents ask, they should be referred to an oral health professional. When, on an individual basis, the benefit of supplemental fluoride outweighs the risk of dental fluorosis, the oral health professional may choose to use supplements at appropriate dosages in young children. In doing so, **the total daily fluoride intake from all sources should not exceed 0.05-0.07 mg F/kg body weight** in order to minimize the risk of dental fluorosis.

- Following the eruption of the first permanent tooth and the associated decrease in the risk of dental fluorosis at this stage of development, fluoride supplementation in the form of lozenges or chewable tablets may be used to deliver an intra-oral fluoride.

[http://www.cda-adc.ca/\\_files/position\\_statements/Fluorides-English-2010-06-08.pdf](http://www.cda-adc.ca/_files/position_statements/Fluorides-English-2010-06-08.pdf)

# Fluoride Recommendations

## 5. Fluoride Varnish

Fluoride varnish is a protective coating that is painted on a child's teeth to prevent cavities and remineralize early decayed lesions. It can also be painted on teeth that already have cavities.

The five percent sodium fluoride varnish may be painted on the teeth at least 1 to 2 times each year. The number of times depends on risk factors and if the child has cavities. See page 2 for the list of risk factors for tooth decay. When one or more of the risk factors are present, fluoride varnish is recommended.

### Step-by-Step Fluoride Varnish Application



1. Note the areas that are demineralized.



2. Dry all teeth with a gauze.



3. Paint fluoride varnish on demineralized areas and all remaining teeth.

Photos courtesy of the University of Iowa, Department of Pediatric Dentistry

# Oral Screening Guidelines

## Two (2) Months

### 1. Promote good oral health habits

- **If no teeth are present:**
- Gums should be cleaned with a moist cloth after every feeding.

### 2. Promote good feeding practices

- Breastfeeding contributes to healthy growth and development of teeth and jaws.
- Remove the breast or bottle nipple from the mouth if the infant falls asleep while feeding. Prolonged contact of teeth with liquids other than water increases the risk of ECTD.

### 3. Pacifier and thumb or finger use

- Delay pacifier use in breastfed infants until 6 weeks to get breastfeeding well established.
- Should not be used to delay feeding.
- Keep pacifier clean and limit its use.
- If using a pacifier, ensure it is soft enough to flatten out against roof of the infant's mouth and is appropriate in size.
- Check pacifier often for strength and tears.
- Do not coat a pacifier with a sweet substance.
- Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.

#### Resources

- A Parent's Guide to Oral Health - DH 007
- Thumb, Finger and Pacifier Habits - DH 202
- Growing Up Healthy - You and Your 2-4 Month Old

### 4. Avoid transmission of bacteria from parent to infant

- Decay-causing bacteria is transmitted through saliva, so avoid such practices as allowing infant to put their fingers in their parent's or caregiver's mouth and then back into their mouth, sharing a spoon when tasting baby food and cleaning a dropped pacifier by "rinsing" with saliva.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.

# Oral Screening Guidelines

## Four (4) Months

### 1. Promote good oral health habits

#### If no teeth are present:

- Gums should be cleaned with a moist cloth after every feeding.

#### If teeth are present:

- Teeth/gums should be cleaned with a moistened soft-bristled toothbrush twice a day. Bedtime is most important.
- If the child is at risk of tooth decay (refer to page 2), use a fluoridated toothpaste, the size of a grain of rice.
- Lift the lip and look for plaque and early signs of tooth decay.

### 2. Promote good feeding practices

- Breastfeeding contributes to healthy growth and development of teeth and jaws.
- Remove the breast or bottle nipple from the mouth if the infant falls asleep while feeding. Prolonged contact of teeth with other liquids other than water increases the risk of ECTD.

#### Resources

- Early Childhood Tooth Decay - DH 109
- Thumb, Finger and Pacifier Habits - DH 202
- Growing Up Healthy - You and Your 4-6 Month Old

### 3. Pacifier and thumb or finger use

- If using a pacifier, ensure it is soft enough to flatten out against roof of the infant's mouth and is appropriate in size.
- Check pacifier often for strength and tears.
- Do not coat a pacifier with a sweet substance.
- Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.

