Short Communication

Importance of Breastfeeding in Dentistry – A Dentist Perspective

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Abstract

This article gives a contemplative viewpoint on the importance of breastfeeding in dentistry. Giving a new born solely breast milk, without any other solid or liquid meal, including water or formula, is the definition of breastfeeding, according to the AAP. Since it meets the majority of a baby 39s nutritional needs when supplied appropriately and in the right way, breast milk is the most useful and perfect diet for a developing new born. This article gives a contemplative viewpoint on the importance of breastfeeding in dentistry. This article gives a contemplative viewpoint on the importance of breastfeeding in dentistry.

Keywords: Breastfeeding, Caries, Malocclusion.

Introduction

Life in its fullness is enjoyed when Mother Nature is obeyed – Weston Prince

World breastfeeding week is an annual celebration which is held every year from 1 to August 7 in more than 120 countries. Every year there goes for a theme too. The theme of world breastfeeding week 2020 is support breastfeeding for healthier planet. Along with this, WHO and UNICEF are calling on government to protect and promote women's access to skilled breastfeeding counseling a critical component of breastfeeding support.

According to AAP exclusive, breastfeeding defined as giving infant only breast milk – no water, no formula, and no other solid or liquid food. It is the norm against which all alternative feeding methods should be compared.

Breast milk is the most ideal and valuable food for the growing infant since it suffices most of the nutritional requirements if given adequately and in appropriate manner. However, anecdotal reports suggest that the incidence of breastfeeding is declining in almost all parts of the world probably due to increasing modernization, introduction of artificial feeds, and early initiation of complimentary feeds.

Dentist engages themselves in new roles as advocates of health promotion and disease prevention beyond oral cavity. Hence, as a dentist, we can also embrace the role of counselor regarding health benefits associated with breastfeeding giving extra emphasis on oral health which often remains unexplored. This short communication throw some light in regard to importance of breastfeeding from dentist perspective.[1]

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Discussion

1. What is the process of breastfeeding?
   As the baby suckles, a wave passes along the tongue from front to back, pressing the teat against the hard palate, and pressing milk out of the sinuses into the baby's mouth from where he or she swallows it. The baby uses suction mainly to stretch out the breast tissue and to hold it in his or her mouth. The oxytocin reflex makes the breast milk flow along the ducts, and the action of the baby's tongue presses the milk from the ducts into the baby's mouth. When a baby is well attached his mouth and tongue do not rub or traumatize the skin of the nipple and areola. Suckling is comfortable and often pleasurable for the mother. She does not feel pain.[1]
2. What are the recommended infant and young child feeding practices?

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WHO and UNICEF's global recommendations for optimal infant feeding as set out in the Global Strategy are as follows: exclusive breastfeeding for 6 months (180 days). Nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breastfeeding up to 2 years of age or beyond.[1]

