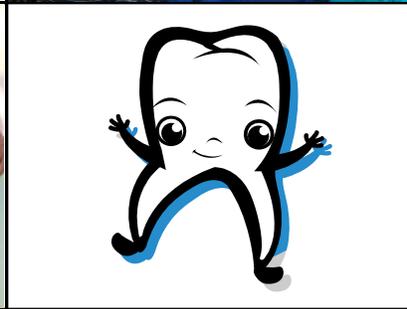
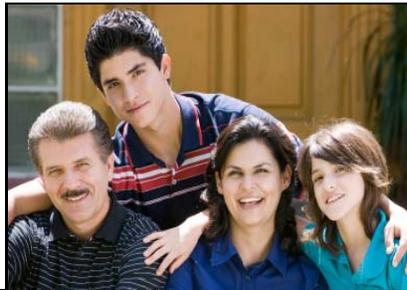


Oral Health News You Can Use

*Children's Oral Health Program
New Jersey Department of Health and Senior Services*



Oral Hygiene

Nutrition

Pregnancy and Oral Health

Injury Prevention

Infants/Toddlers

Periodontal (Gum) Disease

Children

Oral Cancer/Tobacco Use

Fluoride

Substance Abuse

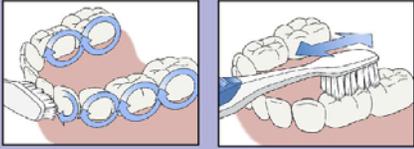
Diabetes



Oral Hygiene

Tooth decay is an infectious and preventable disease.

Proper Brushing Technique

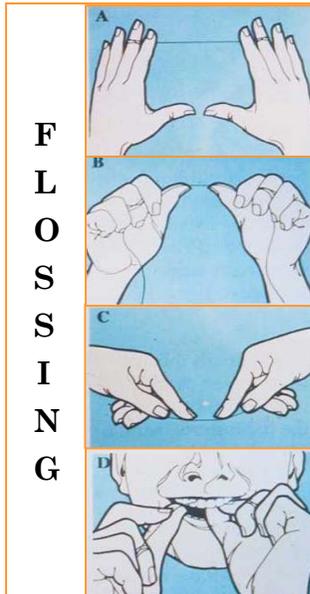


- Angle bristles toward the gingival region
- Use light pressure with a circular motion
- Biting surfaces also need to be brushed
- Don't forget the tongue!

Regular dental check ups are important for people of all ages!

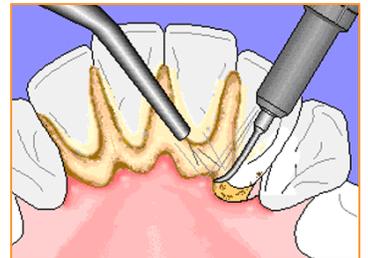
Prevention is key for good oral health, and more cost effective than "drill and fill."

Gingivitis, the first stage of gum disease, is common in childhood, but can be prevented or eliminated with thorough, regular brushing.



Controlling plaque (bacterial germs in the mouth) reduces the risk of tooth decay and periodontal disease. Plaque, if allowed to build up on the teeth, can harden into calculus/tartar. Calculus can only be removed by the dentist or dental hygienist.

Brushing and flossing are needed to remove plaque, but these efforts alone do not prevent tooth decay. Fluoride in toothpaste helps to prevent cavities and strengthen teeth.



Dental Terms

- Plaque - soft, bacteria removed with brushing and flossing
- Calculus/Tartar - hardened plaque that must be removed by a hygienist or dentist
- Periodontal - gum
- Dental caries - tooth decay
- Oral hygiene - brushing and flossing

For more information, please visit the following websites:

www.adha.org/oralhealth/brushing.htm

www.adha.org/oralhealth/flossing.htm

www.ada.org, Public Resources

Pregnancy and Oral Health

Did You Know...

Research suggests that pregnant women with periodontal disease are seven times more likely to have a pre-term, low birth weight baby.

A normal pregnancy can affect the gums and cause swelling, inflammation, or bleeding due to plaque and hormonal changes in the body.