### 4. Avoid transmission of bacteria from parent to infant

- Decay-causing bacteria is transmitted through saliva so avoid such practices as allowing infant to put their fingers in their parent's or caregiver's mouth and then back into their mouth, sharing a spoon when tasting baby food and cleaning a dropped pacifier by "rinsing" with saliva.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.

# Oral Screening Guidelines

## Six (6) Months

### 1. Promote good oral health habits:

#### If no teeth are present:

- Gums should be cleaned with a moist cloth after every feeding.

#### If teeth are present:

- Teeth/gums should be brushed with a small, soft-bristled toothbrush twice a day. Bedtime is most important.
- If the child is at risk of tooth decay (refer to page 2), use a fluoridated toothpaste, the size of a grain of rice.
- Rub baby's gums with a soft toothbrush or allow them to chew on a clean, cold (not frozen) teething ring or wet face cloth to ease teething. Teething ointments and gels are not recommended as they may numb baby's throat and cause choking.
- Lift the Lip: While cleaning, look at teeth and mouth to become familiar with their appearance.

### 2. Fluoride

- Fluoride varnish applications are available in your area.

### 3. Promote good feeding practices

- Breastfeeding contributes to healthy growth and development of teeth and jaws.
- Remove the breast or bottle nipple from the mouth if the infant falls asleep while feeding. Prolonged contact of teeth with other liquids other than water increases the risk of ECTD.
- Training cups are not recommended.
- Encourage the use of a regular open cup. Children are able to begin learning to use a regular open cup as early as 6 months of age.

### 4. Pacifier and thumb or finger use

- If using a pacifier, ensure it is soft enough to flatten against roof of the infant's mouth and is appropriate in size.
- Check pacifier often for strength and tears.
- Do not coat a pacifier with a sweet substance.
- Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.



# Oral Screening Guidelines

## Six (6) Months

### 5. Reduce bacterial transmission from parent to infant

- Decay-causing bacteria are transmitted through saliva so avoid such practices as allowing infant to put their fingers in their parents or caregivers mouth and then back into their mouth, sharing a spoon when tasting baby food and cleaning a dropped pacifier by “rinsing” with saliva.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.



When at risk for tooth decay, use fluoride toothpaste the size of a grain of rice.

#### Resources

- Drinking from a Cup - DH 205
- Toothpaste Use for Children Under 3 - DH 269
- Growing Up Healthy - You and Your 6-12 Month Old

# Oral Screening Guidelines

## Twelve (12) Months

### 1. Promote good oral health habits:

- Teeth/gums should be brushed with a small, soft-bristled toothbrush twice a day. Bedtime is most important.
- If the child is at risk of tooth decay (refer to page 2), use a fluoridated toothpaste, the size of a grain of rice.
- Lift the Lip: While cleaning look at the teeth and mouth to become familiar with their appearance. Check for early signs of tooth decay: white lines along the gum line could mean the beginning of tooth decay - ECTD.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.

### 2. Fluoride

- Fluoride varnish applications are available in your area.

### 3. Promote good feeding practices

- Breastfeeding contributes to healthy growth and development of teeth and jaws.
- Remove the breast or bottle nipple from the mouth if the infant falls asleep while feeding. Prolonged contact of teeth with liquids other than water increases the risk of ECTD. This can happen when any liquid containing sugar such as juice, pop, iced tea, formula, milk or breast milk, pools in the mouth and stays in contact with the teeth.
- Avoid constant sipping from a bottle or no-spill cup as it can cause tooth decay. Limit drinks high in sugar.
- The child should be drinking from a regular open cup. Use of a training cup or a baby bottle should be discussed as risks for ECTD and obesity.

### 4. Pacifier and thumb or finger use

- If using a pacifier, ensure it is soft enough to flatten against the roof of the infant's mouth and is appropriate in size.
- Check pacifier often for strength and tears.
- Do not coat a pacifier with a sweet substance.
- Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.

# ■ Oral Screening Guidelines

## Twelve (12) Months

### 5. Dental visit

- The Canadian Dental Association recommends that the first dental visit be 6 months after the eruption of the first tooth or at age one.



When at risk for tooth decay, use fluoride toothpaste the size of a grain of rice.

