



Six-Month Visit

Congratulations, your baby is 6 months old and having a great time exploring the world! The following are some tips to help you along.

Feeding and Nutrition

- At this age, your baby will take breast milk or formula 3-5 times a day.
- Most babies start solids between 4-6 months of age. If you haven't begun yet, start once a day with infant cereal (rice, barley or oatmeal) fortified with iron. Mix 1 tablespoon of cereal with 4-5 tablespoons of breast milk or formula (start "soupy" and gradually make it thicker).
- Always spoon-feed cereal. **Don't put cereal in a bottle.**
- If there is a strong family history of food allergies, discuss with your doctor when to introduce specific foods. Some pediatricians advise against fish and eggs in the first year but there is no evidence that introducing them after 4-6 months increases the risk of allergy.
- Once your baby has mastered cereal, try pureed fruits or vegetables. Offer one new food at a time and wait 2-3 days before starting another in order to watch for any signs of allergic reaction such as rash, vomiting or diarrhea.
- Over the next few months, gradually increase to 2-3 pureed meals with a variety of foods daily (cereal, meats, vegetables, fruits, eggs and fish).



As your baby approaches 8-9 months, she will want to feed herself with her fingers – let her do it. Make sure all food is chopped into bite-sized pieces. Avoid foods that may be a choking hazard such as: peanuts, popcorn, hot dogs, whole grapes, raisins, whole beans or hard foods that can be bitten off such as carrots, celery or raw apple.

- Remember not to give your baby honey until after age 1.
- Fruit juice is unnecessary at this age and offers no nutritional value. Giving only breast milk or formula and water is best. If your child seems thirsty between feedings, start offering water in a cup.
- Whole milk should not be introduced until after age 1. Plain whole-milk yogurt and cheese can be started around 7 months if there is no family history of allergy to dairy.

Pooping

- As you introduce solid foods, poops will change color, become more solid and have a stronger smell. Your baby may also poop less often. If poops are very loose, watery or full of mucus, decrease the amount of solid foods. If it continues, talk to your child's doctor.



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Safety Tips

1. Your baby's car seat should remain in the back seat facing the rear window.
2. Do not leave your baby alone on the bed, couch or changing table. Never leave your baby alone in the bathtub - even for a second!
3. Don't put your baby in an infant walker at *any* age. These can lead to serious injuries and may delay walking.
4. **Childproof your home!** Get on your hands and knees to better see what your baby may get into. Keep medicines, cleaning supplies, small or sharp objects, plastic bags and wrappers, balloons, sockets and cords out of your baby's reach. Cover outlets. Use latches on cabinets, gates on stairways and install guards on all windows above the 1st floor.
5. Never carry your baby and hot liquids or foods at the same time. To protect from tap water burns, turn your hot water heater down to 120° or lower.
6. Make sure that your smoke detectors are working and properly installed. Change batteries at least once a year.
7. Avoiding direct sun exposure is best (especially 10am-4pm). If not possible, sunscreen (preferably unscented and chemical-free) is ok for babies but test it first on a small patch of skin.

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Six-Month Visit continued...



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Sleeping

- At this age, babies should sleep through the night (8-12 hours) and take 2-3 naps for an average of 14-15 hours of total sleep/day.
- Using the same bedtime routine helps signal to your baby it is time to sleep.
- Place your baby in her crib when she becomes sleepy but is still awake so she learns to fall asleep on her own (without being fed, rocked or held).
- If your baby wakes up fussing at night, try waiting before responding to see if she can soothe herself back to sleep. If she keeps crying, check on her but don't turn on the light, play with her or pick her up. Instead, gently pat her and/or "shhh" to let her know you are there. Contact your doctor if you have questions about sleep training.
- Continue to place your baby on her back to sleep to decrease the risk of Sudden Infant Death Syndrome. If your baby rolls over after starting on the back, it is ok.
- If you haven't already, lower your baby's crib mattress. Don't put loose, soft bedding, pillows, wedges or stuffed animals in the crib.

