

*Dr. S. Fremeth
102-1500 Bank St
Ottawa, ON K1H 7Z2*

*Tel: 613-739-1616
Fax: 613-739-7479*

NURSING DECAY

For many years, dentists have been aware of a tooth decay pattern called NURSING DECAY. However, as each new generation of parents is produced, there are still many who are not aware of this dangerous situation.

WHAT IS NURSING DECAY?

Nursing decay occurs when the enamel is dissolved by the constant “washing” of acid over the teeth. Acid is formed each time sugar enters the mouth and mixes with the bacteria normally present there. This acid attack may last thirty minutes and leads to rapid decay and often to painful dental abscesses.

WHAT FLUIDS CAUSE NURSING DECAY?

Any sweetened drink in a bottle such as soft drinks, orange and apple juice and the sugar powdered mixed drinks; **even plain or breast milks** break down in the mouth to form lactic acid in the presence of mouth bacteria and a naturally occurring sugar called lactose.

WHEN DOES NURSING DECAY OCCUR?

Baby teeth that come in dark or discoloured may be the first sign that a problem exists. Nursing decay can occur from one to four years of age. A similar problem can be produced by honey or sugar-dipped soothers used during this critical age. Daytime “security” bottles also produce dental decay but the bottle in bed is most damaging to your child. The night bottle is often the last one to be given up and may be used well past the normal bottle stage of 12 or 18 months.

WHY DOES NURSING DECAY OCCUR?

1. The high concentration of “sweet” fluid washing over the upper front teeth subjects them to the maximum acid attack thus causing early decay. The lower front teeth are protected for a short time because the tongue extends over them during sucking.
2. As the child drifts from deep to light sleep he makes rhythmic sucking movements. This fills the mouth with a fresh supply of sugary liquid that soon becomes acid. The more frequently the child drinks a fluid containing sugar, the more likely the child is to develop tooth decay.

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3. Saliva helps wash away food particles and neutralize acid produced by mouth bacteria.

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During sleep, less saliva is produced and so its protective effect is less than when the child is active.

4. Newly erupted baby teeth have not yet become completely hardened and so are more easily dissolved (decayed) by the action of acid produced by mouth bacteria.

WHAT CAN I DO IF MY CHILD HAS NURSING DECAY?

1. The bottle containing sweetened contents **MUST** be removed from the child's diet, otherwise dental treatment will be in vain. If the child uses a soother it will not produce decay unless it is dipped in sweet substances.

2. Have the child's teeth examined by a dentist and repaired. It is not acceptable to "wait and see". The problem must be treated immediately to prevent abscesses and possible hospitalization. When the teeth are repaired the dentist and hygienist will help mother to maintain the teeth in a healthy state.

SUGGESTIONS FOR FEEDING TO PREVENT NURSING DECAY

1. For the first 6-9 months the child will have to be held, fed and burped and then allowed to sleep until the next feeding time. **Do not allow the baby to sleep with you and fed at will or be in it's own bed unsupervised with a bottle.**

2. To discontinue night feedings at 6-9 months of age keep the child up a little longer so they are tired. Make sure they have had a little meal and drink before going to sleep. This will help the child sleep through the night.

Some children may cry for up to 20 minutes before falling asleep and carry this on for 3 or 4 nights before settling into their new routine. They should not be disturbed during this crying behaviour since this is the time the child is using to teach himself to fall asleep without the bottle.

It is absolutely necessary to eliminate the bottle to prevent further decay and pain. If nursing decay is diagnosed and treated early, the second teeth will not be affected. However, if the baby teeth are left to abscess, the second teeth may be deflected by the abscessed baby teeth and erupt in an improper location thus producing an orthodontic problem.

3. Discontinue the bottle during the day as soon as the child is able to sufficiently hydrate by drinking from a cup. This usually occurs at the age of 12-18 months.

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