

## How to care for baby's first teeth



### Start oral care before the first tooth

Oral hygiene can begin during the newborn period. Once or twice a day, gently wipe the baby's gums with a clean, damp gauze pad or soft cloth. This removes milk residue, lets the baby become accustomed to mouth care, and gives the caregiver an opportunity to notice changes in the mouth. Use plain water on the cloth; toothpaste is not needed before teeth erupt.

Choose a time when the baby is calm rather than hungry, overtired, or actively crying. Sit in a well-lit position and support the head securely. A brief, gentle routine is sufficient. Do not scrub the gums, use abrasive materials, or apply household substances to the mouth. The purpose at this stage is comfort, cleanliness, and familiarity with the routine, not forceful cleaning.

When a tooth breaks through the gum, transition to a small, soft-bristled toothbrush designed for infants. An infant toothbrush has a compact head that can reach the tooth without injuring surrounding tissue. Inspect it regularly and replace it when the bristles become worn or after the manufacturer's recommended interval.

### Brush twice daily with fluoride toothpaste

Brush the baby's teeth twice a day, including once before sleep. Use a rice-sized smear, sometimes described as a tiny thin film, of fluoride toothpaste. This small amount provides topical fluoride exposure while limiting the quantity swallowed. Ask a dental professional or other qualified healthcare professional which fluoride concentration and routine are appropriate for the child's age and local guidance.

Use gentle, small movements on every available tooth, including the outer, inner, and chewing surfaces. At first, the teeth may be few and widely spaced, so the process is quick. As more teeth erupt, brush systematically so no area is consistently missed. Light pressure is enough; vigorous horizontal scrubbing can irritate the gums and contribute to abrasion.

Babies commonly swallow toothpaste. With the very small amount recommended for infants, this is expected, but do not place extra toothpaste in the mouth. As the child develops the ability to spit, encourage spitting without rinsing extensively, because rinsing can remove fluoride from the tooth surfaces. Never leave a child unattended with a toothbrush, and avoid allowing the child to walk or run while holding one.

Children need hands-on help for several years. Even when a toddler wants to brush independently, let the child practise and then complete the brushing yourself. The relevant standard is effective plaque removal, not simply holding the brush or copying an adult. A consistent bedtime brushing routine is especially important because saliva flow decreases during sleep, reducing natural protection against acid exposure.

### **Reduce early childhood caries risk**

Dental caries is a biofilm-mediated, sugar-driven disease. Bacteria in dental plaque metabolize fermentable carbohydrates and produce acids that can demineralize enamel. Newly erupted primary teeth are susceptible, and frequent exposure can matter as much as the total amount consumed. Practical prevention therefore focuses on both the contents of the diet and how often the teeth encounter them.

Offer breast milk, formula, or water according to the infant's feeding plan and

professional advice. Avoid putting sugary drinks, juice, sweetened tea, or other sugar-containing liquids in a bottle or training cup for routine sipping. Do not dip pacifiers in honey, sugar, or syrup. Honey should not be given to infants under 12 months because of the risk of infant botulism, and it is also an added sugar that can promote decay in older babies.

Do not put a baby to sleep with a bottle containing formula, milk, juice, or another caloric drink unless a healthcare professional has provided specific feeding instructions. Prolonged contact between liquid and the teeth can create repeated acid challenges. When the child is developmentally ready, introduce an open cup or suitable cup according to feeding guidance rather than relying on continuous bottle access.

As complementary foods are introduced, build meals and snacks around nutrient-dense options. Keep sweet foods and drinks occasional, and avoid using them repeatedly to soothe distress. Do not share spoons or clean a dropped pacifier with your mouth, because saliva can transfer oral bacteria. These measures do not need to be perfect to be useful; consistency across ordinary days is the main objective.

### **Manage teething discomfort safely**

Teething may cause drooling, a desire to chew, gum tenderness, irritability, and disrupted sleep. Symptoms vary considerably, and a tooth may erupt with little visible discomfort. A cool, clean, solid teething ring or a chilled damp washcloth may provide counterpressure. Supervise the baby closely and follow the product's safety instructions. Avoid frozen objects, which can injure delicate gum tissue, and avoid necklaces, bracelets, or other teething jewellery because they can cause strangulation or choking.

Gentle gum massage with a clean finger can be soothing. Wipe drool from the face and neck and use a simple protective skin routine if saliva causes irritation. Continue brushing erupted teeth, using a light touch even when the gums are sensitive. Temporary resistance is common, but stopping oral care altogether allows plaque to accumulate. Try a different time of day, a quieter position, or a short pause before finishing the routine.