Dental care is safe and effective during pregnancy. Treatment can be provided throughout pregnancy; however, the time period between the 14th and 20th week is best.

Delay in necessary treatment could result in risk to the mother and indirectly to the baby.

Chewing sugarless or xylitol-containing gum after eating is helpful in preventing tooth decay.

Brush teeth twice daily with a fluoride toothpaste and floss daily.

Seek dental care early in pregnancy.



The following may reduce tooth decay in pregnant women experiencing frequent nausea and vomiting:

1. Eat small amounts of nutritious food during the day.
2. Use a teaspoon of baking soda (sodium bicarbonate) in a cup of water as a rinse after vomiting to neutralize acid.
3. Chew sugarless or xylitol containing gum after eating.
4. Use gentle tooth brushing and fluoride toothpaste to prevent damage to demineralized tooth surfaces.

For more information, please visit the following websites:

www.adha.org

www.ada.org, Public Resources

www.mchoralhealth.org/materials/perinatal.html



Infants/Toddlers

Tooth decay is an infectious and preventable disease.

- Avoid testing the temperature of the bottle with the mouth, sharing utensils (spoons) or cleaning a pacifier or bottle nipple with saliva. Saliva can spread bacteria to your child's mouth that causes tooth decay.
- To avoid early childhood caries (ECC), a form of tooth decay, do not put the baby to bed with a bottle, prop the bottle up in the baby's mouth, or allow the baby to feed "at will." Hold the infant during feeding.
- Clean the infant's gums with a clean, damp, cloth or piece of gauze wrapped around the finger with plain water after each feeding.
- Brush the infant's teeth with a soft toothbrush as soon as the first tooth erupts, usually between 6 and 10 months of age at least twice a day (after breakfast and before bed).
- Lift the lip to brush at the gum line and behind the teeth.
- Early childhood caries puts a child at greater risk for future tooth decay. Parents should check the infants' gums and teeth about once a month by lifting the infants' lip to look for early decay on the outside and inside surfaces of the teeth.



- Do not allow a child to breastfeed all night long. Prolonged night feedings may contribute to tooth decay.
- Children who are teething may be irritable. Fever and long term diarrhea are not caused by teething.
- At six months of age, offer a cup of water or juice (limit juice to 4 - 6 ounces a day and serve 100% fruit juice).
- Wean infants from the bottle at 6 - 9 months of age and encourage drinking from a cup.
- Based on the level of fluoride in the infant's drinking water, give the infant fluoride supplements only as recommended by a doctor or dentist.

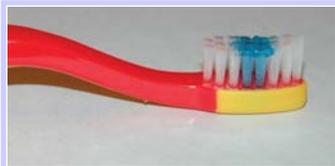


Infants/Toddlers

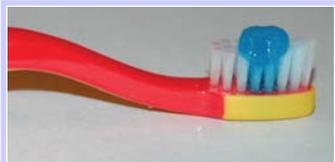
Make an appointment for the toddler's first dental checkup within 6 months of when the first tooth comes in, or no later than 12 months of age.

Make your child's first dental visit a positive experience to lessen fear and lead to a lifetime of good dental health.

Brush the toddler's teeth with a small smear of fluoride toothpaste.



Children under 2
small smear



Children ages 2 – 6
pea size dab

Parental supervision is important when a child is brushing her/his teeth. Parents should put the toothpaste (small smear about the size of child's pinky nail or ½ pea sized dab) on the toothbrush for the child.

Habits like sucking the finger, thumb or pacifier are usually not a problem for tooth development until the adult teeth erupt.



Did You Know...

- Our teeth are important because they help us talk properly, chew our food and give us beautiful smiles!
- Children get 20 teeth by the time they are 2 to 3 years old.
- Clean teeth and mouth are parts of a clean body.
- Plaque is a sticky, clear film that forms on your teeth and, if not removed, causes cavities, gum disease and bad breath!

For more information, please visit the following websites:

www.adha.org

www.mchoralhealth.org/materials/ECC.html



Children

Parents/Guardians should supervise their children's twice-a-day tooth brushing until about 7 - 8 years old (or about the time when they can tie their own shoelaces).

