Teething eBook
**Why are teeth so important?**

Teeth are designed to chew and break down food so it can be swallowed safely. They really are the first stage of the digestive process and without having teeth, none of us would be able to progress forwards from only drinking milk and eating soft, pureed baby food.

Each tooth has a special and unique purpose, which is one of the reasons why they are shaped differently. They also come in pairs so there is equal pressure and alignment on both sides of the mouth. Biting, grinding and reducing food to a soft texture is a complex process and takes lots of skill and practice in the early years.

Teeth are also important for speech, smiling and general appearance.

**How many teeth do we get?**

We only get two sets of teeth in our entire lifetime so it makes sense to care for them. Baby or milk teeth generally erupt from around the age of six months and start falling out at around six years. By the age of three most children have their full set of 20 baby teeth. After this age, the permanent or adult teeth start coming through.

A full set of adult teeth numbers 32, which include the four wisdom teeth. These generally start erupting in the later teenage years but some people are well into their twenties before they get their wisdom teeth. Not everyone will develop four wisdom teeth – individual variation plays a part.

A baby’s milk teeth start forming in their jaw before birth when their other bones and tissues are also developing. It makes sense then that a mother’s diet and how she cares for herself during her pregnancy will have an effect on her baby’s teeth.
Why should I care about my baby’s teeth?

• Exactly how and why parents care for their baby’s teeth after they are born can be more than a little confusing. Some people believe that there’s not much point in caring for baby teeth because they are going to fall out and be replaced by a permanent set.

• We do know that caring for baby teeth is really important though, because they set the pattern for how and where the permanent teeth erupt. Without having an intact pathway for the adult teeth to follow, they can drift into the wrong spaces in the child’s mouth, so that overcrowding and crookedness can happen.

• Sound oral hygiene during the early years also helps to reduce the risk of tooth decay. Decay impacts on the strength and appearance of teeth. Dental decay occurs when bacteria in your mouth make acids that eat away at a tooth. It is an infectious disease and almost always preventable. Good habits started early are the best way to ensure your baby’s teeth will be as strong as they can be.

• Some children are just more prone to dental decay than others. It is thought that the pH of the saliva can play a role in this. Although there is little parents can do to alter the inherent protective benefits of their child’s saliva, prevention of decay is easier, cheaper and less painful than restorative dentistry.

Baby bottle tooth decay

One of the most common ways in which babies can develop tooth decay is from sucking on bottles. Any fluid other than water will contribute to their risk of tooth decay. Even milk contains a form of sugar, called lactose, and this can be just as decaying to teeth as other sweet or flavoured drinks. That’s why it’s important to try to stop all bottles as soon as children can drink from a sipper or normal cup. Doing this is a positive way of reducing the risk of bottle caries (decay). It also helps toddlers to use their mouth for chewing and speech, rather than sucking.
When should I stop my baby’s bottle?

After the age of one year, toddlers are developmentally ready to stop sucking. Moving on from this action and graduating to chewing as a primary means of obtaining nutrition is valuable for jaw, mouth, gum and general oral development. Try to stop all bottles from the age of 12 months and offer your baby a sipper or normal cup to drink from.

Babies who are put to bed sucking on a bottle are particularly prone to bottle caries. Even babies and toddlers who are breastfed “on demand” and who have frequent, free access to breastfeeds, both day and night are prone to tooth decay. Infants should finish their bedtime and nap time bottles before going to bed. If your child uses a pacifier, provide one that is clean—don’t dip it in sugar or honey.

What does bottle decay look like?

• Mainly bottle decay only affects the front top teeth. This is because they are positioned exactly where milk (and juice) from bottles flows into the mouth. The bottom teeth tend to be protected by the tongue, but the front and sometimes the side teeth are particularly at risk.

• Decay is a process which often starts with a change in the tooth colour. Instead of being white or ivory coloured, a grey, brown or black appearance replaces the healthy white colour of an intact tooth.

