early infancy regarding dietary intake for the promotion of optimum oral hygiene. Counsel parents early regarding the risk of feeding practices that increase the risk of poor dental health. Some of these, as previously mentioned, include avoiding propping the milk bottle; giving the milk bottle in the bed; or giving fruit juices in a bottle, especially before 6 months old. These contribute to enamel erosion and **early childhood caries** (previously called *baby bottle tooth decay*).

When the primary teeth erupt, cleaning should begin. The teeth and gums are initially cleaned by wiping with a damp cloth; toothbrushing is too harsh for the tender gingiva. The caregiver can stabilize the infant by cradling the child with one arm and using the free hand to cleanse the teeth. Oral hygiene can be made pleasant by singing or talking to the infant. It is recommended that the infant have a brief oral health examination by 6 months old from a qualified pediatric health practitioner; infants at high risk for caries are identified and oral health counseling is implemented. It is also recommended that the infant have an established dental home by 1 year old (American Academy of Pediatric Dentistry, 2014). It is generally recommended that a small, soft-bristled toothbrush be used as more teeth erupt and the infant adjusts to the routine of cleaning. Water is preferred to toothpaste, which the infant will swallow (and if the toothpaste is fluoridated, the infant may ingest excessive amounts of fluoride). The American Academy of Pediatric Dentistry (2014) recommends a "smear" of toothpaste for children younger than 3 years old and a pea-size amount for those 3 to 6 years old.

Fluoride, an essential mineral for building caries-resistant teeth, is needed beginning at 6 months old if the infant does not receive water with adequate fluoride content. The American Academy of Pediatric Dentistry (2014) recommends the determination of fluoride administration be based on individual needs of each child. Systemic fluoride administration should be considered for all children at risk for dental caries who drink fluoride deficient water (<0.6 ppm) but only after determining all dietary sources of fluoride.

Dietary considerations are also important because habits begun during infancy tend to continue into later years. Avoid foods with concentrated sugar (sucrose) in the infant's diet. Dietary