Building Healthy Smiles: Essential Oral Care Tips for Kids – Victorian Dental Group

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Details:

What a child needs from you changes considerably between the first tooth and the last adult molar. Our page on preventing cavities covers decay specifically; this one walks through the stages.

Before the first tooth

Wipe the gums with a clean damp cloth after feeds. It is less about cleaning and more about making having your mouth touched an ordinary thing — which pays off enormously when brushing starts.

Teething (around 6 to 12 months)

Dribbling, chewing, irritability and disturbed sleep are common. Cold helps: a chilled (not frozen) teething ring, or a clean cold wet washer to chew.

Teething does not cause fever. This one matters. A high temperature, diarrhoea or a rash is illness, not teething, and should be assessed by a GP rather than attributed to teeth.

Avoid amber teething necklaces — strangulation and choking risk, with no demonstrated benefit. Avoid numbing gels containing benzocaine for infants. Pain relief appropriate to their age, from your pharmacist, is the safe option on a bad night.

The first tooth (usually 6 to 10 months)

Start brushing immediately, twice a day, with a soft baby brush and water only until 18 months.

First dental visit by around twelve months , or when that first tooth appears. It is mostly about familiarity.

Nothing but water in a bottle at bedtime. Milk, formula or juice pooling around the upper front teeth overnight causes severe decay, and it happens faster than parents expect.

Toddlers (1 to 3)

From 18 months, use a pea-sized amount of low-fluoride children's toothpaste . Encourage spitting; discourage swallowing and rinsing.

This is the stage where resistance appears. What helps: brushing at the same points in the day so it is predictable, letting them hold their own brush while you use a second one, brushing your teeth alongside them, and not making it a negotiation. A quick calm brush beats a thorough one that ends in tears.

Move to a cup rather than a bottle from around twelve months. Water and plain milk; no juice or cordial.

Dummies and thumbs are normal at this age. Aim to stop dummy use by around three; prolonged sucking beyond then can affect how the teeth and jaws develop.

The position that makes brushing a toddler possible

Most of the struggle is mechanical. Face-on, you cannot see in and they can push you away.

Try standing or sitting behind them with their head resting back against you — on your lap, on the floor between your knees, or with the child lying on a bed and you above their head. You get the same view and angle a dentist has, your free hand can gently hold the chin and lift the lip, and small children object far less once they are not being approached from the front.

Brush the same order every time so nothing gets skipped, and finish with the upper front teeth and the lower back teeth , which are the two places decay most often starts.

Preschool and early school (3 to 6)

Start cleaning between the teeth once any two teeth are touching — that is where decay starts, and a brush cannot reach it.

From six, standard fluoride toothpaste, pea-sized.

The first adult molars arrive around six, behind the baby teeth rather than replacing any — so they are easily missed. They are the most decay-prone teeth in the mouth, and this is when to ask about fissure sealants .

You are still the one brushing. Children lack the dexterity to brush effectively until around seven or eight.

Losing baby teeth (6 to 12)

Wobbly teeth can be wiggled gently; they usually come out on their own. Do not force one that is not ready.

If an adult tooth comes through behind a baby tooth that has not fallen out, that is common and usually resolves — but mention it, since sometimes the baby tooth needs help out of the way.

New adult front teeth often look large, yellowish and ridged compared to baby teeth. All normal. Adult teeth are naturally darker than baby teeth.

Around 8 to 10 is when orthodontic assessment is usually recommended.

Roughly what happens when

Age	What is happening	What you do
0–6 months	No teeth yet	Wipe gums; build the habit
6–12 months	First teeth; teething	Brush with water; first visit; no bottle in bed
18 months–3 years	Full set of 20 baby teeth	Pea of low-fluoride paste; cup not bottle
3–6 years	Gaps between baby teeth are a good sign	Clean between teeth; standard paste from 6
~6 years	First adult molars at the back	Ask about sealants; keep supervising
6–12 years	Baby teeth shed; adult teeth arrive	Supervise to ~8; orthodontic assessment 8–10

~12 years	Second adult molars	Sealants again; mouthguard for sport
13–17 years	Independence	Diet, erosion, wisdom teeth, keep attending

Every child runs to their own timetable. A few months either way is not a concern; a year or more off, or a marked difference between the two sides, is worth mentioning.

