

FLUORIDE

We would like to inform you about the Fluoride prescription you have been given. Please read the following important information for your child. **Fluoride has no benefit if the child has 6 sugar events per day.**

Topical Fluorides

All forms of fluoride other than the prescription are for topical use and mostly benefit the surfaces of the teeth already visible in the mouth. Continuation of these products (toothpaste, varnishes) is encouraged as long as they are NOT swallowed. Fluoride helps prevent decay best when teeth are clean and sugars are not excessive.

Parents: Please make sure you have NO decay

If parents have decay their children under the age of 6 will have decay due to the transfer of bacteria in saliva. Children under the age of 6 are referred to a specialist for the comfort of sedation if moderate decay is present. To reduce transfer of bacteria that cause decay to your baby, moms can chew xylitol gum 6-8 sticks/day or 12 xylimelts per day as this decreases Strep. Mutans.

If Your Child has Decay...

- Limit juice to 5oz/day and drink with a straw, and snack on cheese (is a bit anti-decay)
- An extra visit every 3 months for fluoride varnish application will help. Fluoride Varnish is best for kids – start at 12-18 months old
- Children will have less decay in the following 2 years if they have their teeth sealed
- The **BEST DEFENSE AGAINST DECAY** is clean teeth and no carbohydrate snacks
- Decay only happens if teeth are not clean and carbohydrates are there for more than 5 minutes
- Kids teeth **must** be flossed by a parent until child can tie shoes

Prescription Form of Fluoride

This form of Fluoride (F) is mostly beneficial to the permanent teeth developing in the jawbones. It hardens the enamel, thus making it more resistant to decay. We recommend that children take them up to the age of 16 because studies now indicate there is also a topical benefit.

- **A Pea sized amount of toothpaste at least twice a day is key, and use a non-fluoride toothpaste if under the age of 2 years**

The prescription you have been given may be for tablets or lozenges. Your child **SHOULD NOT** take these supplements if you live in an area where the water is fluoridated and only if your child is at high risk for decay (their teeth are **NOT** brushed for them 2 times per day with a fluoridated toothpaste) or if you the parent feel that your child is at high risk. If in doubt, check with your dentist.

To maximize the benefit of fluoride, take the doses **AS PRESCRIBED**. Any risks with fluoride are the direct result of improper use. Overdoses most often appear as white spots or discolored areas on the permanent teeth.

Glass ionomer is the most biocompatible material for children's fillings

Rx (F) Doses for Children

The prescription form is prepared in a compound called Sodium Fluoride (NaF). Each dose contains both sodium and fluoride. Here are the appropriate doses of NaF and the amount of F in each for an area where there is no fluoride in the water:

- 6 years – 16 years: 1.00 mg F/day
- 3 – 6 years old: 0.25 mg of F/day or 0.5 mg if no fluoride toothpaste used
- 0 – 3 years old: none

PRACTICE TERMINOLOGY

Dear Parents:

In order to improve the chances of your child having a positive experience in our office, we are selective in our use of words. We try to avoid words that scare the child due to previous experiences. Please support us by **NOT USING** negative words that are often used for dental care.

These include:

DON'T USE:	OUR EQUIVALENT:
Needle or Shot	Sleepy Juice
Drill	Whistle
Drill on Tooth	Clean a Tooth
Pull or Yank Tooth	Wiggle a Tooth Out
Decay, Cavity	Sugar Bug
Examination	Count Teeth
Tooth Cleaning	Tickle teeth
Explorer	Toothpick
Rubber Dam	Raincoat
Gas	Magic Air

This will also help you understand your child's description of the filling experience. Our intention is not to "fool" the child – it is to create an experience that is positive. We appreciate your cooperation in helping us build a good attitude for your child!

PARENT GUIDELINES

Dear Parents:

You may choose whether or not you accompany your child to his/her filling appointment. Although we sense that some children do better without parents present, we are open to having you with your child. If you choose to be present, we suggest the following guidelines to improve chances of a positive outcome:

1. Allow us to prepare your child

2. Be supportive of the practice's terminology

3. **Please be a silent observer** – support your child with touches
 - a. This allows us to maintain communication with your child
 - b. Children will normally listen to their parents instead of us and may not hear our guidance
 - c. You might give incorrect or misleading information

4. If asked to leave, be ready to immediately walk away
 - a. Many children will try to control the situation
 - b. "Acting out" is normal, but unacceptable during fillings
 - c. This is intended to "short circuit" the control attempt
 - d. We will continue to support your child at all times

These are very important ways that you can actively help in the success of your child's visit. We are confident that all will go well and hope these guidelines will help prepare you with confidence for the upcoming appointment.

XYLITOL

- Dental caries is an infectious disease.
- Infants are typically infected with *mutans streptococci* from their mothers as a result of the exchange of saliva.
- Mothers with open carious lesions or poor oral hygiene infect their children earlier with the microorganism. The earlier the infection of infants the more vulnerable the child becomes to dental caries.
- It is desirable to reduce the *mutans streptococci* load in pregnant women. This is typically done by restoring carious teeth, rinsing with chlorohexidine, and the use of high potency topical fluoride and duraflo and xylitol last 3 months (2 visits), one at 6 months & one at 9 months
- Xylitol reduces *mutans strep* counts; therefore, use of xylitol chewing gum by pregnant women is advocated as an additional preventive strategy in reducing transmission of from mother to infant.
- In one study, in which mothers chewed xylitol gum three times a day for three months before delivery, their children had significantly less caries experience than controls.
- Xylitol, in the form of chewing gum or candy, is being used as a significant caries preventive agent in Europe, particularly in Scandinavia.
- Field trials in the late 1960s and early 1970 in Finland demonstrated a significant caries preventive effect from diets sweetened with xylitol rather than sucrose.
- Xylitol is a sugar alcohol (polyol) with sweetness equal to table sugar, but with 40% fewer calories. A primary source of xylitol is from the sap of birch trees.
- Xylitol is not fermented by plaque bacteria. Thus it reduces accumulation of plaque on the teeth. Plaque pH does not drop when xylitol sweetened gum is chewed, therefore remineralisation is enhanced.
- In Finland, school children typically chew xylitol chewing gum three times a day for five minutes as a preventive regimen.
- Xylitol improves restrengthening of enamel and helps fluoride make teeth more acid resistant.
- Chewing xylitol gum removes bacteria and reduces acids that weaken enamel.