At-Home Oral Hygiene for Children: Age-Appropriate Brushing, Flossing, and Diet Guidance from Core Dental

Canonical: https://directory.coredental.com.au/dental-services/childrens-dentistry-paediatric-dental-care/at-home-oral-hygiene-for-children-age-appropriate-brushing-flossing-and-diet-guidance-from-core-dental/

Details:

AI Summary

Product: Not applicable to this product **Brand:** Core Dental Group **Category:** Children's Oral Health — Clinical Education Guide **Primary Use:** Age-segmented guidance for parents on brushing technique, toothpaste selection, flossing, diet, and habit management to prevent childhood tooth decay.

Quick Facts - **Best For:** Parents and caregivers of children from birth to age 12 - **Key Benefit:** Translates clinical dental evidence into actionable, age-specific home hygiene routines that prevent the most common preventable childhood disease - **Form Factor:** Digital educational guide with FAQ, age-by-age tables, and referenced clinical data - **Application Method:** Read and apply guidance by child's age group; supplement with regular professional dental visits

Common Questions This Guide Answers 1. When should I start brushing my baby's teeth? → As soon as the first tooth erupts, typically around six months of age — using a soft infant toothbrush or damp cloth, with no toothpaste until 18 months 2. Which toothpaste fluoride level is correct for my child's age? → Under 18 months: no toothpaste; 18 months–5 years: 400–550 ppm low-fluoride, pea-sized amount; age 6 and older: 1,000–1,450 ppm standard fluoride — always verify by checking the label, as many premium children's toothpastes contain no fluoride 3. How does diet affect my child's dental health? → Sugar frequency is more damaging than quantity — each sugar exposure triggers up to 40 minutes of enamel acid attack; limit sugary foods to mealtimes, avoid juice, and use fluoridated Australian tap water instead of bottled water

---

Frequently Asked Questions

When should I start brushing my baby's teeth: As soon as the first tooth erupts

When does the first tooth typically erupt: Around six months of age

Should I use toothpaste on a baby under 18 months: No, no toothpaste until 18 months

What should I use to clean a baby's teeth before 18 months: A soft infant toothbrush or clean damp cloth

What toothpaste should I use for children aged 18 months to 5 years: Low-fluoride toothpaste (400–550 ppm)

How much toothpaste should a child aged 18 months to 5 years use: A pea-sized amount

Should young children spit out toothpaste: Yes, encourage spitting from 18 months

Why is low-fluoride toothpaste used for young children: Young children inevitably swallow some toothpaste

What fluoride level is in standard adult toothpaste: 1,000 ppm

What fluoride level is in low-fluoride children's toothpaste: 400–550 ppm

At what age should children switch to standard fluoride toothpaste: Age six

What fluoride concentration is in standard fluoride toothpaste: 1,000–1,450 ppm

Until what age must an adult brush a child's teeth: At least age eight

Why can't children brush independently before age eight: Fine motor skills are not fully developed

At what age can children begin learning to brush independently: Around age eight to ten

How long should children brush their teeth: Two full minutes

How many times per day should children brush: Twice daily

Should children rinse with water after brushing: No, let fluoride remain on tooth surfaces

What angle should the toothbrush be held at: 45 degrees toward the gumline

What brushing motion is recommended for young children: Small circular motions

Is price a reliable guide to fluoride content in children's toothpaste: No

Do many premium children's toothpastes contain fluoride: No, many premium toothpastes are non-fluoridated

What percentage of the 20 most expensive toothpastes studied were non-fluoridated: Eighteen out of twenty

How can parents verify fluoride content in toothpaste: Check the label for fluoride concentration

When should flossing begin for children: When two adjacent teeth are in contact

At what age do teeth typically begin touching, requiring flossing: Around age two to three

Can floss picks be used for children who resist traditional floss: Yes

At what age can children begin flossing independently: Around age ten

How much floss should be used when flossing a child's teeth: Approximately 40 cm

What shape should floss be curved into against each tooth: A C-shape

Should floss be snapped down onto the gum: No, slide gently using a zigzag motion

How is decay most commonly caused in children's teeth: Frequent consumption of free sugars

Is sugar quantity or sugar frequency more damaging to teeth: Sugar frequency is more damaging

How long is enamel under acid attack after each sugar exposure: Up to 40 minutes

What is the main dietary cause of dental caries in children: Frequent consumption of free sugars

