

# Protecting Your Child's Teeth: A Guide to Good Dental Care

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All too often when a child has to cope with medical complications, caring for teeth has a tendency to take a back seat to the primary condition. Besides contributing greatly to a child's appearance, teeth serve as an integral part in breaking down food that is required for healthy development. With regard to the teeth and mouth, that old cliché is true, "an ounce of prevention is worth a pound of cure."

## PREVENTION

As an infant, the baby teeth or primary teeth typically appear between six and ten months of age. New teeth continue to erupt into the mouth until around two to three years of age. By this time, there should be a total of twenty primary teeth. To prevent decay and help insure a healthy mouth, consider these tips:

1. Infants should have an initial dental exam soon after the first teeth appear in the mouth. Six to twelve months of age is an appropriate time.
2. When bottle feeding, avoid liquids containing sugar such as sweetened water, fruit juices, and soft drinks. Limit the use of a bottle to feeding times only. Do not use the bottle to pacify or help the baby sleep. This bathes the teeth in acid which is a byproduct of the liquid in the bottle. The acid that is produced causes decay known as "Nursing Bottle Caries" or "Bottle Baby Decay."
3. Consult your pediatrician about a good time to wean your child from the bottle. Typically, one year of age is recommended.
4. When breast feeding, avoid prolonged nursing, especially throughout the night. This can also result in decay similar to "Nursing Bottle Caries."
5. Keep mouth and teeth clean from the start. Initially a wash cloth can be used to wipe the gum pads and teeth after meals. Eventually, a small soft-bristle

toothbrush can be used. As the child matures enough to be able to spit, a small amount of toothpaste can be used.

6. Adults should assume the responsibility of brushing the teeth twice a day until the child is about five years of age. Continue to supervise the tooth brushing until around age eight. If teeth are in contact with each other, a dentist can instruct you on how to properly floss between the teeth.
7. Children should have dental check ups every six months. Initially this won't involve much more than examining the mouth, gums, and teeth. As the child ages, it will include cleaning, x-rays when needed, and the application of topical fluoride. Fluoride helps to make the teeth resistant to decay. Besides having a dentist apply fluoride to the outer surface of the teeth, fluoride can be obtained through the water a child drinks. Most communities have fluoride in their water, but if not check with a dentist or pediatrician regarding the need for a fluoride supplement.



## DENTAL TREATMENT

Most children with hemophilia can receive routine dental check ups and cleanings without any difficulty. Should treatment such as a filling or extraction be required, it is imperative that the dentist and hematologist develop a treatment plan together that will facilitate safe, efficient dental care. This may include the use of Amicar or Lysteda, an oral medicine that helps to keep clots from breaking down in the mouth and factor replacement when oral bleeding is anticipated.

## LOSS OF BABY TEETH

The primary teeth begin to loosen and fall out (exfoliate) when the permanent teeth begin to appear around six to seven

years of age. This process begins with the incisors or front teeth and continues until approximately age 12 years of age. Normally, the primary teeth exfoliate with minimal or no bleeding. If a loose tooth continuously traumatizes the gum causing prolonged oozing, a dentist should be contacted to evaluate the tooth for removal.

## BRACES

Hemophilia rarely prevents a child from receiving orthodontic treatment when needed to correct a malocclusion (improper bite) or crooked teeth. Keep in mind that braces can be irritating to the gingiva (gums). It is most important that the patient keep the teeth and braces free of plaque by regular brushing. This minimizes the irritation and chance of bleeding from the gingiva.

## SPORTS

From a dental standpoint, most children with hemophilia can participate in approved sports, but is highly recommended that a mouthguard be manufactured by a dentist to assist in protecting the teeth against traumatic injuries.

## THE CHILD WHO IS HIV+

Once again, the best recommendation for a child who is HIV+ is a stringent preventive program as previously described. In these children, the mouth is extremely susceptible to gingivitis, an inflammation of the gums, and oral infections. One such infection is candida (thrush). This usually appears as a soft, white growth on the gums, tongue, inner lip, or inner cheek. If something unusual is noticed inside the mouth, a dentist or pediatrician should be contacted immediately.

## RESOURCES FOR PARENTS

Do you have difficulty in getting your child to brush his teeth? Does he put up a fight when he has to go to the Dentist? If so, visit your public library and check out these books.

*Albert's Toothache, The Alligator's Toothache, How Many Teeth, Little Rabbit's Loose Tooth, My Dentist, and Our Tooth Story.*

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