

DENTAL GUIDE FOR KIDS 6-12 YEARS OLD

FROM BABY TEETH TO THE ADULT TEETH DENTAL HYGIENE, FISSURE SEALANTS INTERCEPTIVE ORTHODONTIC TREATMENTS OVERJETS, UNDERBITES, CROSSBITES FIXED AND REMOVABLE APPLIANCES

POND SQUARE DENTAL

FROM BABY TEETH TO THE ADULT TEETH

Children usually have 20 baby teeth, 10 on the bottom and 10 on the top.

By the time your child reaches the age of 13, they will usually have 28 teeth (or 32 if all of their wisdom teeth erupt, though this may not happen).







Permanent Teeth

TIMING OF TOOTH LOSS

- **Baby teeth eruption:** Children typically get their first baby teeth (primary teeth) around 6 months of age.
- **Tooth loss:** Most children begin to lose their baby teeth between ages 6 and 7. This process often continues until around age 12 or 13.
- Loose teeth: It's normal for baby teeth to become loose, and children might notice some wobbling. Encourage them not to wiggle their teeth too aggressively.
- **Injury:** If a child injures a tooth, seek dental advice promptly, as this can impact both the baby and adult teeth.

ADULT TEETH DEVELOPMENT

- **Eruption of adult teeth:** Adult teeth usually start to come in shortly after baby teeth are lost. The first adult molars often erupt around age 6.
- Full set of teeth: By the late teens to early twenties, most people will have a full set of 28 adult teeth, with the wisdom teeth typically erupting in late adolescence or early adulthood, if they come in at all.
- **Timing issues:** If a child has not started losing teeth by age 7, or if teeth are lost too early or too late, consult a dentist.
- **Crowding and spacing:** It's normal for adult teeth to be larger than baby teeth. If the adult teeth appear crowded or if there's not enough room, orthodontic evaluation might be necessary.

DENTAL HYGIENE

TOOTH PASTE

- Use fluoride toothpaste containing between 1,350ppm and 1,500ppm of fluoride (check label).
- Brush teeth twice daily for at least 2 minutes.

INTERDENTAL CLEANING

- · Plaque removal
- · Prevention of gum disease
- Cavity prevention
- · Fresher breath
- Improved overall health
- Enhanced aesthetic appearance

TOOTHBRUSH

- Every child is different, but around the age of 10 years old, your child's mouth should be large enough for an adult toothbrush to fit comfortably.
- An electric toothbrush is also a great alternative if your child builds up plaque easily or if there are visible stains on their teeth.

DIET

- Avoid sugary foods and beverages, refined carbohydrates, acidic and starchy foods.
- Drink water after eating to help cleanse the mouth.
- Limit between-meal snacking to help reduce the risk of cavities.

FISSURE SEALANTS

Fissure sealants are a preventive dental treatment used to protect the chewing surfaces of teeth, particularly the molars, from decay.

- Sealants are often recommended for children and adolescents as soon as their permanent molars erupt, typically between ages 6 and 12, but they can also be beneficial for adults with deep fissures or a history of dental decay.
- Cost effective in the long run as they prevent teeth from decay.



ORTHODONTICS INTERCEPTIVE TREATMENTS

As your child grows, their smile grows with them.

Children between ages 6 and 10, even with their baby teeth, might be ready to begin orthodontic treatment. At this first stage, dental and orthodontic specialists can see issues that may need early treatment to address a developing problem.

Interceptive treatment is often the first stage of a more complex treatment plan. The aim is to aid the development of an ideal bite and minimise any deviation or complication once the permanent teeth or secondary dentition is established.

WHEN SHOULD I BRING MY CHILD TO SEE AN ORTHODONTIST?

Ideal time is between 6 and 8 years old. At that age, there are many simple interceptive measures that can significantly reduce the later complexity of the potential developing dental issues.

invisalign first



Age 6

Phase 1 treatment for patients in early mixed dentition.

Phase 2 treatment for patients in late mixed or permanent dentition with Comprehensive Phase 2 Package.

