

Fluoride Varnish

Children under 3 years of age who are determined to be at high risk for developing Early Childhood Caries (ECC) will benefit from the application of fluoride varnish to erupted primary teeth.

Infants and children at highest risk for developing ECC include those who have:

- Special health care needs
- A mother or siblings with a history of decay
- Non-fluoridated drinking water
- A high sugar diet
- Low socioeconomic status
- Presence of plaque on teeth



Fluoride varnish can be applied as soon as the first tooth erupts into the mouth.

Fluoride varnish applied on a semi-annual basis has proven effective in preventing tooth decay and reversing initial demineralization of tooth enamel. It is very easily applied in medical and dental settings.

The American Academy of Pediatrics has designated oral health as a strategic priority, and supports the expanded role of medical professionals into oral health issues.

Through the Bright Smiles for Babies program, the Virginia Department of Health trains medical professionals to provide basic oral assessments, educate parents regarding at-home prevention measures, and apply the varnish.

Contact the Division of Dental Health, Virginia Department of Health, for training or more information on fluoride at 804-864-7775.

Fluoride in the First Years



This Brochure Includes Oral Health Information For Health Professionals To Use With Your Patients Regarding:

- **Community Water Fluoridation**
- **Fluoride and Mixing Formula**
- **Fluoride and Toothpaste**
- **Fluoride Supplements**
- **Naturally Occurring Fluoride**
- **Fluoride Varnish**

Community Water Fluoridation



Community water fluoridation is the most effective way to reduce dental decay.

94 percent of Virginians on public water systems drink water that has been adjusted to an optimal level of fluoride (0.9 mg/L).

The American Medical Association and the American Dental Association recognize and support the important public health benefits of drinking properly fluoridated water.

Fluoride and Formula

In November 2006, the American Dental Association announced new interim guidelines to reduce the potential for enamel fluorosis for infants (birth to 12 months) whose primary source of nutrition is liquid concentrate or powdered infant formula.

The newest guidelines affect patients living in all fluoridated areas. For infants in areas with community water fluoridation, parents may be advised to mix concentrated liquid and concentrated powdered formula with fluoride-free water labeled “purified,” “demineralized,” “deionized” or “distilled”.

It is important to remember that most cases of enamel fluorosis appear as faint white lines or streaks diagnosed only during dental examination. No cases of moderate to severe fluorosis have been associated with mixing formula with optimally fluoridated water.

For more information on the interim guidelines for fluoride and formula see www.ada.org.

Fluoride and Toothpaste

Before recommending the use of fluoride toothpaste for children younger than 2 years of age, the health care provider should consider the fluoride level in the drinking water, other sources of fluoride, and factors that increase the risk of tooth decay. For children at high risk of decay, parents may begin using a rice-grain size amount of fluoride toothpaste at eruption of the first teeth.

Tooth brushing should be supervised for all children less than 6 years of age to be sure they:

- Do not swallow the toothpaste.
- Limit tooth brushing (twice daily).
- Use a pea-size amount or less of fluoride toothpaste.

Fluoride and Supplements

The fluoride level of the primary drinking water source must always be known prior to prescribing dietary supplemental fluoride. Fluoride test kits are available to patients through the local health department at no charge.

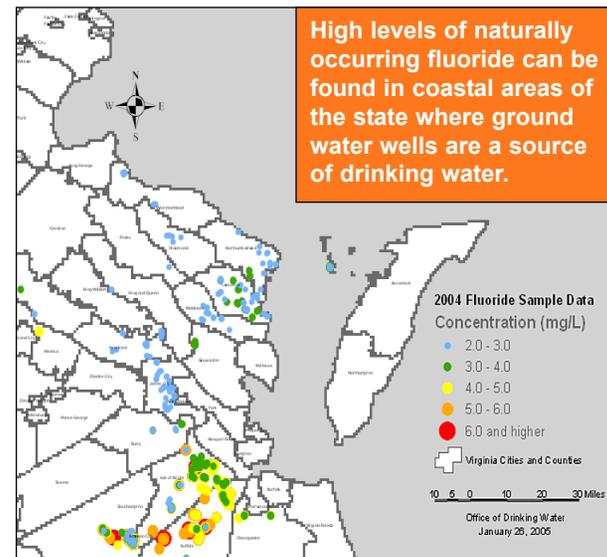
Fluoride supplements are recommended for children 6 months of age and over according to the schedule below:

Age	Fluoride Ion Level in Drinking Water (ppm)*		
	<0.3 ppm	0.3-0.6 ppm	>0.6 ppm
Birth-6 months	None	None	None
6 months-3 years	0.25 mg/day	None	None
3-6 years	0.50 mg/day	0.25 mg/day	None
6-16 years	1.0 mg/day	0.50 mg/day	None

*1.0 ppm=1 mg/liter of fluoride ion in the drinking water

Dosage Schedule of the American Dental Association, American Academy of Pediatric Dentistry, and American Academy of Pediatrics.

Naturally Occurring Fluoride



For children under 9 years of age, drinking water with fluoride levels greater than 2 mg/L may cause dental fluorosis.

Fluorosis is discoloration of the teeth which can range from mild to moderate (depending on total fluoride exposure).



Parents of infants and children from **birth to 9 years**, should:

- Test private well water for the fluoride level.
- Provide bottled water with low fluoride if tap water contains more than 2 mg/L of fluoride.
- Use ready-to-feed formulas or mix powdered and liquid concentrated formulas using water without fluoride in it (deionized, demineralized, distilled or purified).
- Consider that the water used to prepare foods and drinks adds to the naturally occurring fluoride levels of those foods and drinks.