For the first time, cavities are on the rise among 2- to 5-year-olds, according to the latest research from the Centers for Disease Control and Prevention, even though the overall rate of tooth decay has gradually decreased over the last few decades. Few parents realize that dental decay is really a chronic disease—and it’s more common than any other condition in kids including asthma, diabetes, and obesity. Of course, you know it’s important to brush your child’s teeth, but there are many other crucial ways to help safeguard his smile.

BABY-CARE BASICS

Caution: Cavities may be contagious.
Decay is caused by bacteria called streptococcus mutans, which feed on sugar and produce acid that attacks teeth. Babies aren’t born with these bacteria in their mouth; they “catch” them from their mother’s saliva. “Moms who have a history of dental problems have a large amount of these infectious bacteria,” says Beverly Largent, D.M.D., immediate past president of the American Academy of Pediatric Dentistry (AAPD). “Every time you share a spoon with your infant or clean a pacifier by sticking it in your mouth, you may be passing along cavity-causing germs.” While dads can also spread the bacteria, studies show that moms infect kids most. All children will eventually have some of these oral bacteria, but those who get them during infancy have a greater lifelong risk of decay. Your mouth’s bacteria level is probably low if you haven’t had a cavity since your teens. Nevertheless, it’s best to take precautions: Don’t share utensils or cups with your baby or let him stick his fingers in your mouth. It’s important to protect even baby teeth, because your child needs them to chew and speak properly.

Start with a small amount of fluoride toothpaste.
While she’s toothless, wipe her gums with a wet washcloth after each feeding. Once her first tooth pops through, use a brush with a tiny smear of kids’ fluoride toothpaste twice a day, says Jessica Y. Lee, D.D.S., Ph.D., associate professor of pediatric dentistry at the University of North Carolina in Chapel Hill. Dentists used to recommend nonfluoridated toothpaste until age 2 because too much fluoride can cause fluorosis, a condition that discolors enamel. However, since fluoridated toothpaste can lower a child’s risk of decay by up to 30 percent, the AAPD now recommends using it.

Consider choosing a pediatric dentist.
They learn even more about kids’ tooth formation, dental problems, and treatments during their two to three years of post-dental-school training. And their understanding of child behavior helps them put kids (and parents) at ease.

Take your baby to the dentist by her first birthday.
The AAPD, the American Academy of Pediatrics, and the American Dental Association all recommend scheduling an appointment once your child’s first tooth has come in, which is usually between 6 and 12 months. However, few parents follow this advice, the latest research shows. “This first friendly visit gives the dentist a chance to check for signs of early decay, as well as talk to you about cavity prevention and proper teeth-cleaning techniques,” says Dr. Largent. After that initial visit, your child should continue to see the dentist twice a year.

Limit bottles and sippy cups.
If your child totes around a sippy cup all day or sleeps with a bottle at night, the sugars in formula, milk, or juice will pool around his teeth and allow cavity-causing bacteria to flourish, says Parents advisor Burton Edelstein, D.D.S., M.P.H., founding director of the Children’s Dental Health Project. Experts believe sippy cups may be partly to blame for the recent rise of decay among toddlers and preschoolers. Introduce your baby to a cup around 6 months, but limit juice to mealtimes and otherwise offer water in it. (Your older baby still needs formula or breast milk between meals too.)
**Toddler Tooth Facts**

Get into a good brushing and flossing routine.
Your little one may fuss, but don’t take no for an answer; brush her teeth twice a day with a smear of toothpaste. Once she’s 2, use a little more paste and teach her to rinse and spit. If she wants to brush by herself, make sure you take a turn too. She should have all of her baby teeth (including molars) by 2½. Once two teeth touch, floss them daily.

See a dentist ASAP if your kid knocks out a tooth.
Although it’s tempting to consider baby teeth to be expendable—they fall out eventually, right?—premature visits from the Tooth Fairy can be problematic for many reasons. If a permanent tooth isn’t ready to take the spot, adjacent baby teeth may tilt or shift to fill the gap. The permanent tooth won’t have room and will come in crooked later on. The dentist can hold the spot with a “space maintainer.” Also consult a dentist if your kid chips a tooth or one turns gray some time after a fall.

Watch out for cavity-causing foods.
Cavities in baby teeth can be painful, and if left untreated they can lead to a seriously infected abscess. Sticky treats like center-filled lollipops and gummy candies aren’t the only culprits. Starchy foods like bread, chips, and crackers also cling to teeth. Drinking water after may help, but these foods can get lodged in the crevices between teeth. Cheeses such as cheddar, mozzarella, Swiss, Gouda, and Monterey Jack help reduce decay by stimulating the production of saliva.

Ask about fluoride varnish at age 1.
Your child’s dentist may want to paint her teeth with a concentrated fluoride varnish that strengthens weak spots. Studies show that toddlers who get this treatment twice a year are four times less likely to have cavities.

Even cavities in baby teeth need to be filled, so know your options.
Silver-colored fillings are made of a mixture (or amalgam) of metals including mercury. According to a recent FDA report, studies show that mercury in amalgam fillings doesn’t pose a health risk for kids ages 6 and up, but there hasn’t been enough research to prove they’re safe for younger children, even though evidence suggests that they are. Dentists may prefer amalgam because it’s very durable, but also ask about composite (tooth-colored) fillings made of glass or quartz resin.

**Protecting Permanent Teeth**

Help your child brush until she’s at least 7 and floss until she’s 10.
Brushing should take two minutes, but how thoroughly your child brushes is most important, says Dr. Edelstein. “Show her how to make short strokes on the inner and outer chewing surfaces of the teeth.” Finish with a fluoride rinse, and use plaque-disclosing tablets or mouthwash occasionally so she can see areas she’s missing. Try individual flossers—they’re easier for kids to maneuver.

