

# Habits, Spacers, and Orthodontics



## HABITS

It is normal for babies to suck their thumb, fingers or a pacifier. The AAPD recommends that all sucking habits that are not related to feeding are discontinued after age 1. Prolonged sucking habits can change the shape of the palate and lead to open bites, where the front teeth cannot close. If the habit continues past age 3, professional intervention may be suggested to minimize damage to the alignment of permanent teeth.

Breast-feeding at will (not at designated feeding times) is not recommended once the primary teeth start to erupt in the mouth. After children over the age of six months have their last feeding of the day, it is recommended that the child is brushed and then not fed again until the next morning. If a pediatrician recommends that night-feedings are continued past the age of six months, wipe your child's teeth with a wet towel after they drink at night.

With regard to bottles, children should never fall asleep with anything in their bottle other than water. Remember, cavities grow fastest at night. It is recommended by the American Association of Pediatric Dentistry that children are weaned from the bottle by age 12-14 months.

Do not put juice in a bottle or sippy cup. Slow and long exposure to milk or juice in a sippy cup is also not recommended due to the risk of decay. Children should be given the cup containing non-water beverages for only a short amount of time and then it should be removed and replaced with water. Minimizing the duration of an exposure to sugar-containing beverage is key in the prevention of tooth decay.



## SPACERS

If a baby tooth is lost prematurely, it may be suggested that a space maintainer be placed in order to hold the place for a permanent tooth. Failure to do so may result in the drifting of other teeth into the space and the blocking of a permanent tooth. In this case surgery or orthodontics is often required.

Spacers are usually composed of a metal band around one or more anchor teeth and a wire arm. They are removed by your child's pediatric dentist at the appropriate time for the permanent tooth to come into its spot.



## ORTHODONTICS

Orthodontic treatment can require one or two phases, depending on the needs of a patient. Two phases may be suggested if it will prevent a child from needing more invasive treatment such as surgery, in the future.

### Phase 1

The benefit of starting early outweighs the benefit of waiting for all the permanent teeth to come in. Underbites and crossbites are often candidates for phase 1 treatment. Correcting jaw relationships early often allows proper jaw development as a child grows.

### Phase 2

Orthodontics can be completed with all permanent teeth using traditional braces or Invisalign to improve a child's smile and bite.