Sealants are also a good idea to prevent cavities.



Sealants are thin plastic coatings applied to the chewing surfaces of unfilled back teeth by a dental hygienist or dentist. Sealants prevent tooth decay by creating a barrier against plaque and food.



Dental sealants protect against tooth decay on the biting surfaces of the back teeth. Sealants can be very effective (up to 100%, as long as the sealant remains intact), since most tooth decay occurs in the grooves of the back teeth.

Since molar teeth are most likely to get cavities, the teeth most in need of sealants are the first (6 year) and second (12 year) molars. The permanent premolars and primary (baby) molars will also benefit from sealant coverage.

Sealants help save the tooth from "drill and fill" treatment.

Sealants placed on the teeth before they decay will also save time and money by avoiding fillings, crowns, or caps used to fix decayed teeth.

Even if decay is accidentally covered by a sealant, it will not spread, since it is sealed off from its food and germ supply.



For more information, please visit the following websites:

www.adha.org

www.ada.org, Public Resources

www.mchoralhealth.org/materials/DS.html



Fluoride



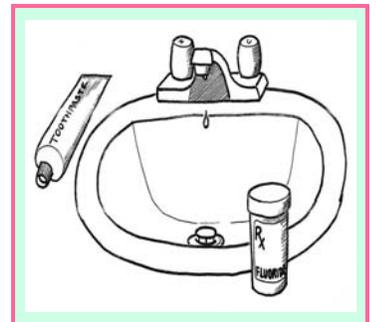
Fluoride is a mineral and an important nutrient that protects the teeth from tooth decay.

Regular and frequent exposure to low doses of fluoride is the best way to protect and reduce the risk of tooth decay.

Fluoride is available in two forms: *Systemic* and *Topical*.

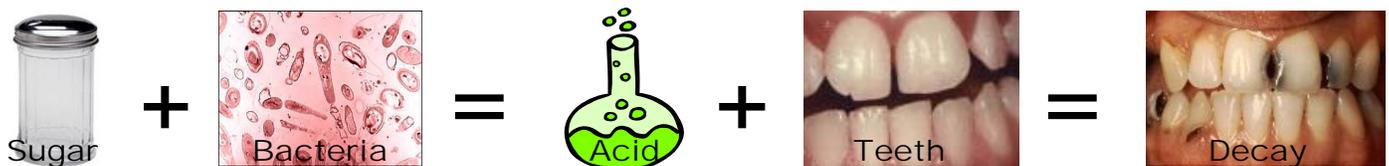
Systemic fluoride is swallowed and benefits the teeth before and after they come in. Community water fluoridation is the adjustment of the level of fluoride in a public water supply to the right amount to prevent tooth decay. Children that do not drink water with the right amount of fluoride may still get the benefits of fluoride by taking a fluoride supplement prescribed by a pediatrician or dentist on a daily basis from 6 months of age - 16 years old. Fluoride supplements are recommended *ONLY* when a child does not drink fluoridated water. Check with your dentist or pediatrician.

Topical fluorides are applied directly to the outer surface of the teeth. Examples are toothpaste, mouthrinses, professionally applied gels, foams, and varnishes.



How Fluoride Works:

- Keeps the tooth structure from losing minerals and breaking down.
- Repairs tiny areas of tooth decay.
- Reduces the plaque's ability to make acids that weaken the tooth.



For more information, please visit the following websites:

www.mchoralhealth.org/PDFs/Flvarnishfactsheet.pdf

www.ada.org, Public Resources



Nutrition

- Tooth decay is an active process of tooth breakdown that results from the combination of teeth, food and bacteria.
- Foods that have carbohydrates, which include all sugars and cooked starches, interact with bacteria and produce acids that cause mineral loss from teeth. Each time these foods are eaten, the acid attacks the enamel of the teeth.
- Eating regular, nutritious meals, and limiting between-meal snacks, helps prevent decay and forms a lifelong foundation for oral and overall health. Foods that provide calcium and vitamin D are important for strong bones and teeth. Foods that provide Vitamin C are necessary for healthy gums.
- Dairy foods such as cheese and yogurt may help to protect the tooth enamel from acid attacks.
- Rinse mouth with water after a snack to help slow down the decay process.
- Limit the amount of foods containing sugar and eat them at mealtimes.
- Give fruit juices (no more than one cup daily) only at meals.
- Limit the amount of soda and sports drinks throughout childhood.
- Xylitol in many gums, candies, and mints may be useful in reducing tooth decay. Xylitol is a naturally occurring sugar substitute. It can be found in foods like berries and plums, lettuce, mushrooms, and cauliflower.
- Xylitol works by making the plaque acids weaker. It also does not allow the plaque germs to stick to the teeth.





Injury Prevention

Seat/safety belts, car safety seats, bike helmets, and mouthguards can prevent injuries to the head, face, mouth, teeth, and jaws.



Wear a seat/safety belt while riding or driving in a car, truck or van.

Children should wear mouthguards, face protectors, and/or helmets when participating in sports that could cause injury to the mouth (baseball, soccer, football, field hockey to name a few). Mouthguards may be purchased at a store or made by a dentist.

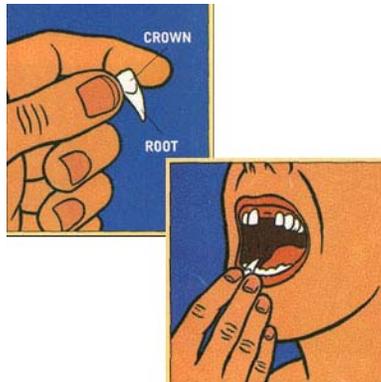


Mouthguard

Can I Save a Knocked Out Tooth?

Knocked out *permanent* teeth can be saved. Baby teeth don't need to be put back. Pick the tooth up by the crown and put it back into the socket, if possible.

If not possible, place the tooth in milk, water, or the person's own saliva and immediately go with the tooth to a dentist's office.



Oral Piercings

Oral piercings can damage the teeth and gums. Complications include pain, swelling, infection, chipped and/or broken teeth, blood clots, and receding gums.

For more information, please visit www.ada.org, Public Resources.

Periodontal (Gum) Disease

Periodontal (gum) disease is very common. This disorder infects, inflames, and destroys the gums and bone.

Unchecked periodontal disease can lead to tooth loss. The bacteria causing periodontal disease may be linked to other health problems, such as diabetes, heart disease, respiratory disease, pre-term, low birth weight babies, and rheumatoid arthritis.

Gingivitis is the first stage of gum disease. Plaque can build up on the teeth and harden into tartar. Tartar cannot be removed with regular brushing without the help of a dentist or dental hygienist.

Common Signs and Symptoms

- Swollen, tender gums
- Bright red or a red-purple appearance to the gums
- Shiny appearance to the gums
- Bleeding gums (when toothbrushing or flossing)
- Persistent bad breath or bad taste in the mouth
- Receding gums
- Itchy gums
- Any change in the way teeth fit together when biting
- Any change in the fit of a partial denture

Prevention

To prevent periodontal disease:

1. Brush at least twice a day and floss teeth once daily.
2. Eat a balanced diet and avoid eating excessive amounts of sugar.
3. Don't use tobacco products.
4. Schedule regular visits to the dentist.

Risk factors for the development of periodontal disease include: poor oral hygiene, tobacco use, diseases like diabetes and leukemia, and certain medications like steroids, some anti-epilepsy drugs, some heart medications, oral contraceptives, pregnancy, poor nutrition, old fillings, stress, teeth grinding or other bite problems, and a weak immune system.

Your dentist and hygienist will look for signs of periodontal disease during dental checkups.



For more information, please visit www.ada.org, Public Resources.



Oral Cancer/Tobacco Use



Tobacco use is bad for oral health. It damages the mouth, cheeks and gums, and can lead to oral cancer.