#### Resources

- Early Childhood Tooth Decay - DHE 109
- Fluoride Varnish Protects Teeth - DHE 112
- Toothpaste Use for Children Under 3 - DH 269
- Drinking from a Cup - DH 205
- Growing Up Healthy - You and Your 12-18 Month Old

# Oral Screening Guidelines

## Eighteen (18) Months

### 1. Promote good oral health habits

- Teeth/gums should be brushed with a small, soft-bristled toothbrush twice a day. Bedtime cleaning is most important.
- If the child is at risk of tooth decay (refer to page 2), use a fluoridated toothpaste, the size of a grain of rice.
- Lift the Lip: While cleaning look at the teeth and mouth to become familiar with their appearance. Check for early signs of tooth decay: White lines along the gum line could mean the beginning of tooth decay - ECTD. Brown areas along gum line could be tooth decay.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.

### 2. Fluoride

- Fluoride varnish applications are available in your area.

### 3. Promote good feeding practices

- Breastfeeding contributes to an infant's healthy growth and development of teeth and jaws.
- Remove the breast from the mouth if the infant falls asleep while feeding. Prolonged contact of teeth with liquids other than water increases the risk of ECTD.
- The child should be drinking from a regular open cup.
- Select healthy snack choices. It is the frequency of snacking, grazing and sipping, not the amount of sugar, carbohydrates or starches eaten that affects tooth decay.

### 4. Pacifier and thumb or finger use

- Pacifier: Check pacifier often for strength and tears. Do not coat with a sweet substance.
- Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.

### 5. Dental visits

- The Canadian Dental Association recommends that the first dental visit be six months after the eruption of the first tooth or at age one. Annual dental visits are recommended.

# Oral Screening Guidelines

## Eighteen (18) Months



White lines along gum line mean beginning of decay



Brown areas or decayed spots along gum line

Graphic courtesy of the Calgary Health Region



When at risk for tooth decay, use fluoride toothpaste the size of a grain of rice.

### Resources

- Fluoride Varnish Protects Teeth - DHE 112
- Early Childhood Tooth Decay - DH 109
- Drinking from a Cup - DH 205
- Toothpaste Use for Children Under 3 - DH269
- Growing Up Healthy - You and Your 18 Month - 4 Year Old

# Oral Screening Guidelines

## Four (4) Years

### 1. Promote good oral health habits

- Teeth should be brushed with a small soft-bristled toothbrush twice a day. Bedtime cleaning is most important.
- A pea-sized amount of fluoridated toothpaste may be used. Toothpaste should not be swallowed.
- Young children do not have the ability to brush thoroughly, so parents need to brush their child's teeth until age 8. Encouraging children to brush independently (for example, the child takes a turn, and then the adult takes a turn) will help develop brushing skills and habit. Parents should supervise and complete the brushing to ensure the mouth has been thoroughly cleaned.
- Routinely Lift the Lip and look for plaque and early signs of tooth decay.
- Encourage parent to keep their own mouth clean and healthy: brush and floss daily, have regular dental check-ups and receive treatment as needed.

### 2. Fluoride

- Fluoride varnish applications are available in your area.

### 3. Flossing

- Daily flossing should begin when child's second molar teeth have fully grown in. A floss wand or floss holder can also be used.
- Parents are responsible for flossing their child's teeth. Independent flossing is not recommended until around age 9.

### 4. Promote good feeding practices

- The child should be drinking from a regular open cup.
- Frequent sipping and prolonged contact of teeth with liquids other than water increases the risk of tooth decay.
- Limit food and beverages containing sugar to planned meal and snack times.

### 5. Dental Visits

- Annual dental visits are recommended.

# Oral Screening Guidelines

## Four (4) Years



Brush using fluoride toothpaste the size of a green pea.