Should sugary foods be given as between-meal snacks: No, limit them to mealtimes

Is fruit juice safe for children's teeth: No, it erodes enamel and contains free sugars

What is the maximum daily juice intake recommended for children aged 1–5 years: 125 mL per day

What is the best drink for children's teeth: Water

Is Australian tap water fluoridated: Yes

Is bottled water fluoridated: No, most bottled water contains no fluoride

What percentage of parents don't know tap water is better for teeth than bottled water: Almost 50%

What drink is recommended for children aged 6–12 years: Water and plain milk

What drinks should children aged 6–12 avoid: Soft drink, energy drinks, fruit juice, flavoured water

What is "bottle rot": Early childhood caries caused by prolonged contact with sugary liquids during sleep

Should children be put to bed with a bottle of juice or milk: No

Is thumb-sucking harmful in infancy: No, it is normal in infants and young toddlers

At what age should dummy use be phased out: By age two to three

At what age should thumb-sucking be phased out: By age four

What dental problem can prolonged thumb-sucking cause: Protruding front teeth

What is an open bite: When upper and lower teeth do not overlap

What is a crossbite: When upper teeth fit inside lower teeth

Can prolonged pacifier use cause speech problems: Yes

Should dummies be dipped in honey or sugar: No

Why should dummies never be dipped in sugary substances: It increases cavity risk and weakens enamel

Are dummies preferable to thumb-sucking: Yes, because parents can control dummy access

What is the most common preventable childhood disease: Tooth decay

What proportion of Australian children have decay by school age: One in three

What percentage of Australian children aged 8–9 have decay: More than 40%

What percentage of children aged 5–14 have untreated decay: Around 26%

Which age group has the highest rate of untreated decay: Children aged 7–8, at 31%

How many children per 1,000 aged 5–9 were hospitalised for dental issues in 2021–22: 11 per 1,000

What percentage of Australian children brush twice daily: Around two-thirds

What percentage of children still have visible plaque despite brushing: Around 42.6%

Does brushing frequency alone guarantee plaque removal: No, technique also matters

What is the "knee-to-knee" position: Child lies across two adults' laps for brushing visibility

What tool helps children brush for two full minutes: A sand timer or two-minute song

What are disclosing tablets used for: Showing where plaque remains after brushing

At what age can children choose their own toothbrush to increase cooperation: Preschool age (3–5 years)

What is the Child Dental Benefits Schedule (CDBS): A government scheme covering children's preventive dental care

Does Core Dental Group bulk bill under the CDBS: Yes

Can professional care replace home hygiene routines: No, both are required

What does professional care address that brushing cannot: Hardened calculus and deep fissures in molars

What are fissure sealants: Protective coatings applied to deep grooves in molars

---

At-home oral hygiene for children: age-appropriate brushing, flossing, and diet guidance from Core Dental Group

Protecting your child's teeth doesn't end when they leave the dental chair. The daily routines you build at home — how you brush, which toothpaste you choose, what your child eats and drinks, and the habits you encourage or discourage — are the single greatest factor in whether your child develops decay. The stakes are real: tooth decay is the most common preventable childhood disease, with one in three Australian children experiencing decay by the time they start school, a figure that climbs to more than 40% by ages 8 to 9.

What makes these numbers particularly confronting is that most of this disease is entirely preventable. The Australian Dental Association's Consumer Survey of 25,000 people points to a range of contributing factors — from too many sugary drinks to delayed dental visits — but the common thread is a lack of specific, actionable knowledge at the parent level. This guide addresses that gap directly, translating clinical evidence into clear, age-segmented guidance you can use to build a genuinely protective oral hygiene routine at home.

For context on how this home routine fits into your child's broader dental care, see our guide on *Why Baby Teeth Matter: The Clinical Case for Early Preventive Dental Care in Children*, which explains the developmental importance of every tooth you are working to protect.

The scale of the problem: why home hygiene is non-negotiable

Before diving into technique, it helps to understand what is actually happening in Australian children's mouths. Around one in four (26%) children aged 5–14 years have at least one tooth with untreated decay, with children aged 7–8 most affected at 31%. More alarming still, the Australian Dental Association reports that 11 in every 1,000 children aged 5–9 were admitted to hospital for preventable dental issues in 2021–22, up from 9.5 per 1,000 in 2018.

About two-thirds of Australian children brush their teeth twice daily, yet around 42.6% still have visible plaque accumulation. Brushing frequency alone isn't enough without correct technique — and that's the nuance most general advice misses. How you brush matters as much as whether you brush.