Signs of oral cancer include:

- A lump or thickening in the soft tissues of the mouth
- A sore or lesion in the mouth that doesn't heal and/or continues to bleed
- Soreness or a "lump" in the throat
- Difficulty with chewing, swallowing or moving the tongue or jaw
- Ear pain
- Hoarseness
- Numbness of the tongue or mouth
- Swelling of the jaw
- Poorly-fitting dentures
- Red or white spots in the mouth



Using tobacco can also cause stained teeth, bad breath, black hairy tongue, abrasion, and periodontal (gum) disease.

Spit (smokeless) tobacco is just as addictive as cigarettes, has cancer-causing ingredients similar to those in cigarettes, and can damage oral health as well as overall health.

Bidis, kreteks, snus, and spit tobacco are not safe alternatives to the use of cigarettes.

Risk factors for oral cancer include: tobacco and alcohol use, increasing age (over age 40), male gender, race, genetics, sunlight exposure (lower lip), and infection with the human papilloma virus (HPV).



Ready to Quit?

For help with quitting, patients can refer to the QuitLine or QuitNet at 1-800-QUITNOW or www.quitnet.com

For more information, please visit the following websites:

www.adha.org
www.ada.org, Public Resources



Substance Abuse

Methamphetamine (meth) abuse is on the rise. Meth's street names include crystal, ice, crank, yaba etc. Meth affects the entire body, including the mouth. Dental professionals are often the first to see the signs of meth abuse. Sometimes this is called "meth mouth."

Meth users have cravings for high calorie carbonated drinks that often contain large amounts of sugar. Meth also produces dry mouth. The combination of poor oral health and a diet high in sugar can cause tooth decay.

Meth users have more periodontal (gum) disease. The lack of good oral hygiene further damages the gums.

Meth users often clench or grind their teeth. Broken teeth are not uncommon. Ulcers and infections are also seen in meth users because the drug's ingredients irritate and burn the mouth.



Interested in Information on Drug Treatment Services?

You can get help finding drug treatment services near you by calling the Substance Abuse & Mental Health Services Administration (SAMHSA) 24-Hour Helpline at 1-800-662-HELP (1-800-662-4357).

For more information, visit www.ada.org, Public Resources.



Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone which changes sugar, starch, and other food into the energy needed for daily life.

The exact cause of diabetes is a mystery. Your dental professional may be able to spot early signs of the disease. Diabetes can lead to changes in the oral cavity (mouth).

If you have diabetes, you are 3 - 4 times more likely to develop periodontal (gum) disease.

Oral Complications

Periodontal Disease: Gum disease makes it harder for diabetics to control their blood glucose (sugar). So, controlling gum disease may help control diabetes.

Dry Mouth: Dry Mouth may be caused by not enough saliva production. This can make eating, chewing, tasting, and swallowing foods harder. It can also make it harder to control blood glucose (sugar).

Fungal Infections: Candida albicans is a fungus that normally lives in the mouth without causing any problems. When an individual has diabetes, the drier mouth and the extra sugar allow the fungus to grow and cause an infection known as candidiasis or thrush. It may appear like a white curd-like or red area in the mouth.

Burning Mouth Syndrome: Burning and pain may occur, even though there are no tooth problems causing it.

Oral Surgery Complications: Poorly controlled diabetes may make oral surgery more difficult. Diabetes slows healing and increases the risk of infection. Blood glucose (sugar) levels may be harder to control after surgery.



Periodontal (gum) disease



Periodontal (gum) disease



Periodontal abscess



Periodontal abscess



Thrush (oral Candidiasis)



Healthy gums and teeth

Warning Signs of Diabetes

- Constant hunger or thirst
- Frequent urination (going to the bathroom)
- Blurred vision
- Constant fatigue
- Weight loss without trying
- Poor wound healing
- Dry mouth
- Dry, itchy skin
- Tingling or numbness in hands or feet
- Fruity (acetone) breath

Tips for good oral health

1. Control your blood glucose (sugar) level.
2. Brush twice and floss once on a daily basis.
3. Visit the dentist regularly.
4. Notify your dentist that you have diabetes.
5. Tell your dentist when your dentures do not fit well, or if the gums are sore.
6. Quit smoking. Refer all tobacco users to the QuitLine or QuitNet mentioned previously at 1-800 QUITNOW or www.quitnet.com.

For more information, visit www.adha.org.