Immunizations (*vaccine schedule may vary slightly by practice)



Today:	Next Visit (at 9 months-old):
-DtaP / Polio / Hib (combined)	-Hepatitis B (variable)
-Pneumococcal	-Blood test to screen for lead poisoning and anemia
-Rotavirus (oral)	
-Hepatitis B (variable)	

- If your baby turns 6 months during flu season, the flu shot is recommended. The first year your baby receives this vaccine, he will need two doses one month apart.

Websites

- AAP Healthy Children | <http://www.healthychildren.org>
(Health topics and news updates from the American Academy of Pediatrics)
- AAP Immunization Info | <http://www.aap.org/immunization>
(Research-based information about childhood vaccines)

Your child's next routine visit is recommended at 9 months-old

Development

- Babies vary greatly in development. At this age, many babies will:
 - 1) Sit on their own (or with some support) and bear weight on their legs when held under the arms.
 - 2) Pass objects from hand to hand and use their fingers to "rake in" objects.
 - 3) Babble and imitate sounds like "baa".
- Try these tips to help with development:
 - 1) Talk and sing to your baby as much as you can. Narrate out loud. For example, "You are eating your toes!" or "I am putting on your orange striped shirt." Play pat-a-cake and peek-a-booo.
 - 2) Read with your baby everyday! Books with hard cardboard pages and bright pictures are best (don't worry if she puts it in her mouth). TV is not recommended for babies – it does not help them learn and can delay development.
 - 3) Create areas where your baby can safely explore.
 - 4) Encourage your baby to use her body to get what she wants. If your baby is showing signs that she wants a toy, put it just within her reach.
 - 5) Talk to your doctor if you have any concerns about your baby's development.



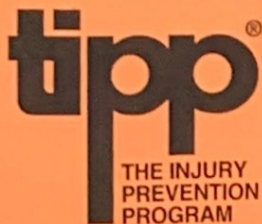
Teething/Oral Care

Teething usually starts between 4-7 months but timing is variable. It may cause mild fussiness, crying, low-grade fever (not >101°F) and drooling. To help, gently massage your baby's gums or let him chew on a wet towel. Before teeth come in, wipe your baby's gums with a moist cloth after feedings (especially before bed). Once teeth appear, brush them twice a day using water on a soft baby toothbrush. To prevent tooth decay, never let your baby fall asleep with a bottle. Ask your doctor if your baby needs fluoride.

Important Numbers

- Poison Control
1-800-222-1222
- Parental Stress Line
1-800-632-8188
- HAVEN Domestic Violence Help Line
1-617-724-0054
- Smoking Quit Line (free):
1-800-TRY TO STOP
- Your doctor's office

6 to 12 Months



6 TO 12 MONTHS

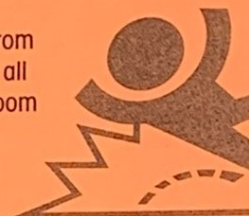
Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which can be prevented?

Often, injuries happen because parents are not aware of what their children can do. Your child is a fast learner and will suddenly be able to *roll over*, *crawl*, *sit*, and *stand*. Your child may *climb* before walking, or *walk* with support months before you expect. Your child will *grasp* at almost anything and reach things they could not reach before.

Falls

Because of your child's new abilities, he or she will fall often. Protect your child from injury. **Use gates on stairways and doors.** Install operable window guards on all windows above the first floor. **Remove sharp-edged or hard furniture** from the room where your child plays.



Do not use a baby walker. Your child may tip it over, fall out of it, or fall down the stairs in it. Baby walkers allow children to get to places where they can pull hot foods or heavy objects down on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.

Burns

At 6 to 12 months children grab at everything. **NEVER** leave cups of hot coffee on tables or counter edges. **And NEVER carry hot liquids or food near your child or while holding your child.** He or she could get burned. Also, if your child is left to crawl or walk around stoves, wall or floor heaters, or other hot appliances, he or she is likely to get burned. **A safer place for your child** while you are cooking, eating, or unable to provide your full attention is the **playpen, high chair, or crib.**



If your child does get burned, put cold water on the burned area immediately. Then cover the burn loosely with a bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, reduce the temperature of your hot water heater to a maximum of 120°F.

Test the batteries on your smoke alarm every month to be sure that they work. Change the batteries at least once a year on a date you'll remember, such as daylight savings time.

