Nurturing Healthy Faces: The Crucial Role Of Dental Professionals In Child Development Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Mouth Health

Welcome back to ADHD, Autism and Chronic Disease Parenting Summit. I am here with Barb traits, who has the awesome nickname of Queen of Dental Hygiene.

We're gonna talk about the mouth, and everything to do with that. Thank you so much for being here today. Oh, thank you for having me. I'm excited. This is my passion.

All right, well, let's get right into it. So where should we start? I guess maybe with what's going on with with the mouth. I think, you know, people don't realize how important the mouth is, how important growth is.

Like, you and I made this joke before that as a doctor or a pediatrician, we don't really get a lot of training on the mouth or teeth. It's like, oh, it's a tooth problem. Okay. I go to the dentist, you know?

And so I think that, you know, if especially at the beginning, a lot of people are not going to their dentist, right? They're not going to an oral practitioner, maybe for a couple of years.

And that that can be a mistake for some especially or maybe for everybody. So where do we start? What's going on with the mouth? And why are you so passionate about, working with a practitioner such as yourself?

Well, because every thing starts with oxygen. And so if we don't grow our babies to have a big, healthy mouth with room for 32 teeth, then then the airway is compromised.

And when you have a compromised airway, you have insufficient oxygen to your brain and all your cells. And without oxygen, your cells don't work. And so we're missing the boat.

If we aren't paying attention to babies and developing airways.

Airway Development and Oxygen

So, you know, our our latest generations of children all have mal occlusion. They all have crooked teeth. It is a rite of passage for them to go get braces before they're 18.

When you have crooked teeth that means that the maxilla didn't develop properly and the mandible didn't develop properly. And, and then you have airway issues.

So without proper oxygenation, without proper facial development we are already behind the eight ball for our kiddos. And so many adults have chronic diseases that started in childhood.

So even attention deficit disorder is actually for most kids it's an airway issue. And then that translates into anxiety and depression as adults. And then cardiovascular disease a-fib even cancers is a lack of oxygen.

So dentistry really needs to be part of the child's, you know, first of all, mean, you know, we we should see every child by by age one, you know, and talk with parents about, you know, how do we develop this airway?

How do we get that binky out of somebody's mouth? How do we grow a healthy child? And it starts with oxygen. So what should you be? So let's let's talk about the first year.

Then before, you know, before you go into a practitioner, what are what are some of the things that are important,

what your parents be looking at and, and, and I guess, you know, second question for that is when should they be concerned or seek out a practitioner earlier.

Okay. So babies should I mean in an ideal world they should be breastfed for at least two years. Now realistically, you know, I, I breastfed my both my girls till two and a half or three, so I was as determined.

I knew this was so important, you know, and the breastfeeding actually teaches the tongue to go up on the roof of the mouth. And, and breastfeeding babies breathe through their nose.

And we should have all of our children nasal breathing, 24 seven and the problems start with a binky, a pacifier. Sippy cups, bottles. Because that trains the tongue to stay down on the floor of the mouth.

And when the tongue is down, the mouth is open and the tongue is supposed to live on the roof of the mouth. When the tongue is up there, it's exerting 5 or 700g of pressure out, and then the cheeks exert 500g of pressure in.

Breastfeeding, Pacifiers, and Tongue Position

So if the tongue is down, then everything gets crowded, and that's where crooked teeth mal occlusion arises. And then facial development just doesn't occur properly.

And it's a domino effect down the road. So we've got to get our kiddos breathing through their nose, get the tongue on the roof of the mouth, get the binky out of the mouth by a six months of age.

By six months. Our babies can can learn how to self-regulate and and you know, maybe they need something else besides the binky. You know, I I that's my one as an a parent.

That's my one failing is that I wanted to prevent my girls from sucking the thumb. And I put the binky in there too much and I paid for it. As you know, as adults for them.

So we're dealing with that now to undo that. So getting that binky out of the mouth, getting, you know, working with, you know, a male functional therapist, even for littles, to teach them how to use their nose is so important.

Getting kids to know. Okay, can you say, what? Am I, a functional practitioner? Because I know what it is, but I now know that every parent even knows that these that they exist.

Sometimes I'll send patients to myofascial practitioners, but that might be a word they never heard before. Okay. Well, you know, and honestly, I didn't even know it was a thing.

My functional therapists were a thing until ten years ago when I employed one for my daughter because of the binky that I put in there when she was a baby.