• One way of checking for decay is to “lift the lip” of your child and see what’s going on around their gum margins. This is where the tooth is emerging out of their gum. If there is inflammation, redness, swelling or the tooth does not look healthy, then decay may be present.
• Other signs of decay may be if the tooth is not the right shape, the edges may be worn away or some of the inner tooth is visible. The child may complain of pain or there may be a change in the way they eat. They may also grimace and complain when they eat cold or hot foods, or they just aren’t keen to eat foods they usually like. All of these symptoms need to be checked by a dentist.

• Toothache is a sign that something is wrong. If you need to give your child medication because they have a toothache then they need to see a dentist. Pain is not normal and when treated early, tooth decay can be stopped and the risk of long term problems are reduced.

• Sometimes when the decay has spread too far, the tooth or teeth cannot be saved and need to be extracted. This means the child needs to go to hospital and have a general anaesthetic so the tooth or teeth are extracted surgically. Lots of pain and distress for both parents and their children can be avoided if simple, everyday oral hygiene habits are followed.

What do baby teeth look like?

Baby or milk teeth tend to be very white, small and shiny. They are very prone to decay because they don’t have the same concentration of enamel and protection as the adult teeth do. Cleaning them every day will reduce the risk of decay happening.

When food stays on the teeth, a cycle food + bacteria forms acid and it is this which etches into the tooth’s surface and causes decay. When the food debris is regularly removed by brushing, the acid wearing cycle is halted and there is not as much opportunity for decay to occur.
Cleaning your child’s teeth

You can start by cleaning your baby’s gums with a soft washcloth or gauze square, even before they have any teeth. This will help your baby become used to the sensation of having something other than a nipple or bottle in their mouth. Just use fresh tap or bath water and gently wipe any milk residue from their gums and tongue. Try to do this when your baby is calm and content.

Teaching your baby that oral hygiene is a daily ritual and is not uncomfortable will set them up to reap lifelong benefits.

As your baby’s teeth start to erupt through their gums, clean any visible surfaces of their teeth. Be careful though, because they can be surprisingly sharp!

The best time to clean their teeth is just before they are going down for a sleep and after they have fed. Every time your baby has a feed of milk or solid food, the acid level in their mouth changes and the cycle of decay begins. Children aged 12 to 36 months should have their teeth brushed twice per day for two minutes.
What sort of toothbrush should I use to clean my baby’s teeth?

- Use a soft, small headed toothbrush when brushing your baby’s teeth. These are designed to get into the very small opening of their mouth and not cause any trauma to their sensitive gums.

- Don’t worry about using toothpaste until they are closer to two years of age. Until then, just water on the toothbrush is fine. When the toothbrush starts to become shaggy and the bristles no longer upright, it’s time to replace their toothbrush.

- From the age of two years, using a small, pea sized amount of fluoride toothpaste is recommended. There are a few different types of children’s specific toothbrushes on the market and each promise to do the best job.

- It pays to read labels and to become familiar with what each toothpaste contains, including the concentration of fluoride.

- Teaching children how to spit out toothpaste can certainly be a challenge. Often they don’t learn to do this properly until well into the pre-school years. This is why it’s important not to use more toothpaste than the manufacturers recommend.

- Children who drink fluoridated water and also ingest (swallow) fluoridated toothpaste are at risk of developing fluorosis on their teeth. This is when discoloured patches form as a result of having too much fluoride. Although they can look unsightly, there is not any health risks associated with fluorosis and they are not a sign of weakened tooth areas.

Let your baby see you role modelling good oral hygiene practices as well. Encourage them to watch you as you brush and floss your own teeth and talk to them about what you’re doing.
What you’ll need to clean your child’s teeth

• A soft, small headed child’s toothbrush. It’s important that every individual child has their own toothbrush and does not share their own toothbrush with other people. Once you notice their toothbrush is becoming worn or the bristles are lying flat, it’s time to replace it.
• It’s fine to use an electric toothbrush. Just make sure it has a small head to reach right into their mouth to clean their back teeth.
• From the age of two years onwards, use toothpaste which is specifically designed for children. These tubes tend to be smaller (to minimise the risk of ingestion) and their concentration of fluoride is ideally suited for a child’s needs. They can use adult toothpaste from the age of six years onwards.
• Think about using a timer device; most electric toothbrushes include these. Brushing for two minutes is the ideal but this is a long time for a little person.
• A sense of humour, and lots of patience too!

