



Dedham Medical
Associates
Atrius Health

Pediatric Dentistry
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EARLY CHILDHOOD DENTAL VISITS: SETTING THE STAGE FOR LIFE-LONG HEALTH

Children would seem to have an advantage: they get a second chance with their teeth. Their baby teeth begin to appear at six months of age, but their adult teeth begin replacing them at around six years of age, and by 13 all of a child's adult teeth are pretty much in place.

If that seems to suggest that quality dental care for baby teeth is not important, nothing could be further from the truth. Not only is your child's quality of life better with strong, healthy teeth, the care he or she receives in childhood sets the stage for healthy teeth later in life.

"Children's teeth change continuously as they grow," says Dedham Medical pediatric dentist Felipe Moreno, DMD. "Our goal is to guide children through all their stages of dental development so that they'll be ready for adult dentistry and excellent dental health all their lives."

The advantages of regular, periodic "well-child visits" to the dentist are two-fold, adds DMA pediatric dentist Mariella Bonilla, DMD. "Not only are we able to provide preventive care from the time the child has the first tooth," she says, "we can give the parents guidance on how to ensure optimal dental health for their child. Helping parents remain educated at each stage of their child's dental development is a big part of what we do."

Ideally, young patients have their first dental visits around their first birthdays, and then continue to be monitored at six-month intervals.

"This allows us to get to know the child and to try to keep them healthy and cavity-free on an ongoing basis," Dr. Moreno says. "We're consulting with their parents about dietary habits, like avoiding 'baby bottle syndrome' – letting the child go to sleep with a bottle in its mouth. That's very bad for the teeth."

TO MAKE AN APPOINTMENT

If you would like your child to receive dental care from Dedham Medical's pediatric dentistry staff, you can just call 781-329-1400 and ask for the department. The receptionist will be able to schedule you for a regular appointment or, if you'd like, an informational interview. Drs. Moreno and Bonilla see patients at both the Dedham and Norwood offices.

Dr. Moreno received his DMD degree from CES University in Colombia, South America, and received a second DMD from Boston University School of Dental Medicine. He served his residency in pediatric dentistry at the BU School of Dental Medicine. Dr. Moreno serves on the faculty of the Boston University School of Dental Medicine Post-Graduate Program. He speaks fluent Spanish.

Dr. Bonilla received her DMD degree from the Boston University School of Dental Health and served her residency in pediatric dentistry there. She speaks fluent Spanish.

At three years of age, the child is receiving regular cleanings and fluoride treatments. Cavities are filled with white composite material, just as adult cavities are today, with lidocaine used as a local anesthetic. And more parental counseling is in order.

"Even today, with the widespread use of fluorides," Dr. Bonilla says, "cavities are a problem. At this age kids are often encouraged to brush their teeth themselves, but parents need to closely monitor it, to make sure the kids do it thoroughly and don't just go through the motions."

For patients aged five to seven, the pediatric dentists concentrate on preventive treatments with sealants, substances made of clear or shaded plastics that prevent the build-up of food and plaque (and therefore decay) in hard-to-clean places like tiny grooves on the teeth. The sealant treatment will usually be effective for several years. But brushing, flossing and healthy nutrition are still essential.

At around age six, the child's adult teeth will likely start to come in. In addition to regular cleaning and preventive care, the emphasis is on growth and development.

"As their teeth come in, we watch for crowding and work to guide their occlusion – that is, to help their teeth align into a well-fitting bite," Dr. Moreno says. "The sooner you catch a malocclusion the better. During this time we try to guide not just the patient but the parent as well."

Crowding is often a factor of adult teeth growing into a mouth already occupied with baby teeth. The new teeth could be too big for the space available. They could also be too small, creating a different kind of spacing problem. In either event the risk is that teeth will grow in crookedly or alignment will be off.

The first phase of treatment in this case is the pediatric dentists' use of interceptive orthodontic appliances, devices like retainers, space maintainers and lingual arch wires that are designed to guide the permanent teeth as they grow in. Phase two is referral to an orthodontist to have braces fitted.

"One of the advantages we have at Dedham Medical," Dr. Bonilla notes, "is that often the patient can stay in-house. In most settings, dental specialties stand alone and referrals are to outside groups. As part of a large group practice, we have an orthodontist on site. The same is true for periodontal and endodontal services and even medical pediatricians."

By age 13, all the child's adult teeth are likely to be in place. The pediatric dentists continue to see the patient until age 16, at which point he or she transfers to an adult dentist. The reasons for waiting until this age are about maturity as much as physical status.

"As pediatric dentists, we're trained to deal with kids, including young children with behavioral problems," Dr. Moreno notes. "We have special training in behavioral management techniques, things like 'Tell, Show, Do.' We build trust and cooperation by telling the kids what we're going to do, showing them how it's done and then, of course, doing it."

"We also have access to nitrous oxide, or 'laughing gas,' an extremely safe sedative that decreases patients' anxiety while letting them remain awake."

Another technique is reduction of distraction. Sometimes, Dr. Moreno says, it's just better if the parent leaves the room. "In some cases, children get so aware of their parents that they aren't able to concentrate on cooperating with the dentist. Having the parent wait in the reception area helps them focus on the dentist better."

Advice about flossing regularly is standard stuff from your dentist, but Drs. Moreno and Bonilla have far more guidance to offer for parents concerned about their children's dental health. A few examples:

■ **Diet** Ensuring a balanced diet that include fruits and vegetables is essential for proper development of your child's teeth and gums.

■ **Sugars** Everyone knows that sugar causes tooth decay, but the problem of sugars goes well beyond candy bars and sugary cereals. It's present in fruits, many milk products, processed foods like peanut butter and condiments like ketchup.

■ **Starches** Foods like breads, crackers, pretzels and potato chips can also represent problems – starches contain sugars.

■ **Servings** Fruits and breads are integral parts of a nutritional diet, but they're safer for teeth if served as part of a balanced meal rather than as snacks.

■ **Sticky foods** Foods like dried fruit and caramel that tend to stick to tooth surfaces have greater potential for decay, since they're not as easily washed away by saliva, water or milk as other foods.

■ **Baby Bottle Syndrome** Allowing your baby to fall asleep with a bottle in its mouth can promote tooth decay. A child should be encouraged to begin drinking from a cup at around the first birthday.