White lines along gum line mean beginning of decay



Brown areas or decayed spots along gum line

Graphic courtesy of the Calgary Health Region

### Resources

- Early Childhood Tooth Decay - DH 109
- Fluoride Varnish Protects Teeth - DHE 112
- Drinking from a Cup - DH 205
- Toothpaste Use for Children Under 3 - DH 269
- Growing Up Healthy - You and Your 4-6 Year Old

## References

- Brown, K. & McCormack. (1998). Early childhood caries: Education and prevention strategies. Retrieved from <http://www.med.usf.edu/~kmbrown.htm>.
- Cunha, R.F., Delbem, A.C.B., et al. (2000). Dentistry for babies: A preventive protocol. *Journal Of Dentistry For Children*. March-April, 2000, 89-92.
- Finn, E. & Wolpin, S. (2005). Dental disease in infants and toddlers: A transdisciplinary health concern and approach. *Zero To Three*. January, 2005, 28-33. Available from [www.zerotothree.org](http://www.zerotothree.org)
- Gomez, F.J., Weintraub, J.A., et al. (2002). Bacterial, behavioral and environmental factors associated with early childhood caries. *The Journal Of Clinical Pediatric Dentistry*, 26(2), 165-173.
- Lee, C., Resaiamira, N., et al (1994). Teaching parents at WIC clinics to examine their high caries-risk babies. *Journal of Dentistry for Children*. , September-December, 247-349.
- Ravel, D. (2003). Pediatric Dental Health. <http://angelfire.com/nc/kidsdental/topics25.html>
- Sanchez, O.M. & Childers, N. K. (2000). Anticipatory guidance in infant oral health: Rational and recommendations. *American Family Physician*. 61, 155-20, 123-4. <http://www.aafp.org/afp/20000101/115.html>
- Skaret, E., Milgrom, P., Raadal, M. & Grembowski, D. (2001). Factors influencing whether low-income mothers have a usual source of dental care. *Journal of Dentistry for Children*. March-April, 2001, 136-138.
- Weinstein, P., Harrison, R. & Benton, T. (2006). Motivating mother to prevent caries. *JADA*, 137(6), 789-793.



# Oral Health Screening Guide for CHC

Age	Anticipatory Guidance	Teeth	Resource
<b>2 month old</b>	<ul style="list-style-type: none"> <li>• Clean your baby's mouth after feeding with a moist cloth or toothbrush.</li> <li>• Remove breast or bottle from mouth if sleeping.</li> <li>• If pacifier is used, the nipple should be soft enough to flatten out against the roof of the mouth.</li> <li>• Keep pacifier clean. Limit its use.</li> <li>• Never put baby's pacifier in your mouth to clean it; this passes decay-causing germs to baby.</li> </ul>		Parents Guide to Oral Health DH007 Thumb, Finger and Pacifier Habits DH202
<b>4 month old</b>	<ul style="list-style-type: none"> <li>• Lift the lip and look for plaque and early signs of tooth decay.</li> <li>• Thumb or finger sucking is normal for infants. It is usually not a concern until permanent teeth appear.</li> <li>• Continue to clean baby's mouth everyday with a clean, moist washcloth or infant toothbrush. Remove breast or bottle from mouth if sleeping.</li> </ul>		Early Childhood Tooth Decay DH109 Thumb, Finger and Pacifier Habits DH202
<b>6 month old</b>	<ul style="list-style-type: none"> <li>• Once teeth appear, gently clean your baby's teeth and gums twice a day using a small, soft toothbrush. Babies at risk for tooth decay should have their teeth brushed by an adult using fluoridated toothpaste the size of a grain of rice. (page 6)</li> <li>• Training cups can be used as a transition from baby bottle to regular cup.</li> <li>• Lift the lip and look for plaque and early signs of tooth decay.</li> </ul>	Central incisors	Toothpaste Use for Children Under 3 DH269 Drinking from a Cup DH205
<b>12 month old</b>	<ul style="list-style-type: none"> <li>• Brush your baby's teeth twice a day. Babies at risk for tooth decay should have their teeth brushed by an adult using fluoridated toothpaste the size of a grain of rice. (page 6)</li> <li>• Lift the lip and look for plaque and early signs of tooth decay.</li> <li>• See dentist at age one or 6 months after the eruption of first tooth.</li> <li>• Avoid constant sipping from a bottle or no-spill cup – it can cause tooth decay! Limit drinks high in sugar.</li> </ul>	Lateral incisors First molars	Early Childhood Tooth Decay DH109 Fluoride Varnish Protects Teeth DHE112 Toothpaste Use for Children Under 3 DH269 Drinking from a Cup DH205
<b>18 month old</b>	<ul style="list-style-type: none"> <li>• Brush your child's teeth twice a day, morning and night. Use a child-size brush with soft bristles. Babies at risk for tooth decay should have their teeth brushed by adult using fluoridated toothpaste the size of a grain of rice (page 6).</li> <li>• Eat healthy snacks and monitor amount of juice over ¼ cup.</li> <li>• Lift the lip and look for plaque and early signs of tooth decay.</li> </ul>	Canines Second molars	Fluoride Varnish Protects Teeth DHE 112 Toothpaste Use for Children Under 3 DH269 Drinking from a Cup DH205 Early Childhood Tooth Decay DH109
<b>4 year old</b>	<ul style="list-style-type: none"> <li>• Floss your child's teeth after the second molars are in. Floss wands and holders can be used.</li> <li>• Brush your child's teeth every day; in the morning and at bedtime.</li> <li>• Use a pea-sized amount of fluoride toothpaste on a child-sized, soft bristled toothbrush.</li> <li>• Lift the lip and look for plaque and early signs of tooth decay.</li> </ul>	All 20 teeth	Fluoride Varnish Protects Teeth DHE112 Toothpaste Use for Children Under 3 DH269 Early Childhood Tooth Decay DH109 Drinking from a Cup DH205

