



CdLS Foundation

Cornelia de Lange Syndrome Foundation, Inc.
Reaching Out, Providing Help, Giving Hope

Healthy Smiles

by Richard Mungo, D.D.S., MSD, M.S.Ed.

A few months ago, this space highlighted certain aspects of pediatric dentistry particular to CdLS and how parents can get an early start on prevention. In this issue, longtime SAC member Dr. Richard Mungo offers a number of suggestions for carrying out the often daunting task of maintaining good oral hygiene for your child.

An infant's smile is a treasure that all new parents hold dearly. To keep that precious smile healthy, we must start early in establishing good oral health care that can be practiced for a lifetime. Parents need to provide this care throughout the early years. There are many concerns and questions that arise when caring for your babies' and toddlers' teeth and gums. The American Academy of Pediatric Dentistry recommends that the first dental visit take place when the first tooth erupts or by the first birthday. This early introduction to dental care allows for baseline documentation of the oral hard and soft tissues. Proper oral hygiene practices can be taught to parents, preventing infant bottle cavities and other common dental problems associated with children of special needs. Routine six-month checkups can assist in monitoring changes, detecting pathology and reinforcing appropriate home care. Orthodontic evaluations should take place by the seventh year by the pediatric dentist or orthodontist.

Here are some answers to a couple of the most commonly asked questions regarding oral health care for infants and preschoolers:

Does thumb sucking cause crooked teeth?

Sucking is a very basic natural reflex. Infants and young children choose various objects including thumbs, fingers and pacifiers as a means to satisfy their suckling needs. This makes them feel secure and tranquil. The soothing effects of these oral habits can extend their presence well into the preschool years and beyond. There are many factors involved in whether a sucking habit will cause interference in the normal dental development. The duration, frequency and intensity of the habit all can play a part in altering the shape of the upper jaw and the teeth found within it. Most sucking habits cease by the age of two years. If the habit persists with a great deal of enthusiasm, one can often start to see abnormal changes in the positioning of the teeth. If you see changes taking place, consult with your family or pediatric dentist.

Monitoring changes will help determine if professional intervention may be necessary.

Pacifiers can also affect the teeth and bones in a similar fashion as thumbs and fingers. It is reported though that the pacifier habit is an easier one to break. Manufacturers of orthopedic exerciser type pacifiers state that they promote better palatal development and prevent malocclusions. These claims are still under investigation.



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1. Do not scold children for their sucking habits. Praise them for not sucking.
2. Children often suckle when they feel insecure or unsafe. Address those issues rather than the sucking.
3. Peer pressure often causes a cessation of the habit. Sometimes reminders can help the preschooler, in a positive way, attempt to stop the sucking habit.
4. Consult with your dentist for additional suggestions.

Is fluoride good for my child?

Decades of research have substantiated the positive effects of fluoride in preventing tooth decay. This naturally occurring mineral enhances the strength of the enamel of the teeth, thus making the teeth more resistant to the attack of acids found within the mouth. Fluoride preparations are either directed towards the teeth already erupted into the mouth or directed toward those developing teeth found deep within the jaws. Systemic fluorides are preparations meant to be swallowed. They come in pill or liquid forms for daily supplementation. Systemic fluoride preparations can also be added into the community water supply for the least expensive and most effective approach to preventing dental disease.

Topical fluorides are those preparations that are directly applied onto the teeth. They can be found in commercial toothpastes, gels and mouth rinses. Caution should always be taken when children use topical fluoride containing products at home. Never use more than a "pea-size" amount of toothpaste. Mouth rinses are not recommended for children under the age of six years.

Parents must supervise the usage of all of these substances. Swallowing of excessive fluoride may damage the developing permanent teeth. Discuss the specific type of fluoride and the proper amounts required for your child with your pediatric dentist or pediatrician.

Dentistry for children is a wonderful part of the overall health care services provided today. The American Academy of Pediatric Dentistry and the American Dental Association have placed a very high priority upon preventive programs and services that correspond to the hopes and demands of our modern society. The goal to maintain good oral health and prevent disease will assist our young children in getting the best start possible in those early years for a life full of bright and healthy smiles.

ORAL HYGIENE SUGGESTIONS FOR THE CHILD WITH SPECIAL NEEDS

The special child will require special techniques in order to receive adequate home oral hygiene care. Most children with developmental delays cannot perform self-brushing and flossing. When someone else must offer that care, it is important that the effort put forth is easy and successful.

Suggestions:

Perform brushing in a comfortable setting. This is not always found in the bathroom. Place the child in his or her wheelchair, a beanbag chair or on the bed. Have someone control arms and movements (one can tuck the child in bed with blankets controlling arms, etc.).

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* **Use a bite** stick-Three tongue blades or Popsicle sticks with gauze wrapped around one end and taped on securely. You can make up a bunch of them on a very boring TV night! Allow the child to bite on the stick on one side of the mouth while you brush the other side. Then switch the stick to the other side and brush the opposite side. This gently keeps the mouth open for inspection of the mouth and for brushing.

Brushes: Collis Curve Brush or an electric brush work well.

Toothpastes: It is nice if you can use some but if it makes the process difficult it is not that important. Physical brushing is what gets the food and plaque off and is the important part of cleaning the teeth.

Flossing: Floss'n toss or other flossing devices. Do it a few times a week