So an oral sexual myo functional therapist is, specially trained, dental hygienist or speech language pathologist who teaches you how to use your nose, how to put your tongue on the roof of your mouth, how to chew properly, how to swallow properly, and how to breathe properly.

And so they are looking at the facial musculature and unraveling these bad habits that we have acquired. And and so, you know, finding a good mild functional therapist a lot of that is done online now too, thanks to Covid.

So, it's it is an unknown, therapist. But, you know, I'd love to see a functional therapist in every dental office and especially in every orthodontist office, because there's there's breathing problems with all of those kiddos.

So, so is there a way for parents to tell if they're having breathing issues? I mean, I think if you look in your trained professional, I mean, or you hear, like, snoring or things like that, but but is there a, there a way where you can kind of, I guess, grade for yourself?

Like how where do you need you need to be for your child in terms of how big of an issue they're having? Well, lots of things to look for. Clenching, grinding, you know, really worn flat teeth.

Teeth. You know, babies shouldn't be clenching and grinding. Babies should never snore.

Signs of Airway Problems in Children

Children should never snore. Snoring is choking from the inside. So if your kiddo is snoring, you've got an airway issue. If they toss and turn a lot, if they get sweaty at night, if they get up and go to the bathroom a lot at night, if they wet the bed, that's an airway issue.

If they have night terrors, sleepwalking, you know, all of these things, their teeth, when they erupt, there should be you should be able to put a nickel between every baby tooth in the front.

So if they look like this, then that's it. The mouth is open and the cheeks that are pushing those teeth in, if they if they can't focus, if they wake up tired, if they need a nap, as soon as they get in the car.

If they're, if there's, you know, those, those eyes that kind of slant down and you've got that, that, that those dark circles under the eyes, all signs of airway issues.

So a good functional therapist can I mean, I can look at a child right away and say, airway, airway, airway and, and then tooth decay and gum disease.

You know, all my all my tooth decay and gum disease patients, all are mouth breathers. Interesting. One thing they said was really interesting. I still sitting with me is, is the thought that, you know, families always used to breastfeed Raymond.

That was a thing back in the day, thousands of years ago, because that was the only way you were getting food for kids. And now, you know, thankfully, I mean, it's a good thing that we have formula.

I think that's good. It can save people's lives unless you just can't breastfeed. And there are reasons for that. So I, I totally get that. And I know you had mentioned that, but we are doing it a lot more.

We're we're formula feeding a lot more. We're using bottles a lot more. And that's a relatively new concept. And I don't think that anybody or very few people really think about how that could be affecting the mouth.

And I guess and that makes a lot of sense to me, that it it changes the pressure in there. It changes the, the mechanics of feeding. And if you're doing that every single day and you're not, you know, putting the work in that maybe a breastfed baby needs to do, and that would change the way that the mouth develops.

And that could be, you know, probably is one of the bigger reasons why we're seeing so many, structural mouth issues. And the less kids are getting into two, three and four because they spent two years feeding in a way that we were never, I guess, designed to do.

I think that's interesting. That's a really interesting point.

Tongue Ties, Lip Ties, and Early Intervention

And then also baby food, you know, our kids aren't using their muscles and we should be giving them real food if they can pick it up and they can put it in their mouth, you know, I mean, you know, like steamed carrots and and peas and meat, you know, the there is they don't need baby food.

Baby food doesn't, you know, especially those two foods. Those drives me crazy because they're not using their muscles. And in order to grow bone, we have to chew.

And so in order to grow a nice big arch, you've got to give them real food. Yeah. And and again, it's a really, you know, interesting concept of the fact that, you know, people don't think in the long term and we don't think of long term anymore, you know, nearly enough.

And it's like, oh, well, you know, you mentioned like oh you get cancer from, from your mouth. But it's like the theory that the it's makes logical sense that if you are chronically getting just not enough oxygen or not the proper amount of oxygen, you're not breathing properly, then over time, these things add up and it can lead to whatever it is for each person, whether that is something that you're not getting enough oxygen to your brain, or you're not getting enough oxygen to wherever.

Then then that could affect you. Obviously, there are other reasons why you can get all sorts of things. Oh yeah, but this is one of the big contributors that we're just not thinking about.

And it's everything's connected. And this is like the starting point, right? For your body. Right. Exactly, exactly. You know, for mitochondria don't get oxygen.