Age 19

BENEFITS OF EARLY INTERVENTION

- Prevent pre-existing bite issues from getting worse
- Fix existing teeth straightening conditions
- Improve the appearance of a growing child's smile
- Correct oral habits such as thumb sucking or tongue thrusting
- Can make Phase 2 treatment shorter and easier

WHY IS EARLY INTERVENTION IMPORTANT?

Taking steps to prevent dental issues can lessen the need for orthodontic treatment in the future. Therefore, patients who would benefit from functional appliance treatment should be referred before they have undergone their growth spurt. Taking steps to prevent dental issues can lessen the need for orthodontic treatment in the future.

WHAT IS THE ORTHODONTIST LOOKING FOR?

- Adult teeth eruption or failure to erupt.
- Presence of malocclusion teeth that do not align properly.
- · Crowded or displaced front teeth.
- Long term management following trauma to the front teeth.
- Persistent thumb sucking habits.
- Early identification of sleep apnoea repeated interruptions in breathing during sleep. If not addressed, it can lead to behavioural Issues and ADHD.
- · Unerupted teeth.
- · Unfavourably positioned teeth.
- · Developmentally missing permanent teeth.
- · Poor quality teeth which may require timely extractions.
- Severe skeletal discrepancies- this is when the upper or lower jaw is too big or too small.

HYPODONTIA -NOT ENOUGH TEETH

CAUSES

- Genetic factors
- Environmental factors, like trauma or infections during tooth development.

TREATMENT

- Resin bonded bridges or prosthetics to replace missing teeth prior to placing implants (age 20+)
- Early diagnosis and intervention are crucial for managing hypodontia effectively, as they can help improve dental function.



SUPERNUMERIES -TOO MANY TEETH

CAUSES

- Genetic factors
- · Developmental anomalies
- Associations with certain syndromes.

TREATMENT

 Extractions, if having too many teeth is leading to dental misalignment, pain, or other oral health problems.



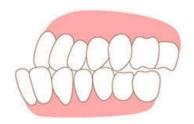
OVERJETS

A horizontal distance between the upper and lower front teeth when the mouth is closed. It is an important aspect of dental occlusion and can influence both the aesthetics and functionality of the bite.



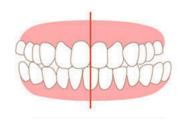
UNDER BITES

A condition where the lower teeth protrude beyond the upper teeth when the mouth is closed. This misalignment can affect a person's bite, causing difficulty with chewing and speaking, and may lead to jaw discomfort, tooth wear, and other dental issues.



CROSS BITES

A crossbite is a type of malocclusion where one or more of the upper teeth do not align properly with the lower teeth when biting down.



FIXED APPLIANCES

- Traditional metal braces: The most common type, made from stainless steel. They are durable and effective for various orthodontic corrections.
- Ceramic braces: Made from toothcoloured materials, they are less noticeable than metal braces.
 However, they can be more fragile and may require more care.
- Lingual braces: Installed on the back (lingual side) of the teeth, making them invisible from the front. They can be more challenging to clean and adjust but offer a discreet option.
- Self-ligating braces: These use a specialised clip instead of elastic ties to hold the archwire. They may allow for quicker adjustments and require less frequent visits to the orthodontist.

REMOVABLE APPLIANCES

- Retainers: Used after orthodontic treatment to hold teeth in their new positions. Can be made of plastic, wire, or a combination of both.
- Clear aligners: Transparent, removable trays that slowly shift teeth into alignment (Invisalign).
- Space maintainers: Used in children who lose primary teeth early to maintain the space for permanent teeth.
- Upper removable appliance:
 Designed to widen the upper dental arch, often used in growing children.
- Functional removable appliances:
 Designed to modify the growth of the jaw and reposition the teeth, often used in cases of overbites or underbites.





SPORTS GUARDS

We offer custom mouth guards. They are essential for protecting teeth and preventing injuries during sports activities. Not only do they provide a better fit and comfort compared to the standard mouth guards, but they also offer superior protection against impacts.

POND SQUARE DENTAL LOVE YOUR SMILE



020 8348 9995 pondsquaredental.co.uk info@pondsquaredental.co.uk 26 Highgate High St, N6 5JG London