



Year One

A NEW MOM'S GUIDE TO INFANT ORAL HEALTH CARE | BY JOHN BYRD



Dr. Sharif, who has been practicing for 23 years, is a diplomate of the American Board of Pediatric Dentistry and an assistant professor at Howard University.

It comes as a surprise to some new mothers to learn that the American Academy of Pediatric Dentistry (AAPD) recommends an assessment of your child's dental health by their first birthday.

Studies show that dental costs for children who have their first professional visit before age one are 40 per cent lower in their first five years than those of children who did not see a dentist until after their first birthday, or even much later.

The fact is, tooth decay can begin as teeth emerge – typically at six months – and may progress rapidly. Left untreated, decay may destroy tiny teeth, cause infection, loss of function – and an increase in health care costs.

Dr. Shohreh Sharif, who heads Greater Washington Dentistry and has specialized in pediatric dentistry for 21 years, observes that preventative care that begins as teeth emerge is an essential foundation to enduring dental health.

"An infant's mouth and gums should be regularly cleaned with an age-appropriate toothbrush, or with a cloth and water," says Dr. Sharif, who is a *diplomate* on the American Board of Pediatric Dentistry and an assistant

professor at the Howard University College of Dentistry. "Once baby teeth appear, a mother should brush them at least twice daily, and with a smear of fluoridated toothpaste."

Dr. Sharif also offers advice for mothers who are breast feeding, as well as help for those who encounter breast feeding challenges:

"If a baby's tongue doesn't readily latch on to the mother's nipple, this may be a sign of either lip-tie or tongue-tie. Both are congenital conditions in which tongue movement is restricted because of tissue attachments. When this obstruction exists, the baby stays hungry and – because of improper swallowing – can become "colicky".

Fortunately, treatment is available, Dr. Sharif reports, and can usually begin as soon as one week after the baby's birth.

"Greater Washington Dentistry offers three different laser surgical options – all aimed at correcting, revising and releasing lip-tie and tongue-tie," Dr. Sharif says. "These are in-office procedures that don't require an anesthetic, do not cause bleeding or require stitches – and



lead to rapid recovery. As doctors, we have discovered that laser techniques offer our patients real advantages over traditional surgery.”

Dr. Sharif also sees a correlation between breast feeding and infant dental health. Some observations:

Breast feeding can help your baby build a better bite. Babies who were exclusively breast-fed for their first 6 months are less likely to have teeth alignment issues such as open bites, cross bites and overbites. This does not mean that an exclusively breast-fed baby won't need braces. The best course for the concerned new mom is to find a dentist who can monitor tooth development (www.mouthhealthy.org/en/az-topics/e/eruption) and assure that baby teeth are emerging at the right time – replaced by permanent teeth.

Baby bottles can be a cause of tooth decay

By reducing prolonged exposure to drinks that contain sugar, breast feeding can also reduce the risk of tooth decay. Tooth decay can occur, for instance, when a baby is put to bed with a bottle – even bottles containing formula, milk or fruit juice. (Water is not a problem since teeth aren't being bathed in sugary liquids for a prolonged time.) Decay usually occurs in the upper front teeth.

Can breast feeding cause cavities?

Yes. Although natural, breast milk – like formula – contains sugar. Which is why it's better to care for your baby's teeth from the start. A few days after birth, begin wiping your baby's gums with a clean, moist gauze

pad or wash cloth daily. Then, brush teeth twice a day as soon as the first tooth emerges. Use fluoride toothpaste in an amount no larger than of a grain of rice.

When Nursing – Double Check Your Medications

If you're nursing and you need to have a procedure that requires medication, check with your dentist, personal physician and/or pediatrician to make sure it's safe for your baby. A helpful resource for nursing moms is the US National Library of Medicines Drugs and Lactation Database (LactMed) which allows you to research how specific medications may affect your baby, and presents available alternatives.

Take Care of The Caretaker

New moms can get too busy with baby to take care of their own dental health. A break from regular dental care can lead moms to more gum disease and cavities. (www.mouthhealthy.org/en/az-topics/c/cavities). Cavity prevention is essential since the simple act of sharing a spoon with you baby can transfer bacteria.

Teeth grinding (bruxism) can also be a problem for new moms. An increase in head and neck muscle tension may cause jaws to be more tense and lead to involuntary teeth grinding. Trouble sleeping when pregnant may also trigger teeth grinding. Stress may increase post-natally and manifest as a health issue.

Finally, new moms should always stay hydrated, especially when breast feeding.

“Not drinking enough water can harm your mouth,” Dr. Sharif says.

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