Do not use topical oral gels, homeopathic teething products, alcohol-containing

preparations, or other remedies without advice from a qualified healthcare professional. Some products can be harmful if swallowed, and the safety of an intervention depends on the child's age, medical history, formulation, and dose. Do not give pain medicines solely on general internet advice. Ask a clinician or pharmacist for age- and weight-appropriate guidance if discomfort appears significant.

Teething should not be used as a blanket explanation for a high fever, breathing difficulty, persistent vomiting, severe diarrhoea, unusual drowsiness, dehydration, a widespread rash, or a baby who appears seriously unwell. Those findings need medical attention based on their severity and context.

### **Make brushing easier for babies and caregivers**

A predictable routine reduces conflict. Choose a regular morning time and make brushing the final step before sleep. Keep the toothbrush visible but out of reach when unsupervised, and use the same brief sequence each day: position the baby securely, apply the tiny toothpaste smear, brush all surfaces, and praise cooperation. Calm narration or a short song can make the task familiar without turning it into a prolonged negotiation.

Many caregivers find the knee-to-knee position useful for a young baby: two adults sit facing one another, with the baby's head supported in one adult's lap while the other brushes. A single caregiver can also sit behind the child and gently support the head against the body. The best position is one that provides a clear view, stable support, and no pressure on the neck or jaw. Never force the mouth open with an object.

As teeth touch one another, cleaning between them may become necessary. Ask a dental professional to demonstrate whether flossing or another interdental method is appropriate for the child's spacing. Do not share toothbrushes. Allow the brush to air-dry upright, and replace it if it has been chewed, contaminated, or damaged.

Expect progress rather than perfection. A baby may resist on some days, particularly during illness or intense teething. Resume the normal routine as soon as practical. A healthcare professional can suggest positioning and

behavioural strategies when brushing remains consistently difficult.

### **Arrange professional dental care**

A dental visit provides individualized advice about fluoride exposure, feeding patterns, enamel appearance, eruption, and injury prevention. The appropriate timing of the first visit varies by jurisdiction and the child's risk profile.

Many professional organizations recommend an early assessment around the first birthday or within a defined period after the first tooth appears. Check local guidance and arrange care sooner if a clinician recommends it or if a concern arises.

At a visit, share the child's feeding and drinking pattern, toothpaste brand or fluoride concentration, brushing routine, medications, medical conditions, and any family history of substantial dental disease. Ask how to position the child, whether fluoride supplementation is indicated in the local water supply, and how to manage specific foods or drinks. Fluoride recommendations are individualized; do not start supplements without professional assessment.

Seek dental advice for white, chalky, brown, or black areas; pits or grooves that appear abnormal; a tooth that chips or changes colour after an injury; persistent bleeding or swelling; pain that interferes with feeding or sleep; or an unusual smell or discharge from the mouth. A fall or blow to the mouth also warrants prompt advice, particularly if a tooth is displaced, there is significant bleeding, or the child has difficulty closing the mouth.

Eruption timing has a broad normal range. A missing tooth does not automatically indicate disease, but professional assessment is sensible when eruption seems markedly delayed, asymmetrical, or associated with swelling, pain, or other developmental concerns. Dental professionals can distinguish normal variation from findings requiring follow-up.

### **Build a long-term oral-health routine**

The first teeth establish habits that persist as the child grows. Continue twice-daily brushing as more teeth emerge, increase toothpaste only according to current professional guidance, and supervise until the child has the coordination and judgment to brush effectively. Children learn from repetition,

so caregivers should model brushing and treat it as an ordinary part of personal care.

Keep routine dental appointments even when the teeth look healthy. Preventive visits can identify early enamel changes, review fluoride exposure, discuss diet, and support caregivers before a small problem becomes painful. Maintain a record of the child's dental advice, including any recommendation related to water fluoridation, toothpaste, enamel defects, or trauma.

Protect the teeth during everyday activities. Use a correctly fitted car seat and follow general injury-prevention guidance, because facial trauma can affect primary teeth and developing permanent teeth. As the child becomes more mobile, reduce access to small hard objects and supervise eating in accordance with choking-prevention recommendations. Oral health is part of whole-child care, not a separate task.

Caregivers sometimes feel guilty when brushing is difficult or when a child becomes upset. A compassionate approach is more productive: provide steady assistance, seek practical coaching, and return to the routine after setbacks. Early attention, appropriate fluoride, a low-frequency sugar pattern, and professional review together offer strong protection for baby's first teeth.