

American Dental Association

ADACommons

Patient Dental Health Education Brochures

Special Collections

11-1946

Dental Care for the Preschool Child (1946)

American Dental Association. Bureau of Public Relations

Lon W. Morrey

Follow this and additional works at: <https://commons.ada.org/patientbrochures>



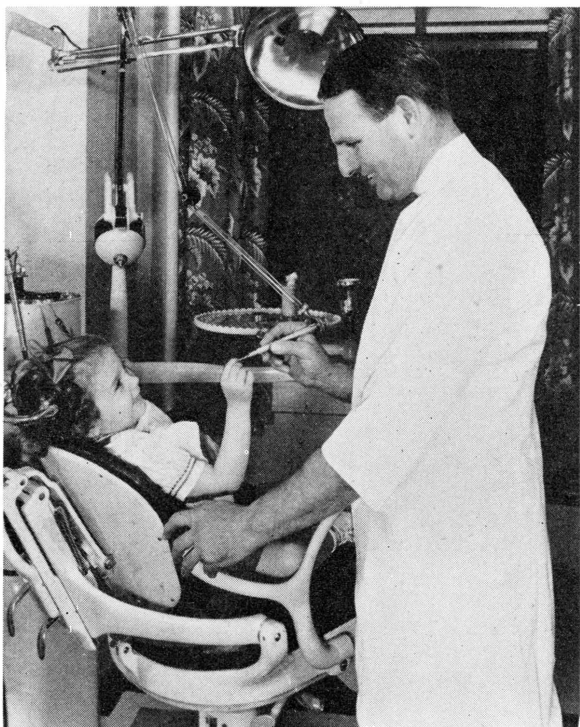
Part of the [History of Science, Technology, and Medicine Commons](#), and the [Pediatric Dentistry and Pedodontics Commons](#)

Recommended Citation

American Dental Association. Bureau of Public Relations and Morrey, Lon W., "Dental Care for the Preschool Child (1946)" (1946). *Patient Dental Health Education Brochures*. 10.
<https://commons.ada.org/patientbrochures/10>

This Book is brought to you for free and open access by the Special Collections at ADACommons. It has been accepted for inclusion in Patient Dental Health Education Brochures by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

Dental Care for the Preschool Child



THE BUREAU OF PUBLIC RELATIONS
AMERICAN DENTAL ASSOCIATION
222 E. Superior St., Chicago 11, Ill.

Dental Care for the Preschool Child

By

Lon W. Morrey

Approved by the
PUBLIC RELATIONS COMMITTEE
AMERICAN DENTAL ASSOCIATION

MANY PARENTS do not realize the importance of caring for the child's teeth during the preschool period. This is unfortunate, because in relation to growth and development the deciduous teeth are just as important to the young child as the permanent teeth are to the older child and the adult.

Every baby tooth should be kept in place and free from decay until it is replaced by its permanent successor, for the following reasons:

1. The unimpaired use of the deciduous teeth aids in the development of the child's jaws.
2. The deciduous teeth act as pathfinders for the permanent teeth that succeed them.
3. The early loss of one or more of the deciduous teeth may cause some of the permanent teeth to come in crooked.
4. Healthy deciduous teeth are a mental and physical comfort to the child.
5. Decayed and abscessed deciduous teeth cause the child unnecessary pain and discomfort.
6. Bacteria from abscessed teeth or the poisons which they produce may enter the blood stream and seriously injure some other part of the child's body, such as the heart, kidneys, or joints.
7. The individual depends upon the deciduous teeth for mastication during 20 per cent of the average life span.

As has been stated previously in this series of articles, the child has 20 teeth in his first, or deciduous, set, 10 in the

upper jaw and 10 in the lower. No hard and fast rule can be laid down regarding the eruption of deciduous teeth. Some children naturally are slower in cutting their teeth than are others, although the normal, properly fed child will usually have his full set of 20 deciduous teeth by the time he is two or two and a half years old.

After all, the time of eruption of the deciduous teeth is not so important as maintenance of these teeth in a healthy condition until they are replaced by the permanent teeth. Consequently, it is advisable to know what the normal life expectancy of the deciduous teeth is. The accompanying table, which is based upon computations by Kronfeld and Schour, shows the approximate ages at which exfoliation or loss of the deciduous teeth takes place.