Food and drink, by stage

The principle throughout is frequency over quantity — how many separate times a day something sugary or acidic reaches the teeth matters more than the total amount.

Stage	Worth getting right
Bottle-feeding	Nothing but water in a bottle in bed. Off the bottle by about 12 months
Starting solids	Savoury as well as sweet; avoid adding sugar to food
Toddler	A cup, not a sipper carried around all day. Water between meals
Preschool	Treats at the end of a meal rather than as a separate afternoon event
School	Water in the drink bottle. Check the "healthy" snacks — fruit straps, yoghurt-coated bars and flavoured yoghurts are usually high in sugar and sticky
Teenage	Energy and sports drinks are the single biggest risk. Sugar plus acid, sipped over hours

Long-term medicines are worth a specific mention. Many children's liquid medications are sweetened, and a nightly dose over months behaves like a nightly sweet drink. Ask your pharmacist whether a sugar-free version exists; where it does not, give it before brushing rather than after, and rinse with water.

Childcare, school and other carers

Something that gets missed when more than one adult is involved.

Make sure whoever does bedtime knows the brushing is not optional and knows the routine

Grandparents and treats are a negotiation worth having once, calmly, about frequency rather than banning

Send water , not juice, to childcare and school

If your child has a mouthguard, make sure it actually goes in the sports bag

If your child has a medical condition, make sure the school knows the dental implications too — dry mouth from medication, for instance

If your child has additional needs

Tell us when you book, and tell us what works rather than only what does not. We can usually arrange a quiet time of day, a first-in-the-session appointment with no waiting, a familiarisation visit with no examination at all, and each step explained in a fixed order.

At home, the things that most often help: a consistent time and place, a visual sequence of the steps, a three-sided brush that does more per stroke, a chewy brush used first to desensitise, and an electric brush — or deliberately avoiding one, if the noise is the problem.

Children with some medical conditions, on long-term medication, or with reduced saliva are at higher decay risk regardless of effort. That changes the recall interval and what we recommend, so it is worth telling us.

Sport

Once a child plays contact sport, they need a mouthguard — and because their jaws are growing, a custom guard will need replacing periodically, often each season. Check the fit at the start of every season. See mouthguards .

If a tooth gets knocked out, the rule differs by tooth. An adult tooth: hold it by the crown, never the root, rinse briefly in milk if dirty, put it back in the socket if you can, and get to us immediately — minutes matter. A baby tooth: do not put it back , because that can damage the adult tooth forming above. Either way, ring us. See broken tooth .

Teenagers

The stage where attendance most often lapses, and one of the higher-risk periods: independence over diet, energy and sports drinks, braces making cleaning harder, and wisdom teeth arriving.

Worth knowing about erosion — frequent energy drinks, sports drinks and soft drinks wear enamel permanently, and it usually goes unnoticed until it is advanced.

Habits set now tend to hold. So does avoidance.

One practical shift that works: start talking to them directly rather than through you. Teenagers respond considerably better to being treated as the person responsible for their own mouth, and it is also the age to hand over the appointment-booking rather than keep doing it for them.

Two more things specific to this age. Braces demand brushing after every meal and an interdental brush under the wire; the permanent white marks left around brackets are the avoidable disappointment at the end of treatment. And oral piercings — a lip or tongue stud chips teeth and rubs the gum into recession at one spot. If a teenager is set on one, they should at least know that before rather than after.

Things worth mentioning to us

Snoring, mouth breathing, or restless sleep

Persistent thumb-sucking past about four

A tooth that looks discoloured after a knock

Suddenly refusing to have one area brushed — often a sore tooth

Any injury to a tooth, even without pain

Chalky white or brown marks on any tooth

Teeth that seem very late arriving, or a marked difference between the two sides

Grinding at night — common in children and usually outgrown, but worth us looking at the wear

A gum boil or pimple on the gum above a tooth — that is infection, and it needs seeing promptly

Chalky, crumbling or very sensitive new adult molars, which can indicate an enamel formation defect rather than neglect

Costs

Eligible children aged 0–17 may be able to claim under the Child Dental Benefits Schedule — for eligible basic dental services over two consecutive calendar years. The cap depends on when your child's period began; see our CDBS guide or ask us to check the remaining balance.

Two things worth knowing: the benefit runs over two calendar years and does not roll over, and it does not cover orthodontics or cosmetic treatment.

