Good oral health as easy as ABC — Victorian Dental Group

Canonical: https://www.victoriandentalgroup.com.au/blog/good-oral-health-as-easy-as-abc/

Details:

Knowing what is best for your children's dental health as they grow can be overwhelming. Here is the short version, and then the detail.

Start earlier than you think

Eddie Butler, Director of Victorian Dental Group, recommends that an infant's first visit to the dental clinic happens by six months of age, or when the first tooth appears — whichever comes first.

That surprises most parents. The point is not treatment; at six months there is rarely anything to treat. The point is familiarity. A child who has sat in the chair several times when nothing was wrong copes far better on the day something is. It also gives us the chance to check development and show you the brushing technique on your own child rather than in the abstract.

(Australian guidance is commonly expressed as a first visit by around twelve months, or when the first tooth appears. Earlier is not wrong — it simply means the first visit happens sooner, which is the point being made. If your child is already past twelve months and has not been seen, book now rather than waiting for a birthday.)

Baby teeth matter, even though they fall out

This is the most common misconception we hear, and it is worth addressing directly.

Routine brushing should begin as soon as the first tooth arrives. Even though baby teeth will eventually be lost, they play a significant role in your child's development. If left uncared for, tooth decay can occur, which is painful. If left unmanaged, that can result in the loss of a tooth — which affects speech, nutritional intake, self-esteem, and the development and position of the adult teeth underneath .

A baby tooth lost early leaves a gap the neighbouring teeth drift into, and the adult tooth arrives to find its space taken. That is a straightforward path to orthodontic treatment later.

The roadmap, birth to eighteen

Age	What is happening	What matters most
0–6 months	Gums only; teething may start	Wipe gums with a damp cloth
6–12 months	First teeth arrive, usually lower front	Brush with water. First dental visit. Off the bottle by about 12 months
12–18 months	More front teeth, first molars	No bottle in bed. Cup rather than a sipper used all day
18 months–3 years	Full set of 20 baby teeth by about 3	Low-fluoride toothpaste, pea-sized. Spit, do not rinse

3–6 years	Baby teeth in use; habits form	Floss where teeth touch. Thumb or dummy habit ended before the adult front teeth
6–8 years	First adult molars and front teeth	Sealants on the new molars. You still do the brushing
8–10 years	Mixed dentition	Orthodontic assessment window. Mouthguard for sport
10–13 years	Remaining adult teeth, second molars	Second molars sealed. Independence with supervision
13–18 years	Adult dentition; wisdom teeth may begin	Energy drinks, braces hygiene, mouthguards, and not lapsing

Wide variation is normal at every row. A child a year either side is not behind.

The daily routine

Twice a day, two minutes. Morning and before bed. The night-time brush is the important one, because saliva flow drops during sleep.

Toothpaste by age: water only before 18 months; low-fluoride children's toothpaste, pea-sized, from 18 months to about six ; standard family toothpaste after that. If we have advised something different for your child, follow that.

Spit, don't rinse. Rinsing washes away the fluoride doing the work.

You do the brushing until around seven or eight. Children do not have the dexterity before then. Let them have a go first, then you finish the job properly.

Clean between the teeth once two teeth touch.

Our step-by-step guide is at how to brush your child's teeth correctly .

Teething

Uncomfortable, occasionally miserable, and almost never a medical problem.

Usual: dribbling, chewing everything, a red cheek, disturbed sleep, mild irritability, sore gums.

Not teething: a high fever, diarrhoea, a rash away from the face, or a genuinely unwell baby. Those need a doctor, and blaming teeth has delayed diagnoses before.

What helps: a chilled (not frozen) teething ring, a clean cold facecloth to chew, gentle gum rubbing with a clean finger, and pain relief appropriate to their age from your pharmacist.

What to avoid: amber teething necklaces, which carry strangulation and choking risks and have no evidence behind them; teething gels containing benzocaine for infants; and anything sugary on a dummy.

Dummies and thumbs

Normal, and usually harmless while only baby teeth are present. The thing that matters is stopping before the adult front teeth arrive , around five to six. Beyond that, a persistent habit can push the front teeth forward and narrow the upper arch.

Positive reinforcement works better than shame. Identify the triggers — tiredness, screens, boredom — and work on those first. A dummy is easier to stop than a thumb, for the obvious reason.

Food and drink, briefly

The frequency matters more than the amount.

Water between meals. Not juice, cordial or flavoured milk

No bottle in bed with anything but water

Treats at the end of a meal , not as a separate afternoon event

Watch the "healthy" snacks — fruit straps, yoghurt-coated bars, dried fruit and flavoured yoghurt are usually high in sugar and stick to teeth

Cheese, plain yoghurt, nuts and crunchy vegetables are genuinely good choices for teeth

Energy drinks for teenagers combine sugar and acid, and are consumed in the worst possible pattern

Every six months

Continual assessment of your growing child's changing teeth, gums and orthodontic needs every six months is recommended. This ensures optimal dental health and the early detection of any concerns or abnormalities — at the stage where the answer is often "watch it" rather than "treat it".

It also lets us apply preventive treatments where they are warranted, such as fissure sealants on newly erupted molars.