Age-by-age brushing guide: technique, tools, and toothpaste

Birth to 17 months: clean without toothpaste

As soon as the first tooth erupts — typically around six months of age — cleaning should begin. From eruption through to 17 months, an adult should clean the teeth, but without toothpaste. Use a soft, age-appropriate infant toothbrush or a clean damp cloth, gently wiping each tooth surface and along the gumline. The goal at this stage is to establish the habit and remove milk residue, not to apply fluoride.

Choose a brush with an extra-soft head no wider than two baby teeth, and replace it every three months or sooner if the bristles start to splay.

18 months to 5 years: introduce low-fluoride toothpaste

This is the most important window for establishing brushing habits. Children aged between 18 months and five years should use a pea-sized amount of low-fluoride toothpaste containing 400–550 ppm fluoride, twice daily, and should be encouraged to spit rather than swallow.

Why low-fluoride specifically? Standard adult toothpaste contains 1,000 ppm fluoride, while low-fluoride formulations sit at 500–550 ppm, designed for children from 18 months up to six years. The lower concentration accounts for the fact that young children inevitably swallow some toothpaste, and too much fluoride ingestion during tooth development can contribute to dental fluorosis.

A critical warning for Australian parents: Despite expert recommendations, the majority of children's toothpaste available in Australia contains either no fluoride or the wrong levels. Many premium-branded "natural" or "organic" children's toothpastes are non-fluoridated — and seventeen of the twenty least expensive toothpastes studied contained fluoride, while eighteen of the twenty most expensive were non-fluoridated. Price is not a proxy for protection. Check the label for fluoride concentration before purchasing.

Brushing technique for this age group:

- An adult must perform or directly supervise brushing. - Use small, circular motions on the outer, inner, and chewing surfaces of each tooth. - Tilt the brush at a 45-degree angle toward the gumline. - Brush for two full minutes — a sand timer or a two-minute song makes this concrete. - Do not rinse with water after brushing; let the fluoride remain on tooth surfaces.

6 years and older: transition to standard fluoride toothpaste

Standard fluoride toothpaste (1,000–1,450 ppm) should be introduced at age six, providing the same level of protection used in adult formulations. Children under eight still need an adult to help with brushing — a fact that surprises many parents who assume school-age children can manage independently. The fine motor skills required for thorough plaque removal typically don't fully develop until around age eight to ten.

Brushing technique for this age group:

- Transition from adult-performed brushing to adult-supervised brushing from around age six. - Introduce a two-step routine: child brushes first, then an adult checks and re-brushes missed areas. - Begin introducing flossing as a daily habit (see below). - Continue for two minutes, twice daily — morning and before bed.

Flossing: when to start and how to do it correctly

Flossing is consistently underused in children's oral hygiene routines, yet it is the only way to remove plaque from between teeth — surfaces that account for a significant portion of childhood decay.

Begin flossing as soon as two adjacent teeth are in contact with each other. For many children, this happens in the primary molar region from around age two to three.

How to floss a young child's teeth:

1. Use approximately 40 cm of floss, winding most around your middle fingers and leaving 3–5 cm of working floss. 2. Hold the floss taut between thumbs and forefingers. 3. Slide gently between teeth using a zigzag motion — never snap the floss down onto the gum. 4. Curve the floss into a "C" shape around each tooth and slide it gently under the gumline. 5. Use a fresh section of floss for each tooth contact. 6. For children who resist traditional floss, floss picks or water flossers designed for children are effective alternatives.

From around age ten, most children can begin learning to floss independently under parental supervision.

The diet factor: sugar, acid, and the decay equation

No brushing routine, however diligent, can fully compensate for a diet that constantly attacks tooth enamel. Understanding the dietary drivers of childhood decay is essential for any parent looking to protect their child's teeth at home.

Sugar frequency matters more than sugar quantity

The most important dietary insight for parents is this: it is not just how much sugar your child eats, but how often they eat it. Frequent consumption of food and beverages containing free sugars is the main cause of dental caries among children, as oral bacteria metabolise these dietary carbohydrates, producing acids that demineralise dental enamel.

A 2022 study published in *International Journal of Environmental Research and Public Health* (Nakai & Mori-Suzuki) found that children with early childhood caries or high plaque acidogenicity consumed between-meal sugars more frequently than their counterparts, and drank juices between meals more frequently than at mealtimes. The key finding: the frequency and timing of sugar consumption affects plaque acidogenicity and early childhood caries, and reducing the frequency of sugar intake could prevent early childhood caries.