Who provides this here

Victorian Dental Group is a general dental practice in Malvern East and holds no specialist registration. Children are seen by our dentists and oral health therapists. Where a child needs care beyond general practice, we refer to a registered specialist paediatric dentist.

Read more about family and children's dentistry , making brushing fun or their first visit .

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145 · (03) 9088 5808 · book online

General information only, not personal dental advice. See our disclaimer .

How much toothpaste should a child use?

Under 18 months: none — clean the teeth with a soft brush and water. From 18 months to six years: a pea-sized amount of low-fluoride children's toothpaste. From six years: standard family fluoride toothpaste. Teach them to spit it out and not rinse afterwards, so the fluoride stays on the teeth, and not to swallow it.

How often and for how long should children brush?

Twice a day, for about two minutes, and always last thing before bed — the night-time brush matters most, because saliva flow drops during sleep. A two-minute song or a timer makes it easier to get the full time rather than the ten seconds most children manage unsupervised.

Do I need to help them brush?

Yes, longer than most parents expect. Brush their teeth for them while they are small, and supervise and finish off until around age eight — younger children do not have the manual dexterity to clean properly, however willing they are. Standing behind them and tilting their head back gives you better access and better light.

What is the right technique?

A soft, small-headed brush held at an angle to the gum line, using small gentle circles rather than hard scrubbing, covering the outer surfaces, the inner surfaces and the biting surfaces of every tooth. Pay particular attention to the back teeth and the inside of the lower front teeth, which are the spots most often missed.

When should a child start flossing?

Once any two teeth are touching, since that is where a brush cannot reach and where decay starts. For young children a parent does it, and floss picks are easier than string. It does not need to be every tooth in a small child's mouth — the back teeth where they touch are the priority. Building the habit early makes it ordinary rather than a battle later.

What causes decay in children?

Frequency of sugar more than the total amount. Grazing, juice or cordial sipped through the day, and sweetened drinks in a bottle or sipper cup at bedtime are the main culprits, because the teeth never get a break from acid. Keeping sugary food and drink to mealtimes does more than cutting the quantity.

What should they eat and drink?

Water and plain milk between meals — water is the best drink for teeth, and Melbourne tap water is fluoridated. Cheese and plain yoghurt, crunchy fruit and vegetables, and nuts for older children are all tooth-friendly. Watch for hidden sugars and acids in things marketed as healthy: fruit juice, dried fruit, muesli bars, flavoured milks, sports drinks and kombucha all cause problems.

Do baby teeth really matter?

Yes. They are needed for eating and speech, they hold the space for the adult teeth, and decay in a baby tooth hurts, can become infected, and can damage the adult tooth developing underneath. Losing one early can lead to crowding later. Treating decay in baby teeth is not wasted effort.

When should they see a dentist?

From around the first birthday or within six months of the first tooth, then at the interval advised after an examination. Eligible children aged 0 to 17 can be treated under the Child Dental Benefits Schedule — bring their Medicare card. Victorian Dental Group, 291 Wattletree Road, Malvern East VIC 3145 — (03) 9088 5808, Monday to Friday 8:00am to 5:00pm.

How do I get a teenager to care?

Appearance and breath persuade where health does not, and that is a legitimate argument to use.

What if a front tooth goes grey after a fall?

Common, and it usually means the nerve has been affected. It needs reviewing rather than panicking over.

Their teeth are gappy — is that a problem?

Gaps between baby teeth are a good sign. The adult teeth are considerably wider and need the room.

My child is frightened. What can we do?

Tell us when you book so we can allow more time, and avoid the words hurt, needle and drill — even reassuringly. See dental anxiety.

Should they rinse after brushing?

No — spit, do not rinse. Rinsing washes away the fluoride that does the work.

Is fluoride toothpaste safe for a toddler?

Yes, in the correct amount — a pea-sized amount of low-fluoride paste from 18 months. The amount is what matters, not the presence of fluoride.

How do I stop thumb-sucking?

Not by nagging. Most children stop on their own; past about four it is worth a plan, and we are happy to make one with you rather than leaving you to it.

They are only baby teeth — does a filling really matter?

Yes. Baby teeth hold the space for adult teeth, and an infected one can affect the adult tooth forming underneath. A baby molar lost early leads to drifting, and the orthodontics to undo that costs far more than the filling would have.