Get dental sealants.
They can lower your child’s risk for cavities by up to 90 percent. The dentist applies a coating to the back molars that seeps into hard-to-clean grooves; it hardens to form a thin plastic barrier that seals out food and bacteria. “Kids should get sealants when their 6-year molars come in and at age 12 when their second molars appear,” says Mark D. Siegal, D.D.S., chief of the Ohio Department of Health’s Bureau of Oral Health Services, in Columbus.

Insist on a mouthguard for sports.
Most parents wouldn’t let their child play soccer without shin guards, but nearly 70 percent of active kids don’t wear mouth protection, according to a survey by the American Association of Orthodontists (AAO). Five million kids will have a tooth knocked out while playing sports this year, and mouthguards also reduce the force of blows that can cause concussion, neck injury, and jaw fractures. They’re crucial for skateboarding, in-line skating, hockey, lacrosse, and soccer.

Take your second-grader to an orthodontist.
Thanks to new technology, kids can now be treated earlier, which is why the AAO advises that kids see an orthodontist at age 7.
“Many bite or spacing problems are easier to treat before all of a child’s permanent teeth are in and his jaw has stopped growing,” says Raymond George Sr., D.M.D., an orthodontist in South Attleboro, Massachusetts. Orthodontists may use a palatal expander to widen a child’s jaw or pull baby teeth to make room for crowded permanent teeth. Early treatment can prevent problems and shorten the time he’ll spend in braces later, when he’s more self-conscious.

Raw carrots, apple slices, and yogurt can reduce sugar in your child’s mouth.

**Toddler Tooth Facts**

Get into a good brushing and flossing routine.
Your little one may fuss, but don’t take no for an answer; brush her teeth twice a day with a smear of toothpaste. Once she’s 2, use a little more paste and teach her to rinse and spit. If she wants to brush by herself, make sure you take a turn too. She should have all of her baby teeth (including molars) by 2½. Once two teeth touch, floss them daily.

See a dentist ASAP if your kid knocks out a tooth.
Although it’s tempting to consider baby teeth to be expendable—they fall out eventually, right?—premature visits from the Tooth Fairy can be problematic for many reasons. If a permanent tooth isn’t ready to take the spot, adjacent baby teeth may tilt or shift to fill the gap. The permanent tooth won’t have room and will come in crooked later on. The dentist can hold the spot with a “space maintainer.” Also consult a dentist if your kid chips a tooth or one turns gray some time after a fall.

Watch out for cavity-causing foods.
Cavities in baby teeth can be painful, and if left untreated they can lead to a seriously infected abscess. Sticky treats like center-filled lollipops and gummy candies aren’t the only culprits. Starchy foods like bread, chips, and crackers also cling to teeth. Drinking water after may help, but these foods can get lodged in the crevices between teeth. Cheeses such as cheddar, mozzarella, Swiss, Gouda, and Monterey Jack help reduce decay by stimulating the production of saliva.

Ask about fluoride varnish at age 1.
Your child’s dentist may want to paint her teeth with a concentrated fluoride varnish that strengthens weak spots. Studies show that toddlers who get this treatment twice a year are four times less likely to have cavities.

Even cavities in baby teeth need to be filled, so know your options.
Silver-colored fillings are made of a mixture (or amalgam) of metals including mercury. According to a recent FDA report, studies show that mercury in amalgam fillings doesn’t pose a health risk for kids ages 6 and up, but there hasn’t been enough research to prove they’re safe for younger children, even though evidence suggests that they are. Dentists may prefer amalgam because it’s very durable, but also ask about composite (tooth-colored) fillings made of glass or quartz resin.

**Protecting Permanent Teeth**

Help your child brush until she’s at least 7 and floss until she’s 10.
Brushing should take two minutes, but how thoroughly your child brushes is most important, says Dr. Edelstein. “Show her how to make short strokes on the inner and outer chewing surfaces of the teeth.” Finish with a fluoride rinse, and use plaque-disclosing tablets or mouthwash occasionally so she can see areas she’s missing. Try individual flossers—they’re easier for kids to maneuver.

Get dental sealants.
They can lower your child’s risk for cavities by up to 90 percent. The dentist applies a coating to the back molars that seeps into hard-to-clean grooves; it hardens to form a thin plastic barrier that seals out food and bacteria. “Kids should get sealants when their 6-year molars come in and at age 12 when their second molars appear,” says Mark D. Siegal, D.D.S., chief of the Ohio Department of Health’s Bureau of Oral Health Services, in Columbus.

Insist on a mouthguard for sports.
Most parents wouldn’t let their child play soccer without shin guards, but nearly 70 percent of active kids don’t wear mouth protection, according to a survey by the American Association of Orthodontists (AAO). Five million kids will have a tooth knocked out while playing sports this year, and mouthguards also reduce the force of blows that can cause concussion, neck injury, and jaw fractures. They’re crucial for skateboarding, in-line skating, hockey, lacrosse, and soccer.

Take your second-grader to an orthodontist.
Thanks to new technology, kids can now be treated earlier, which is why the AAO advises that kids see an orthodontist at age 7.
“Many bite or spacing problems are easier to treat before all of a child’s permanent teeth are in and his jaw has stopped growing,” says Raymond George Sr., D.M.D., an orthodontist in South Attleboro, Massachusetts. Orthodontists may use a palatal expander to widen a child’s jaw or pull baby teeth to make room for crowded permanent teeth. Early treatment can prevent problems and shorten the time he’ll spend in braces later, when he’s more self-conscious.