Age, in years, at which deciduous teeth are normally exfoliated*

Upper	Central incisor	7 $\frac{1}{4}$
	Lateral incisor	9
	Cuspid	11 $\frac{1}{2}$
	First molar	10 $\frac{1}{4}$
	Second molar	10 $\frac{1}{2}$
Lower	Central incisor	7
	Lateral incisor	8
	Cuspid	11
	First molar	9 $\frac{3}{4}$
	Second molar	10 $\frac{1}{2}$

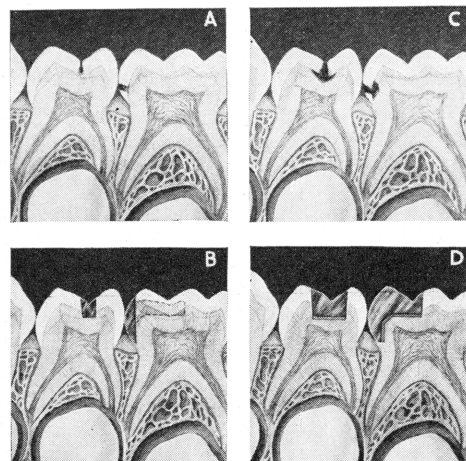
The beginning of resorption is rather variable and is dependent on the anatomic relationship of successional teeth.

*KRONFELD, RUDOLF, and SCHOUR, ISAAC. Neonatal Dental Hypoplasia. J.A.D.A., January 1939, p. 18.

Exfoliation, therefore, is also rather variable, the deviation from the average being as high as six months.

CAUSE OF DENTAL CARIES

The actual cause of dental caries is as yet unknown. Most of the research on this subject seems to indicate that destruction of the enamel and the dentin



These drawings show the lower deciduous molar teeth. The small cavities in A can easily be corrected by small fillings, as in B. If neglected, the cavities grow larger, as in C, and require larger and more expensive fillings, as in D.

is caused by the action of a particular type of bacterium which has the ability to ferment sugar and other carbohydrate foods and convert them into acids. These acids in turn attack those surfaces of the teeth with which they come in contact.

Decay always begins on the external surface of a tooth; it never arises from within the tooth.

Frequently the enamel covering of the teeth is malformed. Food becomes packed in the minute flaws or enamel cracks, and even though the teeth are brushed as thoroughly as possible, small particles of food may remain between them and decay. The presence of the decayed food becomes a factor in decay of the teeth. Eventually, the dental decay will break through the enamel into the softer dentin, which makes up the body of the tooth. After the decay reaches the dentin, it travels very rapidly toward the pulp, or "nerve," and destroys it. When the pulp dies, an abscess may form at the end of the tooth root. Bacteria from the abscess may injure the child's health.

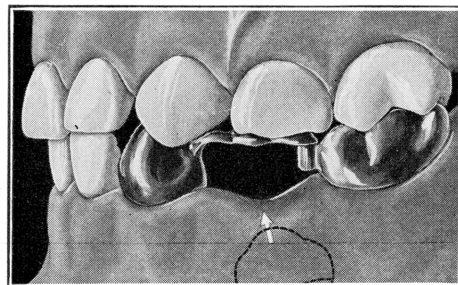
It is most important that decay be prevented from reaching the pulp of the tooth. This can best be accomplished by keeping the enamel covering of the tooth clean, healthy, and free from flaws or defects.

THE FIRST VISIT TO THE DENTIST

One of the surest measures for preserving the preschool child's teeth is to take him to the dentist when he is two and a half or three years of age. If there are any flaws in the enamel covering the deciduous teeth, the dentist can correct them easily, painlessly, and inexpensively. Once caries has penetrated

the enamel, deciduous teeth, because of the nature of the dentin, decay very rapidly. Consequently, it is advisable for every preschool child to have his teeth inspected and cared for at least every six months.

Usually, the three-year-old child has so little wrong with his teeth that most dental operations can be performed pain-



If a baby tooth is prematurely lost, it may be advisable to insert a space maintainer to prevent the other teeth from drifting out of line and to preserve the space for the succeeding permanent tooth.

lessly. It is logical to take the child to the dentist early, before long, discomfiting operations become necessary. This will help to prevent fear of the dental office and future dental operations and thus will enable the dentist to make friends with the child.

One of the parents should accompany the child to the office so that the dentist and parent can plan the child's dental program until such time as he is capable of planning for himself. The dentist can

instruct both the parent and the child regarding diet and the home care of the mouth.