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American Academy of Pediatrics

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Drowning

At this age your child loves to play in water. Empty all the water from a bathtub, pail, or any container of water immediately after use. Keep the door to the bathroom closed. **NEVER** leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Drowning can happen in less than 2 inches of water. Knowing how to swim does NOT make your child water safe at this age. Stay within an arm's length of your child around water.

If you have a swimming pool, now is the time to **install a fence** that separates the house from the pool. The pool should be fenced in on all 4 sides. Most children drown because they fall into a pool that is not fenced off from the house. Be prepared — install a fence around your pool now, before your child begins to walk!

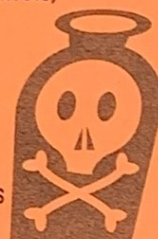


Poisoning and Choking

Your child will explore the world by *putting anything and everything into his or her mouth*. **NEVER** leave small objects or balloons in your child's reach, even for a moment. Don't feed your child hard pieces of food such as hot dogs, raw carrots, grapes, peanuts, or popcorn. Cut all his or her food into thin slices to prevent choking.

Be prepared if your child starts to choke. Learn how to save the life of a choking child. Ask your doctor to recommend the steps you need to take.

Children will put everything into their mouths, even if it doesn't taste good. Many ordinary things in your house can be **poisonous** to your child. Be sure to keep household products such as cleaners, chemicals, and medicines up, up, and away, completely out of sight and reach. Never store lye drain cleaners in your home. **Use safety latches** on drawers and cupboards. Remember, your child doesn't understand or remember "no" while exploring.



If your child does eat something that could be poisonous, call your doctor or the Poison Center immediately. Have syrup of ipecac on hand to make your child vomit, but use it only if you are told to do so by the Poison Center or your doctor.

Strangulation and Suffocation

Place your baby's crib away from windows. **Cords from window blinds and draperies can strangle your child.** Tie cords high and out of reach. Do not knot cords together.

Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your child.

And Remember Car Safety

Car crashes are still a **great danger** to your child's life and health. Most injuries and deaths caused by car crashes **can be prevented** by the use of car safety seats **EVERY TIME** your child is in the car. An infant must always ride in a rear-facing car safety seat in the back seat until he or she is at least 1 year of age and at least 20 pounds. A rear-facing car safety seat should **NEVER** be placed in front of a passenger air bag. Your child, besides being much safer in a car safety seat, will behave better so you can pay attention to your driving. **The safest place for all infants and children to ride is in the back seat.**



Do not leave your child alone in a car. Keep vehicles and their trunks locked. Death from excess heat may occur in a closed car in warm weather in a short time.

Remember, the biggest threat to your child's life and health is an injury.

VACCINE INFORMATION STATEMENT

Your Child's First Vaccines

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines covered on this statement are those most likely to be given during the same visits during infancy and early childhood. Other vaccines (including measles, mumps, and rubella; varicella; rotavirus; influenza; and hepatitis A) are also routinely recommended during the first five years of life.

Your child will get these vaccines today:

☐ DTaP ☐ Hib ☐ Hepatitis B ☐ Polio ☐ PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccine-preventable diseases are much less common than they used to be, thanks to vaccination. But they have not gone away. Outbreaks of some of these diseases still occur across the United States. **When fewer babies get vaccinated, more babies get sick.**

7 childhood diseases that can be prevented by vaccines:

1. Diphtheria (the 'D' in DTaP vaccine)

- **Signs and symptoms** include a thick coating in the back of the throat that can make it hard to breathe.
- **Diphtheria can lead to** breathing problems, paralysis and heart failure.
 - About 15,000 people died each year in the U.S. from diphtheria before there was a vaccine.

2. Tetanus (the 'T' in DTaP vaccine; also known as Lockjaw)

- **Signs and symptoms** include painful tightening of the muscles, usually all over the body.
- **Tetanus can lead to** stiffness of the jaw that can make it difficult to open the mouth or swallow.
 - Tetanus kills about 1 person out of every 10 who get it.

3. Pertussis (the 'P' in DTaP vaccine, also known as Whooping Cough)

- **Signs and symptoms** include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for several weeks.
- **Pertussis can lead to** pneumonia, seizures, brain damage, or death. Pertussis can be very dangerous in infants.
 - Most pertussis deaths are in babies younger than 3 months of age.

