Why infant dental care?

N RECENT YEARS our profession has become aware of a type of rampant dental caries affecting certain primary teeth in many young children. The disease is referred to by several terms including: nursing bottle caries, nursing bottle syndrome, milk bottle syndrome, baby bottle caries, and baby bottle tooth decay.

This issue of Pediatric Dentistry includes an excellent comprehensive review of nursing caries by Dr. Louis W. Ripa which emphasizes the importance of dental health counseling for the mothers. In fact, it suggests the need for prenatal counseling.

The pattern of the nursing caries process is well recognized, but the events leading to the early rapid destruction of certain primary teeth needs to be emphasized. The review in this issue relates that most reports stress that the duration of the etiologic process (e.g., nocturnal bottle, demand breast feeding, or use of a sweetened pacifer) beyond the normal weaning period can result in the rampant caries process. In some children the predisposing habit or process covered a period of 15-30 months with an extreme of 54 months.

It has been recognized for many years that the microorganisms responsible for dental caries can be transmitted from one individual to another. The microorganism *Streptococcus mutans* most usually associated with dental caries activity is not present in the mouth of the infant prior to the eruption of teeth

because teeth are needed to provide a "non-shed-ding" surface for the colonization of the microorganisms. As suggested in Dr. Ripa's article, the initial transmission of *S. mutans* to the infant is usually from the mother. The mother's saliva is considered the vehicle for transmission of the microorganisms, perhaps initially through kissing and later during the feeding process when she may use her own spoon and thus introduce the many colony forming units.

Educational programs for the expectant mother and other caretakers can be very effective in reducing or eliminating the nursing caries syndrome that occurs in at least 5% of the children in western civilization. One way to gain the attention of the mother or caretaker is to emphasize the cost of the dental rehabilitation of the child with nursing caries. It has been estimated that the treatment of a young child with extensive carious lesions can be as much as \$1200. Since many of these children must be hospitalized for treatment, the hospital costs and anestheologist fees will be additional major items.

As the members of our Academy continue to stress, the key to the problem of nursing caries is **prevention**. We must emphasize parental counseling, infant dental care, diet analysis of the child and parents, and regular dental care for the mother.

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