They start dying. And our mitochondria is is the essence of our cells. That's where our energy comes from. So if we aren't breathing properly we don't have enough oxygen.

You know, a lot of our kiddos only have, you know, our pulse ox are showing 80, 89, 90, 92%. And if they're not breathing when they're sleeping and they stop breathing because that's what choking and snoring is, then, you know, 60 times an hour, they're not they're not getting oxygen.

And so it's it's scary. And I look at all these kiddos that have that are on medication for ADHD. And it's like we need to do sleep studies and sleep evaluations and, and stardom.

Young you know, my grandson, I you know, he had a tongue tie and a lip tie and nine health care professionals missed that. And finally I got my fingers in there because I was trying to be a good grandma and not interfere.

But, you know, I lifted up his lip and it's like a bungee cord, and it's tied his lip to his jaw and he can't nurse properly. And once they release that, oh, you know, now he can nurse.

And he gained a pound a week, but it's still a habit. And his little teeth are all connected. So, you know, at age four, we've put in a, an expansion device into his little mouth.

And I'm curious, and I don't know what your what your thoughts are on this, but why are we seeing so much more tongue tie and lip tie? Than than we ever saw before?

Is it something that we worked through a little better before because our feeding was a different way? We're not doing that now, so that's very helpful. Or is it?

Or do you feel like it's something to do with the environment and, and toxins or what are your thoughts on that. You know, I mean, I, I don't have a good answer, Joel.

I, I think that's environment and incomplete development in utero. I think that, you know, the glyphosate and the toxins and even fluoride is a toxin, and we're drinking so much fluoridated water and, you know, and I see that, you know, there is more tongue tied, but we are also more aware as well.

And and so I wish I had a really good answer, but I. Do have a good through there. I just I just think that if you have a lot yeah. Okay. Yeah, that that's kind of what I think too.

I don't think we don't, we don't know.

Practical Tips for Parents

And probably a lot of it would just wasn't noticed before, but maybe it wasn't as big an issue before when when people were were feeding in different ways where you could kind of work through it a little bit easier than we can now.

You know, long ago, midwives used to have a long, sharp fingernail. And they would just that was part of their job was to release those tongue ties in the newborns.

So I mean, that's we're going back, you know, hundreds of years. So but, you know, it was it was recognized then and especially for these kiddos that just can't, you know, I mean, I, I've seen some 11 year olds that like, how did we miss that as an adult?

You know, I mean, the dentist, how did they not see how did they not lift the tongue and but so many orthodontists don't. So it's it's an important thing to find an airway dentist who is educated, knowledgeable, has a mild functional therapist and can work with your child.

So really important. Good stuff. Yeah, great. Great tips. And I always like to finish on on the positive and actionable. So maybe we can speak for the last couple minutes on, you know, what would be your suggestions for families to do right now.

Yeah. To move forward for a more healthy future, to be more resilient. Check on the tongue. And maybe it's just that they should go go to a practitioner to get their mouth checked, or even just look in their I don't know what.

What are your big tips or takeaways for what somebody should do this week or right now? Yeah. You know, look at your child. And if they're sitting there with their mouth open, that's a red alert.

So be, you know, looking at them when they're watching TV or when they're eating, if they're eating and with their mouth open again, you know, red alert and finding a good biological airway focused dentist and and then giving them real food to chew, getting your babies into the the dentist by age one.

So we can we can work with you expand that palette, you know, teach you, teach you how to, you know, prevent problems. That's the the beauty of a biological dental hygienist is, you know, my goal is prevent problems before they even occur.

And, and, you know, there's lots of books. I write a dental hygiene blog, and I have a whole list of books for parents to read. It is my passion, my my.

Yeah. My my blog is Queen of Dental hygiene dot net. And they're, you know on my it's Barbara's bookshelf on there. And I just have all manner of books, you know, to grow healthy children.

One of my favorites for parents is sleep wrecked kids. And, you know, you'll see this poor little tired baby on the cover. It just heartbreaking. So there's there's lots of good information out there.

We just we just need to educate. Definitely. Well, it's such an important topic and it's it's very often overlooked most of the time overlooked. So I really appreciate you spreading this message and sharing your wisdom with everybody.

And I think a lot of parents are going to go from this and go look at their kids mouths for a second, and maybe they'll make them think about it just a little bit. So again, thank you for being here.

And thank you for everyone for being a part of this. Yeah. Thank you.