4. Hib (*Haemophilus influenzae* type b)

- **Signs and symptoms** can include fever, headache, stiff neck, cough, and shortness of breath. There might not be any signs or symptoms in mild cases.
- **Hib can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the ears, sinuses, blood, joints, bones, and covering of the heart; brain damage; severe swelling of the throat, making it hard to breathe; and deafness.
 - Children younger than 5 years of age are at greatest risk for Hib disease.

5. Hepatitis B

- **Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.
- **Hepatitis B can lead to** liver damage, and liver cancer. Some people develop chronic (long term) hepatitis B infection. These people might not look or feel sick, but they can infect others.
 - Hepatitis B can cause liver damage and cancer in 1 child out of 4 who are chronically infected.

6. Polio

- **Signs and symptoms** can include flu-like illness, or there may be no signs or symptoms at all.
- **Polio can lead to** permanent paralysis (can't move an arm or leg, or sometimes can't breathe) and death.
 - In the 1950s, polio paralyzed more than 15,000 people every year in the U.S.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

7. Pneumococcal Disease

- **Signs and symptoms** include fever, chills, cough, and chest pain. In infants, symptoms can also include meningitis, seizures, and sometimes rash.
- **Pneumococcal disease can lead to meningitis** (infection of the brain and spinal cord coverings); infections of the ears, sinuses and blood; pneumonia; deafness; and brain damage.
 - About 1 out of 15 children who get pneumococcal meningitis will die from the infection.

Children usually catch these diseases from other children or adults, who might not even know they are infected. A mother infected with hepatitis B can infect her baby at birth. Tetanus enters the body through a cut or wound; it is not spread from person to person.

Vaccines that protect your baby from these seven diseases:

Vaccine	Number of doses	Recommended ages	Other information
DTaP (Diphtheria, Tetanus, Pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children get a vaccine called DT (Diphtheria & Tetanus) instead of DTaP.
Hepatitis B	3	Birth, 1-2 months, 6-18 months	
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	An additional dose of polio vaccine may be recommended for travel to certain countries.
Hib (<i>Haemophilus influenzae</i> type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are several Hib vaccines. With one of them the 6-month dose is not needed.
Pneumococcal (PCV13)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain health conditions also need this vaccine.

Your healthcare provider might offer some of these vaccines as **combination vaccines**—several vaccines given in the same shot. Combination vaccines are as safe and effective as the individual vaccines, and can mean fewer shots for your baby.

2

Some children should not get certain vaccines

Most children can safely get all of these vaccines. But there are some exceptions:

- A child who has a mild cold or other illness on the day vaccinations are scheduled may be vaccinated. A child who is moderately or severely ill on the day of vaccinations might be asked to come back for them at a later date.
- Any child who had a life-threatening allergic reaction after getting a vaccine should not get another dose of that vaccine. *Tell the person giving the vaccines if your child has ever had a severe reaction after any vaccination.*
- A child who has a severe (life-threatening) allergy to a substance should not get a vaccine that contains that substance. *Tell the person giving your child the vaccines if your child has any severe allergies that you are aware of.*

Talk to your doctor before your child gets:

- **DTaP vaccine**, if your child ever had any of these reactions after a previous dose of DTaP:
 - A brain or nervous system disease within 7 days,
 - Non-stop crying for 3 hours or more,
 - A seizure or collapse,
 - A fever of over 105°F.
- **PCV13 vaccine**, if your child ever had a severe reaction after a dose of DTaP (or other vaccine containing diphtheria toxoid), or after a dose of PCV7, an earlier pneumococcal vaccine.

3

Risks of a Vaccine Reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Most vaccine reactions are not serious: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen soon after the shot is given and go away within a day or two. They happen with up to about half of vaccinations, depending on the vaccine.

Serious reactions are also possible but are rare.

Polio, Hepatitis B and Hib Vaccines have been associated only with mild reactions.

DTaP and Pneumococcal vaccines have also been associated with other problems:

DTaP Vaccine

- **Mild Problems:** Fussiness (up to 1 child in 3); tiredness or loss of appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30)—usually after the 4th or 5th dose.
- **Moderate Problems:** Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).
- **Serious problems:** Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported following DTaP vaccination. These reports are extremely rare.

