



# ANDORRA PEDIATRICS

8945 Ridge Avenue  
Suite 3 - 4 - 5  
Philadelphia, PA 19128  
215-483-8558  
andorrapediatrics.com

## Protecting Your Baby From Tooth Decay

Your baby is too young for tooth decay, right? Wrong. While most one-year-olds have healthy teeth, 5% develop a form of rampant tooth decay called "**nursing caries**" or "**baby bottle mouth**" soon after their upper teeth start to erupt. The bacteria that cause this decay flourish when a baby's teeth are in prolonged contact with formula, breast milk, cow's milk, fruit juice, or other sweet drinks.

### What is "Baby Bottle Caries"?

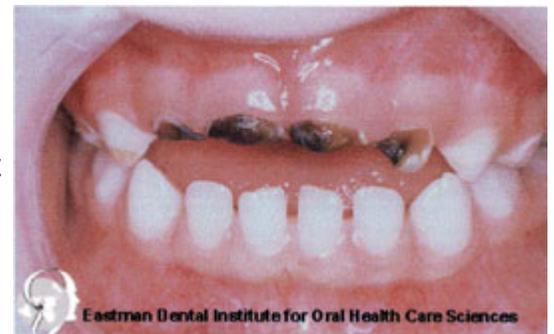
"Baby bottle caries" (or "nursing bottle caries") refers to a pattern of tooth decay which occurs in the teeth of infants and preschoolers who are allowed to drink from a bottle containing a sugary beverage either frequently or for prolonged periods of time (such as while napping or sleeping at night).

Tooth decay occurs when the enamel, which is the protective coating on the teeth, breaks down. The mouth naturally has bacteria in it. When a baby drinks liquids through a bottle, the liquids can pool near the gums and teeth. Most liquids contain sugars. In fact, most foods that people eat ultimately break down to become sugar.

The sugars and bacteria combine to form a substance called dental plaque. When the bacteria break down the sugars, acids are formed. These acids can erode the enamel on the teeth. The result is damage to the teeth. As the damage progresses, the decay can lead to:

1. An abscess, which is an infection and swelling of the tooth and gum
2. Dental caries (cavities), which are holes in the enamel that expose part of the tooth
3. Severe pain, when the decay reaches the pulp or nerve of the tooth

With this condition, typically a child's **front upper teeth** are most affected and have extensive decay. The child's bottom front teeth are often spared from decay (possibly related to the fact that these teeth are somewhat protected from the sugary drink by the nursing position of the tongue). Any other teeth that are present in the child's mouth are also placed at greater risk for the formation of cavities and may be extensively decayed.



There is nothing special or unique about the bottle caries condition. It is simply a case of a sugar supply being present as a food source for oral bacteria (over a prolonged time period) and therefore tipping the balance between demineralization and remineralization greatly in favor of tooth decay formation. What is unique about baby bottle caries is that the responsibility for the decay lies with the adult (no matter how well meaning) who provided the sugar source.

**Bottle caries** usually occurs in babies who go to bed with a bottle or drink from a bottle throughout the

day. But it can also occur in babies who breastfeed intermittently during the night. This kind of tooth decay affects mainly the upper teeth, because the baby's tongue covers the lower teeth during nursing. Decay starts at the gum line in the front teeth and, if not promptly stopped, spreads to include other teeth as they come in.

Once started, nursing caries can progress so rapidly that the affected teeth are totally destroyed in a matter of months. The consequences for the baby's appearance, nutrition, and speech development can be severe.

### **To Protect Your Baby From Developing Bottle-Nursing Caries, Follow These Guidelines:**

- Make sure your baby gets adequate fluoride, from supplements or fluoridated water.
- Clean your baby's teeth at least once a day. Use a washcloth or soft brush, without toothpaste.
- Cut down on the chances of passing on the bacteria that cause tooth decay to your baby. Brush and floss your own teeth regularly, get your dental problems treated promptly, and do not share eating utensils with your baby.
- As soon as your baby's teeth start to come in, offer breast or bottle only at three or four hour intervals during the day, at mealtimes. If your baby sleeps in your bed, do not allow at-will breastfeeding during the night. If your baby is bottle fed, do not prop the bottle or allow your baby to take the bottle with him/her after meals.
- Do not allow your baby to "graze" throughout the day or to use the bottle as a toy or a daytime companion. Substituting a pacifier is OK, but do not put honey or other sweeteners on the nipple.
- Do not put your baby to bed with a bottle at night or at naptime. Try rocking, or offer a security blanket or favorite toy instead. If your baby has gotten used to a bottle in bed and refuses to sleep without it, try filling the bottle with water (which is harmless to the teeth). You may have to make the change gradually, with increasing dilution of the formula.
- Take your baby for a first dental visit by 2 years of age. We can help you find a dentist who has experience with children (Pediatric Dentist).
- Wean your baby from the breast or bottle to a cup by 12 to 15 months of age.

### **These Suggestions Will Make Weaning Easier**

- Start feeding solids at 5 months if your baby is bottle-fed or breast-fed, and start finger foods at 9 months.
- To start weaning, take advantage of diminished interest in nursing that may be associated with crawling (7 or 8 months of age) or walking (11 to 12 months).
- Your child is ready if he/she rejects the bottle, chews on the nipple instead of sucking, or would rather play than nurse after the first few minutes.
- If your baby resists weaning, offer the bottle or cup (depending on child's age) before nursing and reduce the number of nursing's gradually (eliminating one bottle-feeding or breastfeeding every three to four days).
- Respond to your child's needs with extra holding.

### **Please Call During Regular Office Hours If:**

1. Your baby's temperament or sleeping patterns make these recommendations difficult to follow.
2. Your baby is still resisting weaning at 15 months of age.
3. You need help in managing sleep or eating behavior.
4. You think you see signs of decay in your baby's teeth.
5. You have any questions about your baby's oral health.

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.

