

**Washington Dental Service and Washington Dental Service Foundation**  
**Baby Teeth Campaign**  
**Q & A**

Q. Do baby teeth matter, since they are going to fall out anyway?

A. Yes! Baby teeth matter. Healthy baby teeth are **essential** for an infant who will soon be developing language skills and chewing food. As a child grows older, healthy baby teeth and oral disease prevention help ensure healthy permanent teeth and overall good health. Children are not healthy if their mouths are not healthy.

Q. When should my child first have a dental screening?

A. *First screen by first birthday.* Your child should have his/her teeth screened by a dentist or physician when the first tooth comes in, usually between six and 12 months of age. Early intervention and preventive care will protect your child's baby teeth now and in the future.



Q. I thought it wasn't necessary to have my child's teeth looked at until age three. What's changed?

A. New technologies have emerged that can help prevent oral disease. Make sure your baby's teeth are checked by age one by a dentist or physician. Take your baby in sooner if you notice any problems.

Q. I've heard about tooth painting or varnishes. How can I learn more?

A. Ask your dentist or physician about fluoride varnish. It is a quick and effective way to help prevent and heal early tooth decay for children at risk for dental cavities.

Q. Do I need to clean my baby's mouth if there are no teeth yet?

A. Clean your baby's gums every day with a clean, damp washcloth.

Q. What do I do once teeth begin to appear?

A. Once teeth emerge, clean them daily with a soft toothbrush and a rice-sized amount of toothpaste. To clean your baby's mouth, place your baby's head in your lap to have both hands free to clean.

Q. Can babies get cavities?

A. *Yes.* As soon as teeth appear, they are at risk for decay. It is critical to keep a baby's mouth and teeth clean and healthy. Dental problems can begin early and get progressively worse. If problems are caught early, they can be reversed. Prevention is essential to protect your child from oral disease.

Q. What is “baby bottle” tooth decay?

A. Babies who go to bed with a bottle filled with milk, formula or juice are more likely to get tooth decay. When these liquids stay in contact with the teeth for a long time during the night, the teeth can decay quickly. If you put your baby to bed with a bottle, only fill it with water. Formula, milk, juice or other liquids may increase your child’s risk for cavities.

Q. Can the condition of a parent’s teeth and gums affect their child’s oral health?

A. Studies have shown that parents can pass the germs that cause oral disease to their children. Parents need to keep their teeth and gums healthy. Parents’ good oral hygiene can help prevent cavities in their baby’s mouth.

Q. How does diet affect my child’s teeth?

A. A healthy diet helps children grow and develop. Sweets (candy or cookies), starchy foods (crackers) and sticky foods (raisins) stay in the mouth longer, so they can easily cause tooth decay. For between-meal snacks, offer fruits, vegetables or cheese. Also, avoid “grazing” – snacking or sipping sweet liquids throughout the day.

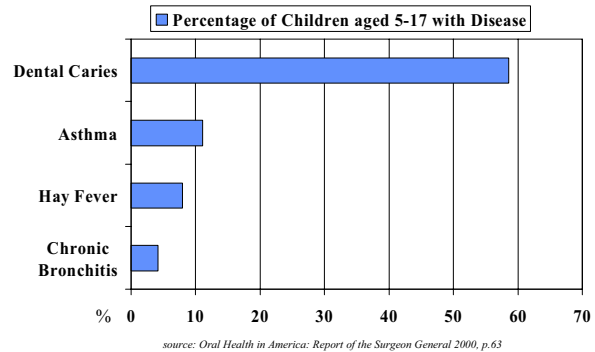
Q. Besides cleaning and brushing my child’s teeth, are there other things parents can do?

A. Check your baby’s teeth often. Look for white spots on the teeth or changes to the gums. If you see spots or other changes in your baby’s teeth or gums when you “lift the lip,” call your dentist or physician.

# Washington Dental Service and Washington Dental Service Foundation Baby Teeth Campaign Fact Sheet

- Oral disease is the single most common chronic childhood disease — 5 times more common than asthma and 7 times more common than hay fever.<sup>i</sup>

Dental Caries: The Most Common Chronic Disease Among Children 5 to 17 years old



- Washington’s one-year-olds are five times as likely, and its two-year-olds are more than twice as likely, than children nationwide to have dental decay.<sup>ii</sup>

- Less than one-third of children from birth through age 5 enrolled in Washington’s Medical Assistance program visited a dentist in 2002.<sup>iii</sup>

- Over half of Washington second-graders have experienced dental decay.<sup>ii</sup>

- Only 52% of the Washington state population lives in communities with fluoride-protected water.<sup>iv</sup>

- Poor oral health of children has been related to poor performance in school, poor social relationships and less success in later life. If children are in pain, it distracts them from concentrating on schoolwork. Low- and moderate-income children miss a disproportionate amount of school due to oral disease.<sup>v</sup>

- Children with severe dental decay often need to be treated in a hospital operating room, costing about \$3,500 to \$4,000 per child.<sup>vi</sup>

- Poor oral health has been linked to diabetes, heart disease and other long-term health problems.<sup>i</sup>



- In the critical category of prevention, Washington recently received an “F” in a comprehensive survey conducted by the Campaign for Oral Health Parity. The survey was funded in part by The Robert Wood Johnson Foundation and is a follow on to the U.S. Surgeon General’s landmark 2000 *Report on Oral Health in America*. Washington state is failing because only about half the population has access to fluoridated water. It also lacks consistent data collection on school-based or –linked dental sealant programs and no state sealant program exists.<sup>vii</sup>

## Sources:

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<sup>i</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. 2000.

<sup>ii</sup> Washington State Department of Health, *SMILE SURVEY 2000*. May 2001.

<sup>iii</sup> Washington State Medical Assistance Administration, Department of Social and Health Services, *Dental Services Utilization Report, Fiscal Year 2002*.

<sup>iv</sup> Washington State Department of Health and Office of Financial Management, *Status Report on Fluoridation in Washington State*; personal communication with S. Pickard. June 2003.

<sup>v</sup> National Institute of Dental and Craniofacial Research, as cited in US General Accounting Offices, *Oral Health: Dental Disease is a Chronic Problem Among Low-Income Populations*. HEHS-00-72. April 2000.

<sup>vi</sup> Children's Hospital and Regional Medical Center, personal communication with B. Williams, July 2003.

<sup>vii</sup> Oral Health in America, *Keep America Smiling Oral Health in America Report*, 2003.