**Commentary:**

Early childhood caries (ECC) is a malicious form of caries that begins soon after the eruption of the tooth. ECC develops predominantly on the smooth surfaces and rapidly progresses involving multiple teeth. Primary tooth caries imparts greatly on a child’s growth, resulting in significant pain and diminishing the overall quality of life. Since nursing experts are undeniably bound to see new moms and newborn children before a dental specialist, it is fundamental that they know about the infectious etiology and associated risk factors of ECC and gives suitable advice to new mothers regarding infant oral health and its prompt intervention. Oral health risk assessment should be received by an infant by 6 months of age by a professional health-care provider. Caries-risk assessment (CRA) provides for a customized preventive plan that is most appropriate for the child and family to be developed. Teething can lead to disturbed sleep, localized discomfort in the region of erupting primary teeth, facial flushing, pain, general irritability, loss of appetite, gum rubbing/biting/sucking, inflammation of the mucous membrane overlying the tooth, and ear rubbing on the side of the erupting tooth. The management of teething includes teething rings (chilled), hard sugar-free teething rusks, cucumber peeled, pacifier, ice cubes, rub gums with clean fingers/cool spoon/wet gauze, analgesics/antipyretics, and topical anesthetics. Oral hygiene measures should be executed as soon as the first primary tooth erupts into the oral cavity by cleansing the infant’s teeth with a soft toothbrush which could help in reducing bacterial colonization. It should be made mandatory that toothbrushing be performed by a child two times a day, using a soft toothbrush of appropriate size and age and under proper parental supervision. Parents ought to be directed about not to put their children to sleep with the bottle. They should also be made mindful of the malicious outcomes of improper bottle usage and the need for good oral hygiene practice with the eruption of the first primary teeth. Breastfeeding for more than 1 year and at night beyond the eruption of teeth may be associated with ECC. Hence, AAPD suggests that children ought to be weaned by 12 to 14 months of age from breast or bottle and should drink from a cup as they approach their first birthday. Among infants aged beyond 6 months, not less than 0.3 ppm fluoride is required. This can be achieved through a 0.25 mg dietary fluoride supplement. The use of fluorides for infants under the age of 6 months is not recommended. Parents must be instructed to reduce the frequency of their child’s sugar consumption. For children with moderate to high caries risk and under the age of 2, the use of a thin smear of fluoridated toothpaste is recommended. For all children aged 2 to 5 years, the use of a pea-sized amount of fluoridated toothpaste is recommended. The unwanted force could be delivered to the teeth and dentoalveolar structures through non-nutritive oral habits like pacifier sucking, bruxism, and abnormal tongue thrust. As our society for pediatric dentistry strives to achieve the goal that every child has a fundamental right to his or her total oral health; it is the responsibility of the health care professional involved with children to provide comprehensive care for the child.
References


Keywords: Caries Risk Assessment; Early Childhood Caries; Infant Oral Care; Teething

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Corresponding Author:
Tasneem Shajahan,
Department of Pedodontics and preventive dentistry,
Yenepoya Dental College,
Mangalore,Karnataka, India.
Email: tasneemshajahan1994@gmail.com