When do I need to brush my child’s teeth?

• Aim for twice a day; after breakfast and just before bed.
• Make sure that you don’t offer your child anything to eat or drink other than water once you have cleaned their teeth before bed.
• After they have had sweet foods, drinks and treats.
• After they have had a turn of brushing themselves. Parents still need to brush their children’s teeth until they are around 7-8 years of age. This is because kids don’t have the manual dexterity to be able to do a thorough job of it themselves.
How do I brush my child's teeth?

• Position them on your lap so they feel secure and safe. Alternatively, lay them down on a bed or couch with their head tilted gently back.
• If they’re sitting, either position their head facing away from you or towards you.
• Cup their chin with one hand and brush in the other.
• Brush each tooth gently, making sure you clean all the surfaces.
• Use a circular motion to clean each little tooth.
• Don’t forget to brush your child’s tongue. This is where the bacteria which cause tooth decay multiply.
• Ask your child to spit out the toothpaste and discourage them from swallowing it.
• If your child is protesting a lot, try changing the environment where you are brushing their teeth. The bathroom, their bedroom – be imaginative and try to keep it fun.
• Picture books, DVDs or CDs can all help to distract reluctant children who don’t want to stay still during the tooth brushing ritual.
• Older children respond well to sticker or star charts and rewards as incentives for being cooperative.
But my baby hates having their teeth brushed!

Most babies and toddlers dislike having their teeth brushed. Even if, at first, the novelty of playing with a toothbrush and putting it in their mouth to suck on it seems like a whole bunch of fun, holding their mouth open so parents can brush their child’s teeth soon becomes a chore.

Whether it’s the sensation of having something foreign in their mouth, holding still for longer than two seconds or a combination of both, their protests are usually pretty consistent. Tears, tantrums and holding their lips firmly together all add up to one of those parent/child battles.

But it’s important not to give in to the child’s demands and signals that they want the whole tooth brushing experience to go away. Although this would be an easy option, it is not the best thing for the child. Using distraction, rewards, patience and perseverance are all useful strategies.

What else can I do to teach my child about having healthy teeth?

• Avoid offering them any other fluids to drink than milk or water.
• Save cordial, soft drinks and juices for “special” treats.
• Sports drinks are not recommended for children and increase the risk of dental decay. They are too high in sugar, salts and electrolytes. Because they tend to be drunk when an individual is thirsty, there is not the protective benefit of free flowing saliva to neutralise the impact of the drink on the teeth.
• Let your child see you choosing and drinking water when thirsty.

• Check with your local council to see if your water supply is fluoridated. If not, you may need to give your child daily fluoride supplements in the form of tablets or drops. Speak with your dentist and/or pharmacist about your child’s individual needs.

• Teach your child about foods which are good for their teeth such as cheese, yoghurt and apples, and ones which are not. This includes lollies/sweets, soft drink, biscuits, cake and sugary foods. Raisins are a popular snack that parents give their kids however they are high in sugar and tend to stick to children’s teeth.

• Encourage your child to swish their mouth with water after they have eaten or had a sweet drink.

• Older, school age children benefit from chewing gum after meals when they cannot brush their teeth. But the social effects of chewing and disposing of gum need to be taught.

• Teach your children to floss every day. If not, then 33% of their tooth area is not being cleaned and food/plaque builds up in and around the gum margins.

Where you can go for your child’s dental care

• Your own dentist or oral health professional. If out of hours emergency care is necessary, most have arrangements with other dental services. Details can be obtained by ringing the individual practice and hearing voice recorded messages.