When to call rather than wait

A white, brown or black mark on a tooth

Pain, or a child chewing only on one side

A knock to the mouth, even if nothing looks broken

A tooth that has changed colour after a knock — often weeks later

Swelling of the face or gum, which is urgent

A baby tooth that will not come out while the adult tooth is through

An adult tooth that has not arrived when the ones beside it have

Bleeding gums that do not settle

Our approach

The team at Victorian Dental Group believe that healthy habits for good oral health start early, and we are passionate about establishing oral hygiene programs that follow your children from the emergence of their first tooth all the way through to adulthood.

Our highly trained team recognise that every child is different , with their own changing needs and their own understanding of what is happening. So we take a fun and educational approach to children's dentistry that creates an equal partnership of dental care — a child who understands what is going on is a child who is not frightened by it.

There is no single right way to run a family's dental routine. There are a million right ways, and the useful conversation is about which one fits your household.

Victorian Dental Group is a general dental practice and holds no specialist registration. Where a child needs care beyond general practice — complex treatment, orthodontics, or care under general anaesthetic — we refer to a registered specialist.

Cost

Victorian Dental Group offers on-the-spot HICAPS health insurance claiming, and payment plans are available. Eligible children aged 0–17 may be covered under the Medicare Child Dental Benefits Schedule — eligibility is determined by Medicare and Centrelink, and you should receive a letter if your child qualifies.

Two practical notes: the benefit runs over two calendar years and does not carry over, and it does not cover orthodontics or cosmetic treatment. Ask us to check eligibility at the appointment — it takes a moment. See Medicare dental benefits .

Talk to us

For more information on children's dental health and oral hygiene, speak to the team on (03) 9088 5808 , or read more about our family and children's dentistry .

Book online at any hour.

Featured in the Stonnington Boroondara Kids Magazine — read the article

This page is general information and does not replace advice from a registered dental practitioner about your own circumstances. Please see our Disclaimer .

When should a child first see a dentist?

By around the first birthday, or within six months of the first tooth appearing — whichever comes first. Going before anything is wrong means the first visits are looking, counting and advice rather than treatment, which is a far easier introduction for a child.

When should brushing start?

As soon as the first tooth comes through. Under 18 months, clean it with a soft brush and water and no toothpaste. From 18 months to six years, a pea-sized amount of low-fluoride children's toothpaste, spat out and not rinsed. From six years, standard family fluoride toothpaste. Even before teeth appear, wiping the gums with a clean damp cloth gets a child used to having their mouth cared for.

Do baby teeth matter if they fall out anyway?

Yes. They are needed for eating and for speech development, and they hold the space for the adult teeth coming through behind them. Decay in a baby tooth hurts, can become infected, and can damage the adult tooth forming underneath. Losing one early can lead to crowding later, and dental pain affects eating, sleep and school. Treating decay in baby teeth is not wasted effort.

How often should a child be seen?

At the interval advised after an examination rather than a fixed rule — six months is a common default, but a child with a high decay risk may need three or four monthly, and a child with healthy teeth and good habits may safely go longer. Visits also let the bite and the developing adult teeth be monitored, and a referral to an orthodontist made at the right time if one is needed.

Who will see my child?

A dentist or an oral health therapist. Edward (Eddie) Butler-Bromage is Clinic Director and Senior Oral Health Therapist with Advanced Scope, and paediatric dentistry is among his clinical interests. Oral health therapists are registered dental practitioners in their own right, whose scope covers preventive and restorative care for children and adolescents. We are a general dental practice and hold no specialist registration — where a child needs a paediatric dentistry specialist or treatment under general anaesthetic, they are referred.

How do you approach treating children?

At the child's pace, explaining what is happening in terms they understand, and treating small steps as progress. Not everything has to be done in one visit, and a short appointment that ends calmly is a better outcome than a completed one that ends in distress. A parent or guardian attends and gives consent.

What help is there with cost?

Eligible children aged 0 to 17 can be treated under the Child Dental Benefits Schedule — check eligibility and the remaining balance through myGov or on 132 011, and bring the child's Medicare card. Health fund claims are processed at the appointment through HICAPS, so you pay only the gap. You receive written costs before treatment begins.

How do I book?

Victorian Dental Group, 291 Wattletree Road, Malvern East VIC 3145 — phone (03) 9088 5808 or email info@victoriandentalgroup.com.au, Monday to Friday 8:00am to 5:00pm, or book online. Mention if it is a first visit or if your child is nervous, so enough time is allowed.

Is fluoride safe for children?

Yes, at the amounts recommended for their age. The reason for low-fluoride paste and a small amount is simply that young children swallow some of it.

Do children need X-rays?

Only where there is a clinical reason. Not routinely, and not at a first visit.

When should I think about braces?

An orthodontic assessment is usually worth having between eight and ten. Most treatment starts in the early teens.

Should I worry if my child grinds their teeth at night?

Common at this age and usually resolves. Mention it so we can check the wear — and mention any snoring or restless sleep too.

What if an adult tooth comes through behind a baby tooth?

Common. The baby tooth usually loosens within a few weeks. If it stays firm, have it looked at.

Should I worry that my child's teeth are gappy?

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