**Risk factors**

If one or more of the following risk factors for decay are present, use age appropriate anticipatory guidance and refer for a fluoride varnish.

**Does the child:**

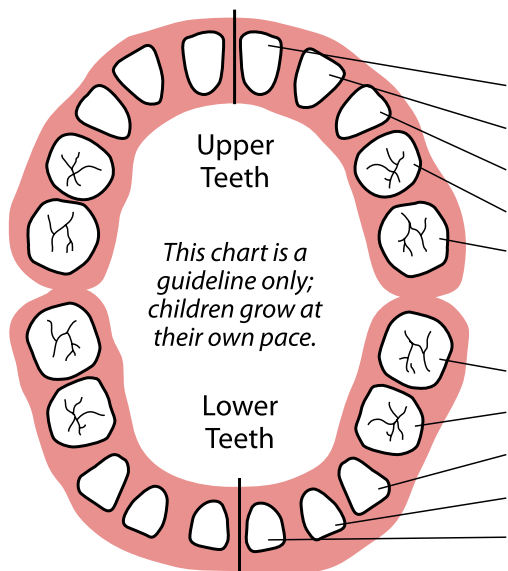
- live in an area with a non-fluoridated water supply, or a low natural fluoride level of less than 0.3mg/L? If you do not know, you can check with your local public health office.
- have visible plaque on teeth?
- have teeth brushed less than once a day?
- have a visible cavity or white chalky area on a tooth?
- have fillings, crowns, or extractions?
- see a dentist less than once a year?
- regularly eat foods or drink beverages that contain sugar (including natural sugars) between meals? This includes the use of a bottle or training cup filled with any liquid other than water.

- regularly use sweetened medicine?
- use a training cup or bottle after age 1?
- have a history of premature birth, with a low birth weight of less than 1500 grams (3 pounds)?
- have special health care needs?
- have a sibling, parent or caregiver with untreated cavities or existing fillings, crowns and extractions?
- have a sibling who had dental treatment under general anaesthetic?

**Message to Parents:**

Remember to keep your own mouth clean and healthy. Brush and floss daily and have a check-up once a year. This will prevent spreading decay-causing germs to your child. Never put a baby's pacifier in your mouth to clean it. This passes decay causing germs to your baby.

**20 Primary (Baby) Teeth**



	<b>When Teeth Come In</b>	<b>When Teeth Fall Out</b>
<b>Upper Teeth</b>		
Central Incisors	7-12 mos.	6-8 yrs.
Lateral Incisors	9-13 mos.	7-8 yrs.
Canines (Cuspids)	16-22 mos.	10-12 yrs.
First Molars	13-19 mos.	9-11 yrs.
Second Molars	25-33 mos.	10-12 yrs.
<b>Lower Teeth</b>		
Second Molars	20-31 mos.	10-12 yrs.
First Molars	12-18 mos.	9-11 yrs.
Canines (Cuspids)	16-23 mos.	9-12 yrs.
Lateral Incisors	7-16 mos.	7-8 yrs.
Central Incisors	6-10 mos.	6-8 yrs.



