



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Teething and Dental Hygiene

Teething usually starts during the first four to seven months. The two bottom front teeth (central incisors) usually appear first, followed by the four upper teeth (central and lateral incisors), about four to eight weeks later, and then by the two lower incisors about one month later. The first molars come in next, followed by the canine, or eye teeth. If your child doesn't show any teeth until much later, don't worry. This may be determined by heredity, and it doesn't mean that anything is wrong.

By age 2½, your child should have all her primary (or baby) teeth, including the second molars, which usually erupt between 20 months and 30 months. Her secondary (or permanent) teeth probably won't start coming in until she's 6 or 7, although it's quite normal for them to arrive a little earlier or later than this.

Symptoms and Treatment of Teething

Teething occasionally may cause mild irritability, crying, low-grade temperature (but not over 100 degrees Fahrenheit), excessive drooling and a desire to chew on something hard. More often, the gums around the new teeth will swell and be tender. To ease your baby's discomfort, try gently rubbing or massaging the gums with one of your fingers. Teething rings are helpful, too, but they should be made of firm rubber. (The teethers that you freeze tend to get too hard, and thus can cause more harm than good.) Pain relievers and medications that you rub on the gums are not necessary or useful either because they wash out of the baby's mouth within minutes. If your child seems particularly miserable or has a fever higher than 100 degrees Fahrenheit, it's probably not because she's teething, and you should consult your pediatrician.

Fluoride Supplements

Babies do not require fluoride supplementation during the first 6 months of life. After that time, if they continue to receive breast milk as their major source of milk and water, fluoride supplementation is advised if local drinking water contains less than .3 ppm of fluoride. Your pediatrician or pediatric dentist can advise you on the need for fluoride drops for your baby.

Formula-fed infants receive some fluoride from their formula and some from their drinking water (if it is fluoridated in their community). The American Academy of Pediatrics (AAP) recommends that you check with your pediatrician to find out if any additional fluoride supplements are necessary.

Establishing Good Dental Habits

The best way to protect your child's teeth is to teach her good dental habits. With the proper coaching, she'll quickly adopt good oral hygiene as a part of her daily routine. By age 2, she should have her teeth brushed at least once a day, preferably at bedtime. However, while she may be an enthusiastic participant, she won't yet have the control or concentration to brush her teeth all by herself. You'll need to supervise and help her so that the brush removes all the plaque, the soft, sticky, bacteria-containing deposits that accumulate on the teeth causing tooth decay.

Be sure to use a soft, multitufted nylon-bristle brush. Use only a small amount of toothpaste; it's difficult to keep her from swallowing some of the toothpaste, and too much fluoride could cause permanent tooth stains. If she doesn't like the taste of one type of paste, try another or just use plain water for a while. The brushing and rinsing are more important than the toothpaste.

You'll hear all kinds of advice on whether the best brushing motion is up and down, back and forth or around in circles. The truth is that the direction really doesn't matter. What's important is to clean each tooth thoroughly, top and bottom, inside and out. This is where you'll encounter resistance from your child, who probably will concentrate on only the front teeth she can see. It may help to turn it into a game of "find the hidden teeth."

Excerpted from [*Caring for Baby and Young Child: Birth to Age 5*](#), Bantam 1999