• If you are receiving Government assistance you may qualify for free dental health services.

• Free school dental health services are available in most Australian states and territories.

• Your maternal and child health nurse.

• Your doctor.

• Your public oral health service.
Tips for your child's dental appointments

• Make an appointment for the morning if you can. This way, both of you are less likely to be tired.
• Advise the receptionist if this will be your child’s first dental check up.
• If you feel apprehensive, try not to show it. Fear can be contagious and even if children do not have a reason to be scared, they can “pick up” on their parent’s anxiety.
• Ask the dentist and dental therapist what you can do to ensure your child’s teeth are as healthy as possible.
• Some dental practices offer family discounts if all of the family have appointments one after the other. Enquire if this is an option at the dental practice you attend.

Dummies/pacifiers

Young babies and children love to suck. Some learn to suck their thumb or fingers when they are still in the uterus and gain great comfort from this. Others learn to rely on a dummy or pacifier to soothe. Dummies dipped into honey, syrup, sugar or juice can often lead to tooth decay.

As long as dummies are kept clean and replaced regularly they are generally fine to use. Many babies develop such a strong sleep and settling association with their dummy that they are unable to sleep without one. This is why it can be useful to stop using the dummy altogether when and if it becomes a problem. When weaning your baby off their dummy, gradually decrease the time you let them use it during the day and evening.
Thumb sucking

Interestingly, thumb sucking can run in families. Many parents assume that if their child is a thumb (or finger) sucker that they will automatically develop malocclusion of their teeth. But this really depends on the way the child sucks and how much traction they put on their teeth. Simply laying the thumb or finger between the lips and resting it on the tongue has a very different effect on the teeth to vigorously sucking.

From an orthodontic perspective, most dentists say that unless the child is still thumb or finger sucking by the time their permanent (adult) teeth erupt, then there is probably nothing to be concerned about. Most children outgrow thumb and finger sucking by the pre-school years. By then, peer pressure has a positive effect on encouraging children to stop. Looking for alternative ways to “self-soothe” can be beneficial to the teeth. Sucking tends to pacify children when other, more social ways of gaining comfort are preferable.

Common foods which cause tooth decay

- Sweet, starchy and/or carbohydrate laden foods such as lollies (sweets), biscuits, cakes and pastries.
- Acidic foods.
- Soft drinks, in particular carbonated sweet drinks.
- Muesli bars and fruit wraps. Even the “healthy” ones often contain corn or sweet syrups to “bind” the ingredients together. When the ingredients sit on the teeth decay occurs.
- Fruit juices - even those with no added sugar still contain fructose, a naturally occurring sugar contained in all fruits.
- Dried fruits or concentrated fruit squares.
- Managing parties, Christmas treats and other special occasions can be a challenge when it comes to reducing tooth decay. It is better for your child’s oral health to eat and finish their sweets at one sitting, and then have their teeth thoroughly brushed, than infrequent “snacking” on lollies and sugar.

Once a tooth is decayed and then filled, it is never as strong as it was when intact. This is one of the reasons why prevention of decay in the first place needs to be the ultimate goal.
Tooth eruption – what teeth when?

It’s important to remember that every child is an individual and will develop teeth in their own special time. Comparisons with other children of the same age are rarely useful. Even siblings may be a different age when it comes to their tooth eruption.

Teething age is not an indication of the quality of the teeth. Rarely, individual teeth may not develop in the gums and cosmetic dentistry is required to make a tooth which looks like the natural version.

Girls can be younger to “teethe” than boys but genetics also plays a role in this.

Bottom teeth

- The first teeth to emerge through the gums are usually the bottom central incisors, erupting between 6-10 months.
- The lateral incisors – the ones either side of these erupt between 10-16 months of age.
- Canines or the eye teeth come through between 17-23 months.
- The first molars erupt from 14-18 months of age. This is why they are frequently called “first year” molars.
- The second molars come up behind these between 23 and 31 months of age and this is why they are often called the “second year” molars.
**Top teeth**

- Central upper incisors between 8-12 months.
- The lateral (side) incisors between 9-13 months.
- The canines between 16-22 months.
- The first molars between 13-19 months of age.
- The second molars generally erupt between 25-33 months of age.

