

Policy on baby bottle tooth decay (BBTD)/ early childhood caries (ECC)

Originating Group

A collaborative effort of the American Academy of Pediatric Dentistry's Liaison with Other Groups Committee and the American Academy of Pediatrics

Review Council

Council on Clinical Affairs

Adopted

1978

Revised

1993, 1996, 2001

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes baby bottle tooth decay/early childhood caries as a significant public health problem.¹ The AAPD encourages simple preventive practices that can decrease a child's risks of developing this devastating disease.

Background

Frequent consumption of liquids containing fermentable carbohydrates (eg, juice, milk, formula, soda) increases the risk of dental caries due to prolonged contact between sugars in the consumed liquid and cariogenic bacteria on the susceptible teeth. Poor feeding practices without appropriate preventive measures can lead to a distinctive pattern of caries in susceptible infants and toddlers commonly known as baby bottle tooth decay (BBTD), a form of severe early childhood caries (S-ECC). Frequent bottle feeding at night, breast-feeding on demand and extended and repetitive use of a no-spill training cup are associated with, but not consistently implicated in, ECC. Children experiencing caries as infants or toddlers have a much greater probability of subsequent caries in both the primary and permanent dentitions.

Policy statement

The AAPD recognizes a distinctive pattern of caries known as BBTD, a form of S-ECC, associated with frequent or prolonged consumption of liquids containing fermentable carbohydrates. To decrease the risks of potentially devastat-

ing nursing-pattern caries, the AAPD discourages inappropriate feeding practices of infants and toddlers and encourages appropriate preventive measures. These include:

1. Infants should not be put to sleep with a bottle. Ad libitum nocturnal breast-feeding should be avoided after the first primary tooth begins to erupt.
2. Parents should be encouraged to have infants drink from a cup as they approach their first birthday. Infants should be weaned from the bottle at 12 to 14 months of age.
3. Consumption of juices from a bottle should be avoided. When juices are offered, they should be from a cup.
4. Oral hygiene measures should be implemented by the time of eruption of the first primary tooth.
5. An oral health consultation visit within 6 months of eruption of the first tooth and no later than 12 months of age is recommended to educate parents and provide anticipatory guidance for prevention of dental disease.
6. An attempt should be made to assess and decrease the mother's/primary caregiver's mutans streptococci levels to decrease the transmission of cariogenic bacteria and lessen the child's risk of developing ECC.

References

1. Proceedings. Conference on Early Childhood Caries, Bethesda, MD, October 1997. *Community Dent Oral Epidemiol.* 1998;26(suppl).