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Congratulations on the new addition to your family! You will have a lot on your plate soon and we want to help with some oral hygiene tips that often get forgotten with all the craziness of a newborn.

**Facts:**

1. Early Childhood Caries (previously known as “baby bottle rot”) is the **most common** disease of childhood
2. A cavity can start as soon as a tooth begins to erupt
3. Breast Milk, juice, and milk are all carbohydrates that break down into sugar and can cause cavities (breast milk alone will not cause cavities – see below)
4. Cavities and tooth pain can lead to lower test scores, grades, self esteem, and missed school
5. Early Childhood Caries is:
  - 5 x more common than asthma
  - 4 x more common than early childhood obesity
  - 20 x more common than early onset diabetes
6. Cavities can be PREVENTED!!!!

**Q and A**

**Q: When should my child first see a dentist?**

**A:** “First visit, first birthday.” As soon as your baby gets their first tooth, we want to see them! American Academy of Pediatric Dentistry Guidelines recommend within the first six months of the first tooth erupting to see the dentist. This first visit is to check your child’s development, make sure the tooth structure/enamel is healthy along with their soft tissues and for parent education. Studies also support that children who start seeing a dentist early have less decay and less dental anxiety.

**Q: Can breast milk cause decay?**

**A:** Breast milk alone VERY RARELY causes cavities, but when a baby starts eating other foods, such as rice cereal and pureed foods, this introduces carbohydrates which increases the risk for cavities to start.

**Q: How can I prevent nursing decay and early childhood decay due to using a bottle?**

**A:** After the first baby tooth begins to erupt and other food sources have been introduced, at will breast feeding should be avoided (easier said than done, I know). Children should not fall asleep with a bottle containing anything other than water. Ask your pediatrician when you can introduce water, often not until a year old. Fruit juice should be avoided. When you can, clean your baby’s teeth after nursing or using a bottle with anything other than water.

**Q: When should bottle feeding be stopped?**

**A:** Between 12-14 months. Sleeping or sipping at will on a bottle or sippy cup that has anything other than water in it significantly increases the risk for cavities

**Q: Should I worry about finger or thumb sucking or use of a pacifier?**

**A:** Thumb and finger sucking is common and perfectly normal for infants and often subsides around 2 years old. Sometimes a habit can cause spacing or flaring of the teeth creating an “open bite” or “crossbite.” This can

create a problem with permanent teeth if it persists past four years old. Consult your pediatric dentist to develop a plan to help you and your child break any habits that extend past three or four years of age.

**Q: Why should I go to a pediatric dentist?**

**A:** Pediatric Dentist's are the Pediatrician of Dentistry. A specialist in Pediatric Dentistry obtains a certificate by attending a two or three year residency after they complete dental school. Pediatric Dentist's are specifically trained to treat childhood decay and gum disease and have experience recognizing growth and development problems beyond the knowledge obtained in general dental school.

**Q: They are just baby teeth. Why does it matter if they get a cavity?**

**A:** A cavity in a baby tooth advances at a rate almost three times faster than in an adult tooth. Cavities and pain in baby teeth have been linked to lower test scores and grades in school, increased absences from school, missed work for parents, and lower self esteem, to name a few. In addition, baby teeth, though they will fall out, won't be gone until around 12 years old. Your child needs these teeth to eat, speak, and hold space for permanent teeth.

**Q: How should I clean my baby's teeth?**

**A:** Use a toothbrush and fluoridated toothpaste like you would yourself, but be cautious of the amount of toothpaste. For a child under three years old, you should use less than a size of a piece of rice. From 3-6 years old, use a pea sized amount. Once your child can spit, use the "normal" amount you would use.

**Q: How can I clean my baby's teeth after nursing?**

**A:** Spiffie Wipes are a great Xylitol based product designed by dentists to help prevent decay. You can order these online or get them from your pediatric dentist. If your baby falls asleep nursing, use Spiffie Wipes or wipe a VERY SMALL amount of fluoridated toothpaste on your babies teeth with your finger. If none of these options are available, a simple wipe with a bed sheet, t-shirt, cloth, whatever is near is better than nothing.

**Q: Are cavities genetic?**

**A:** Less than 1.2% of the population has a true genetic disorder that causes an enamel deformity and increases risk for decay. What is more common is oral hygiene and diet habits of a family. In addition, if the primary care giver has a high volume of bacteria caused by dental and gum disease, this bacteria can be transferred and increase the risk for your baby to have cavities. Therefore, it is very important that care givers take care of their oral hygiene and reduce their bacteria that can transfer to the baby. This can be accomplished with good oral hygiene, regular dental care, chewing sugar free and/or Xylitol gum, and ridding your mouth of decay and gum disease.

**Q: Fluoride....good, bad, options?**

**A:** This is a hot topic and there isn't a clear answer. In the end, it's the amount of fluoride that matters. Excessive amounts of fluoride is not good for you. In Lane County, we do not fluoride in our water, but fluoride is still present in our food, juice, soda, just about anything watered with, or that ingests food or water with, fluoride. That being said, fluoride is proven to prevent decay. For those who are skeptic about fluoride, or just don't want to use it, it really comes down to diet and hygiene. Keep those teeth clean and reduce processed carbohydrates. If you choose to not use fluoride, use alternatives such as Xylitol products.

**Q: Does my baby had a lip or tongue tie?**

**A:** Lip and Tongue ties, also known as Tethered Oral Tissues (TOT's) is a popular topic these days. If you have concerns about a possible TOT, please discuss this with your lactation consultant and they will refer you for further evaluation with a release provider as needed.

**Please feel free to contact me with ANY questions you have about your baby's teeth and oral health.**

**Again, congratulations on this exciting new adventure!**