

December
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Mashkiiziibii Dental Journal

Monthly dental newsletter

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Issue #3

Babies and the dentist: do they need to see the dentist?

Yes! You should bring children in within 6 months after their first tooth comes in or by age 1 – whichever comes first.

We want to see your child as soon as possible to make sure teeth are coming in properly, get them used to coming to the dentist, and to talk to you as the caregiver about frequency of dental visits and to start educating you on proper care of baby teeth – including nutritional habits, oral hygiene habits, and what to look out for.

Baby teeth are important!

They help kids speak and chew food. Baby teeth are important space maintainers to allow for permanent teeth to come in. As soon as a baby has a tooth in the mouth it can get a cavity. Kids < 3 years old should use a grain of rice or a “smear layer” of fluoride toothpaste. This is a safe amount of fluoride for a little one to swallow. Once a kid is able to spit out excess toothpaste after brushing you can switch to a pea sized amount of toothpaste.

Do not have them rinse their mouth after brushing. Drinking or eating should wait 30 minutes after brushing.

Breastfeeding and Baby Teeth

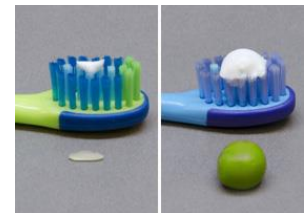
Research shows that breastfeeding up to 12 months of age *decreases the risk of cavities* but is not a replacement for good oral hygiene. However, research also shows that breastfeeding beyond 12 months of age can *increase the risk of cavities* – this has been associated with *night nursing* when there are more teeth in the mouth and more research is needed to determine the ideal length of time to nurse. We want to encourage breastfeeding overall.

To reduce the risk of cavities forming we recommend stopping ad libitum or on-demand nursing/feeding after the first tooth erupts and other dietary carbohydrates are introduced into the baby’s diet – meaning any food besides milk or formula. This is typically around 6 – 9 months of age but may sooner or later depending on the baby. **Please consult with your dentist about specifics.**

As healthcare providers in an Indigenous community, we recognize the cultural significance in the reclamation of breastfeeding and prolonged breastfeeding, but we want to bring awareness to the risk of cavities and encourage proper prevention methods. We understand that childcare decisions are very personal, and we want to communicate risks clearly. We respect every individual’s personal choice, and we want to help caregivers navigate risks and collaborate with you in maintaining the oral health of babies and children. *We support breastfeeding.*

FAQ about baby teeth:

1. When do kids get their first teeth? On average 6 – 10 months old, but it can be sooner or later.
2. When do kids have all their baby teeth? Typically, by age 3 – but it can be sooner or later. Tooth eruption is a range!
3. When should I start brushing their teeth? You should start wiping out their mouth with a damp cloth prior to teeth coming in 2X/day. Start brushing 2X/day as soon as teeth come in with a soft toothbrush and appropriate amount of toothpaste.
4. When should I start flossing their teeth? Once teeth start touching, they should be flossed daily. The sooner the better!
5. Can my child brush their teeth on their own? Kids need assistance brushing their teeth until they have the manual dexterity to write in cursive or they will be missing areas. We recommend assisting with brushing until they are 10 years old.
6. Why should I stop giving them a nook/have them stop sucking their finger or thumb? A child should stop these habits by age 4. If they don’t, their teeth could start to flare outwards and require intensive orthodontic intervention. Also, continued pacifier use can impact speech development. Form follows function.
7. Can I give my baby a bottle/nurse at night?
No juice/soda in bottles ever. We recommend coming to speak with your dentist about your child’s nighttime feeding habits.
8. If I water down the juice is that okay to give to my kid?
Kids don’t need juice at all. Watering it down does not benefit teeth at all. If you do give your child juice, make sure they drink it in one sitting with their meal or snack and drink water afterwards. Do not allow them to sip on it all day.
9. My child doesn’t like to drink water alone, what can I do? Consider using ‘fun’ water bottles with characters or other colorful cups and glasses that can be just for them to use to drink water. If your child is older, a conversation regarding ‘sugar bugs’ or other reasons why continued juice or soda can be harmful for their teeth.



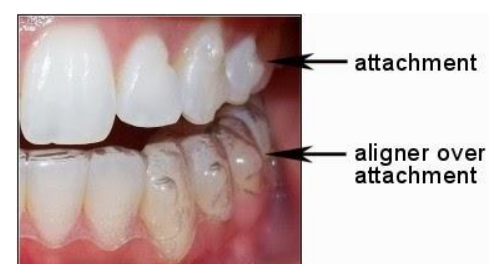
Invisalign is offered at the Bad River Dental Clinic!

Invisalign is a clear aligner form of orthodontic treatment. Multiple aligners or “trays” are used to accomplish movement of teeth. Stubs are attached to your teeth during treatment to help move teeth. These are removed once treatment is complete. We may need to shave the sides of teeth down to make more space if there is crowding. Teeth and gum health need to be in good standing in order to be eligible and an exam within 6 months to qualify. This service is being offered only to tribal members.