3. Can we use artificial teats or pacifiers to breast feed infants if situation demands
   Feeding a baby from a bottle with an artificial teat may make it more difficult for the baby to learn to attach well at the breast and may make it more difficult to establish breastfeeding satisfactorily.[2] If an infant cannot feed from the breast, then the safest alternative is to feed from a cup even low-birth-weight and premature babies can cup feed. The reasons to feed with a cup include: Cups are easier to clean and can be cleaned with soap and water, if boiling is not possible. Feeding from a cup does not interfere with the baby learning to suckle at the breast. A cup cannot be left for the baby to feed him- or herself. Someone has to hold the baby and give him some of the contact that he needs. Cup feeding is generally easier and better than spoon feeding: spoon feeding takes longer and requires an extra hand, and sometimes, a baby does not get enough milk by spoon.[3]
4. What are the advantages of breastfeeding?
   Several recent studies, one in Pediatrics in 2015 and one in the August 2017 issue of the Journal of the American Dental Association, found that babies who were exclusively breastfed for the first 6 months were less likely to have teeth alignment issues such as open bites, cross bites, and overbites, than those exclusively breast fed for shorter lengths of time or not at all. Breastfeeding has positive effects on the development and physiological integrity of infant's oral cavity. Breastfed babies have a better chance of improved oral and dental health than their counterparts that were artificially-fed, thus obviating the need for the early dental consultations and treatments in the life of the individual. Several components of human milk protect against the development of dental caries. Immunoglobulin A and G have the capacity to retard streptococcal growth, and *Streptococcus mutans* is susceptible to the bacterial action of lactoferrin.
5. Do we have to wean when baby gets teeth?
   The American Academy of Pediatrics recommends breastfeeding for the 1st year of a baby's life; the World Health Organization encourages moms to go for two.[1]
6. Will breastfeeding cause's caries?
   It had been long assumed that human milk was naturally protective to the teeth. However, human milk has been associated with similar dental erosion to that of formula and more than that of plain cow milk.[4] In addition, this is also sequel to the issue of rampant caries associated with night breastfeeding, whereby mothers leave the breast nipple in the mouth of the infants to comfort them while they sleep, and this feeding method or behavior if improperly done consistently, and over a long period can itself pose further caries risk to the breastfed child.[5]
7. Will breastfeeding prevent malocclusion?
   The study by Karen found that exclusive breastfeeding per se protected against anterior open bite and severe malocclusion in children aged 5 years, but that the protective effect of predominant breastfeeding on any type of malocclusion was nullified by the use of pacifiers. The protective effect of exclusive breastfeeding may be explained as the result of various mechanisms.
   First, children who are exclusively breastfed for a longer period are more likely to develop proper muscular tone than those who have been exposed to bottle feeding precociously.[6] Second, the brachycephalic mandibular arch format is more easily reached when the child is breastfed, which, in turn, allows appropriate tooth eruption position.[7] Finally, exclusive breastfeeding is strongly and inversely associated with the frequency, intensity, and duration of pacifier use, which, in turn, may lead to severe malocclusion.[8,9]
8. Can mothers get dental work while breastfeeding?
   Depending on the requirements of your dental treatment, you can undergo dental work while breastfeeding. Never ignore a dental problem and inform your dentist that you are a nursing mom. This will allow them to recommend a compatible treatment and medication to avoid any side effects. Although, most oral and IV sedation medications, dental X-rays, and diagnostic tests are considered safe for the mother and baby. All of the following dental treatments are still safe while breastfeeding: Wisdom teeth extraction, root canals, fillings, teeth whitening, and routine cleanings[10] (Table 1).

Fillings

There is no reason to avoid inserting or replacing fillings during breastfeeding. One report suggests that it is prudent to avoid unnecessary removal of fillings during pregnancy or lactation (Barreguard, 1995)

Table 1: List of common medications and the precautions to be taken

Safe medications	Precaution/remarks
Local anesthetics	
2% Lidocaine, 1;100000 Epinephrine	Inject the local anesthetic after baby has been fed
Analgesics	
Acetaminophen	The patient should take the pain medication after breastfeeding or keep a 2 h interval with the next feed
Antibiotics	
All penicillins	The patient should take the antibiotic after breastfeeding and keep a 2 h interval with the next feed
All cephalosporin	Minimize antibiotic use due to the risk of altering the baby's intestinal flora and promoting the growth of resisting pathogens.

9. Is it safe to breastfeed after dental work?
   If your dental work requires medication while nursing, consult your dental specialist, physician, and pediatrician to make sure that it is safe for your baby. Many dentists prescribe medicines after a dental procedure that is specific to lactating mothers. Most of these medications do not get absorbed into the milk or are poorly absorbed, and does not affect the infant's health.[10]
10. Moms flag bearers of dental health?
    As a new mom, it is difficult to find the time for self-care, let alone their dental care. They will be extremely busy, fatigued, and overwhelmed with the responsibilities of the early motherhood Looking after a newborn is difficult, and it gives you less time to care for them. A dip in dental care could lead to more gum disease and cavities. Cavity prevention is especially crucial for moms, as even the simple act of sharing a spoon with could transfer those bacteria into baby's mouth. Every mother wants to see her child healthy in all aspect and dental health is critically important. Hence, mothers must take utmost care of their oral health and schedule timely dental checkups.

Conclusion

The support of breastfeeding should be seriously viewed as a major public health issue. Interventions to reinforce breastfeeding are relatively simple and inexpensive. Dentists should spearhead in process of counseling the mothers regarding the advantages of breastfeeding and motivate them for the same.

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