Promoting oral health in children: Strategies for parents and caregivers.

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Introduction

Oral health plays a vital role in a child's overall well-being, impacting their ability to eat, speak, and socialize comfortably. Establishing good oral hygiene habits early in life is essential for preventing dental problems and promoting lifelong health. Parents and caregivers are pivotal in shaping children's oral health behaviors, and employing effective strategies can significantly impact their dental hygiene practices. This article explores various approaches for parents and caregivers to promote optimal oral health in children, supported by evidence-based research.

Start Early: Introducing oral hygiene practices from infancy sets the foundation for lifelong habits. Even before teeth erupt, gently wiping the gums with a clean, damp cloth can help remove bacteria and establish a routine. Once teeth emerge, using a soft-bristled toothbrush designed for infants and a smear of fluoride toothpaste twice daily is recommended by dental associations [1-5].

Lead by Example: Children often mimic the behaviors of those around them. Demonstrating good oral hygiene habits yourself, such as brushing and flossing regularly, sends a powerful message to children about the importance of dental care. Family brushing sessions can make oral hygiene fun and reinforce the habit.

Supervise Brushing: While children may want to brush their teeth independently, they often lack the dexterity and attention to detail needed for thorough cleaning. Parents should supervise brushing until around age seven or eight, ensuring that all surfaces of the teeth are cleaned properly. Using a timer or singing a song can make brushing for the recommended two minutes more enjoyable.

Encourage Healthy Eating Habits: Nutrition plays a significant role in oral health. Limiting sugary snacks and beverages reduces the risk of cavities and gum disease. Instead, encourage children to consume a balanced diet rich in fruits, vegetables, and dairy products, which provide essential nutrients for strong teeth and gums.

Schedule Regular Dental Visits: Routine dental check-ups are crucial for detecting and addressing any oral health issues early. Parents should schedule their child's first dental visit by their first birthday, as recommended by the American Academy of Pediatric Dentistry. Regular cleanings and exams

help prevent dental problems and instill a positive attitude toward dental care [6-10].

Emphasize the Importance of Fluoride: Fluoride is a mineral that strengthens tooth enamel, making it more resistant to decay. Parents should ensure that their child receives an adequate amount of fluoride through fluoridated water, toothpaste, or supplements if necessary. However, it's essential to use fluoride products in appropriate amounts to prevent fluorosis, a condition caused by excessive fluoride intake.

Address Dental Anxiety: Many children experience fear or anxiety about visiting the dentist. Parents can help alleviate these concerns by discussing the dental visit in a positive light, reading books about dental health, and choosing a pediatric dentist experienced in working with children. Building a trusting relationship with the dentist can make dental appointments less stressful for children.

Use Positive Reinforcement: Praising children for their efforts in maintaining good oral hygiene reinforces positive behavior. Offering rewards or creating a sticker chart to track brushing and flossing can motivate children to take an active role in caring for their teeth.

Teach Proper Technique: In addition to supervising brushing, parents should teach children the correct technique for brushing and flossing. Using gentle, circular motions to brush all tooth surfaces and flossing between teeth daily helps remove plaque and prevent gum disease.

Stay Informed: Advancements in dental research and technology continually improve our understanding of oral health. Parents and caregivers should stay informed about the latest recommendations and guidelines from reputable sources such as the American Dental Association and the American Academy of Pediatric Dentistry.

Conclusion

Promoting oral health in children requires a combination of education, encouragement, and consistent practice. By implementing these strategies, parents and caregivers can empower children to develop lifelong habits that contribute to a healthy smile and overall well-being. Investing in children's oral health today lays the groundwork for a brighter, cavity-free future.

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References

- 1. Bloomberg RD, Fleishman A, Nalle JE, et al. Nutritional deficiencies following bariatric surgery: What have we learned? Obes Surg. 2005;15(2):145-54.
- 2. Alvarez-Leite JI. Nutrient deficiencies secondary to bariatric surgery. Curr Opin Clin Nutr Metabol Care. 2004;7(5):569-75.
- 3. Crowley LV, Seay J, Mullin G. Late effects of gastric bypass for obesity. Am J Gastroenterol. 1984;79(11):850-60.
- 4. Aasheim ET, Björkman S, Søvik TT, et al. Vitamin status after bariatric surgery: a randomized study of gastric bypass and duodenal switch. Am J Clin Nutr. 2009;90(1):15-22.
- 5. Lönnerdal B. Does a high dietary intake of calcium adversely affect iron status in humans? Scand J Nutr. 1999.

- 6. Allen RP, Auerbach S, Bahrain H, et al. The prevalence and impact of restless legs syndrome on patients with iron deficiency anemia. Am J Hematol. 2013;88(4):261-4.
- 7. Anker SD, Comin Colet J, Filippatos G, et al. Ferric carboxymaltose in patients with heart failure and iron deficiency. N Engl J Med. 2009;361(25):2436-48.
- 8. Falkingham M, Abdelhamid A, Curtis P, et al. The effects of oral iron supplementation on cognition in older children and adults: a systematic review and meta-analysis. Nutr J. 2010;9(1):1-6.
- 9. Maguire JL, deveber G, Parkin PC. Association between iron-deficiency anemia and stroke in young children. Pediat. 2007;120(5):1053-7.
- 10. Weiss G, Goodnough LT. Anemia of chronic disease. N Engl J Med. 2005;352(10):1011-23.