**Teething eruption chart**

**Primary Teeth Eruption Chart**

![Teething eruption chart diagram](image)
Teething tips – What can I do to help my teething baby?

No matter how much parents may want to influence their baby’s teething process, there is very little they can do which will have a direct impact. How, when and in what order teeth erupt through the gums is entirely predetermined and out of a parent’s control.

However, there is much which they can do to provide some emotional and comfort support.

Depending on the individual baby, helping to solve their teething woes may be very different. Some babies only experience short periods of being miserable and others seem to experience teething discomfort for many months.
Things you can do to help your teething baby

- Encouraging your baby to suck on a clean, cool wet washer.
- Soft chewable toys can provide some relief when biting down.
- Some parents find that teething gels and powders offer some relief. Many contain a low dose local anaesthetic which helps to “numb” the gums temporarily. But the reality is that once the gels are diluted by the child’s saliva, the concentration of anaesthetic is usually diminished. NB It is important to speak with your doctor, pharmacist or health care practitioner before offering your baby any medication – even if it is available at the supermarket or OTC (over the counter).
- Consider using plastic backed bibs for your baby. These can help to prevent them having a constantly wet chest caused by dribbling. But change them often to avoid rashes around the neck area.
- Teething rings and toys which contain water and can be placed in the fridge provide good relief.
- Offer a teething rusk – these can be bought or home made with bread crusts cut into finger shapes, and dried in a slow oven.
- Extra feeds when miserable. You may find their usual feeding routine changes during periods of teething.
- Cool, soft foods such as pureed fruit e.g. apple or pear and yoghurt.
- Analgesia as recommended by your doctor or pharmacist. Make sure you do not exceed the recommended dosages for your child’s age and weight.
- Emollient creams for nappy rash. Generally those which a thicker texture helps to create a barrier between the acidic bowel motions and a baby’s tender skin. Make sure you rub the cream between your fingers to warm it and make it easier to smear onto the baby’s bottom.
- Frequent nappy changes are essential when a baby has a breakdown in the integrity of their skin. Bacterial and fungal infections are more common in babies whose skin has become inflamed and tender.
- Parents can use their own (clean) finger or thumb to massage gently along the gum margins.
• Some babies aren’t bothered by their teeth erupting at all, and the first indication a parent has is that their baby has a little tooth popping out of their gums! Be only glad if this is your baby.

Teething facts and fallacies
The whole issue of teething is saturated with folklore. Long before we had scientific evidence to support recommendations, many old wives’ tales surrounded the hows, whys and “what to dos” of teething.

Some of the remedies suggested were almost dangerous, not to mention very strange. One particularly interesting suggestion includes placing some eggs in a bowl and encouraging the child to pick one. When the favoured egg is pointed out, parents place the egg in a sock and tie it with string – then suspend it above their cot. Immediate relief is assured to follow!

Another suggestion is to drill a hole in a coin and thread some string through it so the child can wear this as a necklace. Obviously, neither of these ideas is recommended by Huggies to be either safe or effective.

Another fallacy is that teeth move up and down in the gums. This does not and cannot happen. Once a tooth emerges from the surrounding bone it does not “slide” back. What actually happens is that there can be some localised swelling around the emerging tooth and once this settles, more of the tooth becomes visible. This is what leads parents to believe that the tooth is advancing or retreating.
Teething signs and symptoms

There’s always been some disagreement about teething signs and symptoms. Many health professionals don’t agree that teething causes the range of symptoms it’s supposed to. But generations of parents can’t be wrong and there does seem to be a familiar set of behaviours many babies display when their teeth are erupting.