Pneumococcal Vaccine

- **Mild Problems:** Drowsiness or temporary loss of appetite (about 1 child in 2 or 3); fussiness (about 8 children in 10).
- **Moderate Problems:** Fever over 102.2°F (about 1 child in 20).

After any vaccine:

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

4

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, and difficulty breathing. In infants, signs of an allergic reaction might also include fever, sleepiness, and disinterest in eating. In older children signs might include a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

5

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

6

How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's website at www.cdc.gov/vaccines or www.cdc.gov/hepatitis

Vaccine Information Statement Multi Pediatric Vaccines

11/05/2015

42 U.S.C. § 300aa-26

Office Use Only



Rotavirus Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

Rotavirus vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of rotavirus vaccine, or has any severe, life-threatening allergies.
- Has a weakened immune system.

- Has severe combined immunodeficiency (SCID).
- Has had a type of bowel blockage called intussusception.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

Your child's health care provider can give you more information.

4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



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5 What if there is a serious problem?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Rotavirus Vaccine



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from the American Academy of Pediatrics

Fluoride Varnish: What Parents Need to Know

Healthy gums and teeth are important to your child's overall health. This is why your child's doctor will talk with you about good dental habits even before your child's first tooth appears.

Once your child has a tooth, your doctor may recommend that your child receive fluoride varnish treatments in the pediatrician's office to help prevent tooth decay. This can be done 2 to 4 times per year. The number of treatments depends on how likely it is that your child may get a cavity.

Pediatricians are trained to apply fluoride varnish because many young children do not see or have access to a dentist until they are older. If your child is seeing a dentist at a young age, as recommended by the American Academy of Pediatrics, fluoride varnish may be applied in a dental office instead.

Read on for more information from the American Academy of Pediatrics about fluoride varnish.

What is Fluoride Varnish?

Fluoride varnish is a dental treatment that can help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is made with fluoride, a mineral that can strengthen tooth enamel (outer coating on teeth).

Keep in mind that fluoride varnish treatments cannot completely prevent cavities. Fluoride varnish treatments can best help prevent decay when a child is also brushing using the right amount of toothpaste with fluoride, flossing regularly, getting regular dental care, and eating a healthy diet.

Is Fluoride Varnish Safe?

Fluoride varnish is safe and used by dentists and doctors all over the world to help prevent tooth decay in children. Only a small amount is used, and hardly any fluoride is swallowed. It is quickly applied and hardens. Then it is brushed off after 4 to 12 hours.

Some brands of fluoride varnish make teeth look yellow. Other brands make teeth look dull. However, the color of your child's teeth will return to normal after the fluoride varnish is brushed off. Most children like the taste.

How is Fluoride Varnish Put on the Teeth?

Fluoride varnish is painted on the top and sides of each tooth with a small brush. It is sticky but hardens once it comes in contact with saliva. Your child may feel the hardened varnish with his tongue but will not be able to lick the varnish off.

It does not hurt when the varnish is applied. However, young children may still cry before or during the procedure. Fortunately, brushing on the varnish takes only a few minutes. Also, applying the varnish may be easier when a child is crying because his mouth will be slightly open.

You may be asked to hold your child in your lap while you are placed knee-to-knee with the person applying the varnish.

How Do I Care for My Child's Teeth After Fluoride Varnish is Applied?

Here are general guidelines on how to care for your child's teeth after fluoride varnish is applied. Check with your child's doctor for any other special instructions.

- Your child can eat and drink right after the fluoride varnish is applied. But only give your child soft foods and cold or warm (not hot) foods or liquids.
- Do not brush or floss teeth for at least 4 to 6 hours. Your child's doctor may tell you to wait until the next morning to brush or floss. Remind your child to spit when rinsing, if he knows how to spit.

Remember:

Steps to good dental health include:

- Regular care by a dentist trained to treat young children
- Getting enough fluoride
- Regular brushing and flossing
- Eating right

The American Academy of Pediatrics recommends that all infants receive oral health risk assessments by 6 months of age. Infants at higher risk of early dental caries should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first) to establish their dental home. Every child should have a dental home established by 12 months of age.

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Source:

Fluoride Varnish Can Help Prevent Tooth Decay (Copyright © 2015 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.