The dentist will examine the child's teeth and remove any stains or spots. He will correct any small defects that may be present by removing the decay and inserting a small permanent filling. It is advisable for him to take x-ray pictures of the teeth to make sure that no decayed spots on the tooth surfaces have been overlooked.

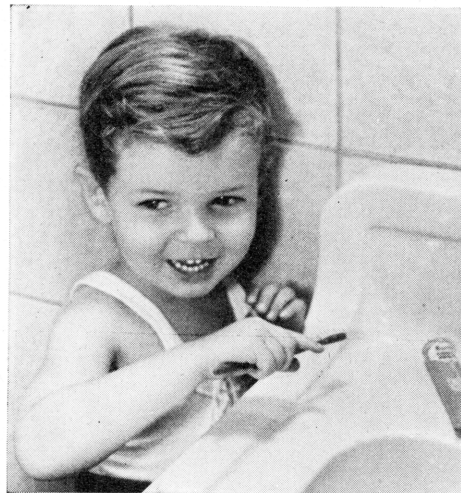
Sometimes one or more of the baby teeth become so badly decayed that they must be extracted. When this occurs, the dentist can insert a space maintainer to prevent the other teeth from drifting out of line, and thus help to preserve the natural shape of the jaws.

DENTIST IS THE CHILD'S FRIEND

Older members of the family should never plant the idea of fear in the child's mind. Dental, medical, or surgical operations should not be discussed in the presence of the child. He should be taught that the dentist is his friend. Then, when he needs the services of the dentist, he will accept them without apprehension. The child who is given this type of preventive dental care during his preschool years seldom develops the profound fear of the dental office which is common among dentally neglected children.

Usually, when the child is about five

years old, spaces will appear between the front teeth, caused by the jaws growing longer and wider. The greater the spaces between the baby teeth, the more room there will be for the larger, permanent teeth that succeed them.



The toothbrushing habit should be formed early in life.

WHEN SHOULD BRUSHING BEGIN?

The preschool child should be taught very early in life the habit of keeping the teeth clean. When he is about eighteen to twenty months old the parent should begin to clean his teeth twice a day with a small, soft toothbrush. The four or five-year-old child can be taught to brush his own teeth, but the brushing should always be super-

vised by an older person, who inspects the teeth afterward to be sure that they are clean. Children should use a small-sized tooth brush. The bristles of most modern brushes are set in tufts. The head of a preschool child's tooth brush should be five or six tufts in length and two tufts in width, with the tufts set far enough apart so that the bristles can easily be cleaned. The tooth paste or powder should contain no harsh grit or strong medicine, which might injure the enamel or gums.* Ordinary baking soda makes an inexpensive and effective dentifrice. The teeth should be cleaned at least twice a day, in the morning and in the evening before going to bed.

The dentist can demonstrate the tooth-brushing method best suited to the individual mouth. A simple technic often advocated for children is as follows: The jaws are held slightly apart and the teeth of each jaw are brushed separately. The bristles of the brush are placed on the gums above the upper teeth and brought down from the gums to the chewing surface. This downward movement brushes the food from between the teeth, and massages the gums. The teeth should never be brushed crosswise as this will not clean them thoroughly and it may injure the gums. The lower teeth

are cleaned in the same way as the upper teeth. The bristles are placed on the gums below the teeth and drawn upward to the chewing surface. The inside surfaces next to the tongue and the chewing surfaces, as well as the outside surfaces, should be brushed. After the teeth are brushed, the mouth is rinsed by forcing a mouthful of water between the teeth several times.

Sometimes, in spite of the most careful brushing, stains will appear on the children's teeth. These stains should be removed by a dentist because they are unsightly and they may cause decay.

As soon as the first permanent molars erupt, usually between the fifth and seventh year, they should be examined by the dentist. If their enamel covering is defective, the dentist can correct the defect before serious damage occurs.

The exact role that diet plays in the prevention and control of dental caries is not known. The use of protective foods and the relation of sweets to caries are discussed in another article in this series, "How Early Should Dental Care Begin?" by Dr. Emory W. Morris. Most dental authorities agree that the diet during the tooth-forming period should include a sufficient amount of foods containing calcium and phosphorus, plus an adequate amount of vitamins A, C, and D.

*A list of accepted dentifrices will be sent upon request to the Council on Dental Therapeutics, American Dental Association, 222 East Superior Street, Chicago 11, Illinois.