Light continuous pressure is needed to move teeth, this means wearing trays as much as possible! Teeth will not move and will shift back if trays are not worn.

Invisalign Express is very limited for very minor movements, with a maximum of 7 trays. Invisalign Go is what most people will qualify for with a maximum of 20 trays.

Starting January 1st, 2023, our prices for Invisalign will be going up. Invisalign Go will be \$1750 and Invisalign Express will be \$750. Call to schedule your free consultation today.



Services we offer:

Call us with any questions or to schedule your appointment today!



- Comprehensive and periodic exams to monitor your oral health with radiographs
- Prophylaxis: regular dental cleanings
- Sealants: protective covering in deep pits/grooves of teeth to help prevent cavities
- SRP: scaling and root planning, aka “deep cleanings” for patients with periodontal disease
- Fillings: removal and replacement of cavities, replacement of missing tooth structure
- Root canals: removal of nerve within the tooth with a filling put inside tooth
- Extractions: pulling teeth
- Biopsies: testing of suspicious tissue
- Invisalign: removable trays to align teeth
- Other miscellaneous surgeries

- Crowns: full coverage restoration of teeth, aka “caps”
- Implant crowns: caps over screws that are placed in the jaw
We are not placing implants
- Brides/fixed partial dentures: full coverage restorations that stay in your mouth with pontics or “hanging teeth” to fill in a space or two
- Removable partial dentures: prosthesis that is removed nightly to replace teeth
- Complete dentures: full set of fake teeth that you remove nightly

As an IHS clinic we offer our direct services at no charge to tribal members from any reservation regardless of insurance status.

Direct services include things that we do directly at our clinic: exams, cleanings, fillings, root canals, and pulling teeth.

Services that have a fee include things we need to send off to a lab such as: crowns, bridges, partials, dentures, Invisalign



Crown



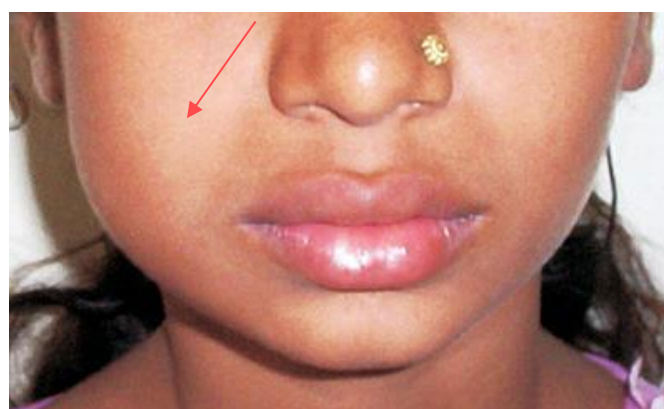
Bridge/fixed partial denture



Removable partial denture



Complete dentures



Example of dental emergency with lower right side of the face swelling from infected tooth.

Effective October 24th, 2022 Bad River Dental will be implementing an emergency walk in clinic. If you have emergency needs such as facial swelling or uncontrollable pain, we encourage you to come in from 12:30 – 3:00 Monday – Friday on days the tribe is open. Once here, you will be evaluated and seen based on severity.

If you have an urgent need such as a broken tooth without pain, please call us at (715)685-7887. If no answer, feel free to leave a voicemail.

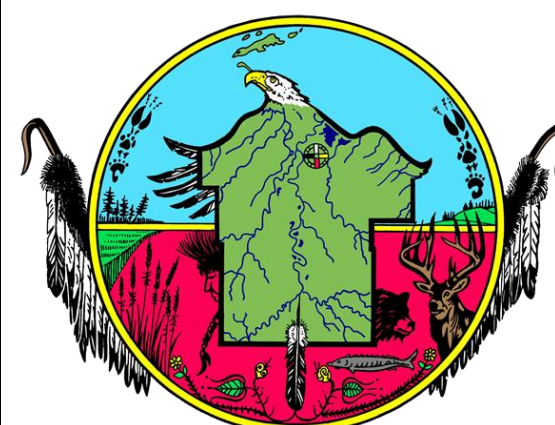
Dental fun fact:

On rare occasions teeth can fuse together during development and create a large tooth!

Ojibwe dental word of the month:
Aakoziwigamig = hospital/clinic

Please email v.gokee@badriverhwc.com with any questions or topics you would like addressed in next month's issue! All submissions will remain anonymous.

Miigwech for reading, please be on the lookout for our next monthly issue!



What is a dental emergency vs a dental urgency?

Emergency patient: someone in need of immediate care and attention. Emergent needs include: significant pain, noticeable swelling on the face, difficulty opening their mouth and/or someone who has sustained trauma to the face within the past 24 hours.

If you have trouble breathing, swallowing your own spit, or swelling below the jawbone please go to the ER.

Urgency patient: someone in need of swift dental intervention. Urgent needs include: front tooth chip, broken dentures, lost crown/temporary on teeth without root canals, or need for medical clearance for surgery.

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