These commonly include:

• Increased irritability and mood changes.
• Being “sooky” and wanting to be held more.
• Red, swollen and bulging gums with a tooth clearly visible.
• Less interested in playing on their own.
• Dribbling – sometimes enough to create a rash on the chin and in the neck creases.
• Wanting to bite, chew and gnaw more than usual.
• Changes in feeding habits and not wanting to feed as frequently as normal.
• Changes in their patterns of sleep and settling.
• Putting everything into the mouth and biting down.
• Loose bowel motions which may or may not contain more mucous.
• A nappy rash which has a distinctive redness and causes tenderness.
• A particular smell to the urine; often likened to ammonia.
• Red, shiny cheeks.
• Some parents just have a “sense” that their baby is teething although there are not definite signs.
Important information

An elevated temperature, vomiting and/or diarrhoea are not symptoms associated with teething. Neither is a rash, continual irritability or being unwell. If your child is showing any of these signs then they need to be examined by a doctor or healthcare professional.

Often parents blame teething for changes in their child’s sleep and settling behaviour. Although teething can cause a temporary disruption to a child’s routine, it’s important to remember that teething is a normal developmental stage and most children aren’t too bothered by it.

Toothache is always a sign that something is not right. If your child is complaining of toothache or you feel they are in pain because of a tooth related issue, then it is important to arrange a dental check up as soon as possible. Giving pain relief for any toothache is not a solution for chronic pain nor will it treat the cause. Early treatment of dental problems offers the best chance of recovery and retaining the original tooth.

How else can I care for my baby’s teeth?

• Avoid blowing on your child’s food to cool it down. If you have active tooth decay you will transfer the bacteria known as Streptococcus mutans to your baby. This is highly contagious and spread through saliva and mucosal secretions.

• Avoid kissing your baby on their mouth and putting their dummy or bottle teat in your own mouth. Similarly, avoid tasting their food and then sharing the same spoon with them. These are all ways in which decay causing bacteria can be spread.

• Think about your own oral care practices – children learn their health care practices from their parents. Brush and floss your own teeth, replace toothbrushes when they start to become worn and go to the dentist for a check up and clean every two years.

• Ask your family members, including grandparents to be aware of their own oral hygiene.
Don’t forget to floss

Brushing your baby’s teeth is a great way to clean them, however, it doesn’t clean the surfaces between the teeth. Once they have two teeth touching each other, the only way to really clean the spaces between them is with dental floss. If your child is less than cooperative when you’re trying to floss their teeth, then check with your dentist or pharmacist about flossing alternatives. Inter-dental brushes come in a range of shapes and sizes, and the smaller bristled options are great for cleaning between baby teeth. Another option is to use a device known as a flossette. These are small plastic devices which support a section of dental floss between two prongs.

Stop biting me!

Sometimes the first indication a parent has that their baby has a tooth is when they are bitten. Breastfeeding mothers often say they get a real fright when their baby practices their biting skills when having a feed. If your baby learns that biting is a lovely way of getting attention then they are likely to keep doing it. So it’s important to (try to) stay calm, reduce your stimulation and stop the feed for a short time.

Saying gently but firmly “no biting” and taking the baby off the breast can be a very successful way of linking their behaviour with outcome. But you may need to do this many times and be very consistent in your responses until your baby understands the message.
When should my baby first see a dentist?

There’s a bit of disagreement about this. Some health professionals say that by the age of two years, all children should have had their mouth examined by a dentist. Others believe that it’s important for children to be seen in their first twelve months. A good general rule is to take your baby with you to your own six monthly checkups so they have the opportunity to sit with you in the dental chair and become familiar with having their teeth checked.

Problems which are detected early can then be treated effectively and the risk of further complications are reduced.

If the very thought of going to the dentist fills you with fear, try very hard not to show this to your child. Parents can often “pass on” to their children their own fears and phobias, which in turn become learned behaviours. Consider asking your partner or another trusted adult to take your child if the thought of it is just too confronting.

Remember – tooth decay can be prevented

This e-Book has been written for Huggies by Jane Barry - child health nurse, midwife and parenting columnist.
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The Huggies Team

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