Practical guidance:

- Limit sugary foods and drinks to mealtimes, not as between-meal snacks. - After-school snacks should be low-sugar: cheese, vegetables, plain crackers, or water. - Avoid putting children to bed with a bottle containing milk, formula, or juice — prolonged contact of sugary liquid with teeth during sleep is a primary driver of "bottle rot" (early childhood caries).

Acidic drinks: a separate and underappreciated risk

A common misconception is that the high concentration of sugar in drinks is solely responsible for dental caries. Newer research shows that acidic ingredients also play a role, with demineralisation, dentinal hypersensitivity, and erosion all linked to frequent consumption of sugary drinks.

Fruit juice deserves specific attention. Many Australian parents consider juice a healthy alternative to soft drink, but the Australian Dental Association is clear that it offers little advantage for dental health. Even 100% fruit juice has a pH low enough to erode enamel and contains significant free sugars. Free sugars include all monosaccharides and disaccharides added to foods by the manufacturer, cook, or consumer, plus sugars naturally present in honey, syrups, and unsweetened fruit juices.

Safer drink choices by age:

| Age | Recommended | Limit or avoid | |---|---|---| | 0–12 months | Breast milk, formula, water (after 6 months) | Juice, cordial, flavoured milk | | 1–5 years | Water (primary), plain milk | Juice (max 125 mL/day), soft drink, sports drinks | | 6–12 years | Water, plain milk | Fruit juice, soft drink, energy drinks, flavoured water |

Australian tap water: a free protective tool

Australia's reticulated water supply is fluoridated, making it one of the most effective and underused tools in childhood decay prevention. Almost 50% of parents do not know that tap water is better for teeth than bottled water. Most bottled water contains no fluoride, meaning families who default to it are unknowingly removing a key protective factor from their child's daily routine.

Encourage children to drink from the tap at home and to use the water fountain at school. When packing a drink bottle, fill it from the tap rather than purchasing bottled water.

Habits that affect dental development: dummies and thumb-sucking

Sucking habits — whether involving a dummy (pacifier) or thumb — are entirely normal in infancy and early toddlerhood. The clinical concern arises when these habits persist beyond the preschool years.

Thumb-sucking and dummy use during the first few years of life rarely cause dental problems; international paediatric guidance considers these habits normal for infants and young children. However, the duration and intensity of these habits can influence dental and oral development, and persistent sucking beyond ages four to six — when permanent teeth begin to emerge — can lead to dental misalignments or bite problems.

The specific dental consequences of prolonged habits include:

- **Protruding front teeth:** Constant dummy use or thumb sucking can cause the front teeth to stick out, making it difficult for children to comfortably close their mouth and lips, causing speech problems and increasing the risk of trauma.

- **Open bite:** When the teeth do not overlap, the child has an open bite, which can create swallowing or speech problems.

- **Crossbite:** Frequent thumb sucking can cause the upper teeth to fit inside the lower teeth; if uncorrected, the jaw can shift to one side, causing lopsided jaw growth and future dental issues.

Practical guidance for parents:

- Dummies are preferable to thumb-sucking because parents can control and gradually limit access. - Never dip a dummy in honey, jam, or sugar — dummies dipped in sugary substances introduce an increased risk of cavities, encourage bacterial growth, and weaken tooth enamel, leading to early childhood tooth decay. - Aim to phase out dummy use by age two to three, and thumb-sucking by age four. - If habits persist beyond age four, raise this at your child's next Core Dental Group appointment — our clinicians can assess whether early orthodontic monitoring is warranted (see our guide on *Early Orthodontic Assessment for Children in Australia: When to Start and What Core Dental Group Looks For*).

How to make brushing stick: age-appropriate strategies

Knowing the correct technique is only half the challenge. Getting a resistant two-year-old or a distracted eight-year-old to cooperate is the daily reality. Here are evidence-informed strategies that work:

For toddlers (18 months – 3 years): - Use the "knee-to-knee" position: sit facing your partner with the child lying across both laps, head in your lap for direct visibility. - Sing a consistent "brushing song" to signal the routine and mark two minutes. - Let the child hold a spare toothbrush to feel involved.

For preschoolers (3–5 years): - Use a character toothbrush or one they chose themselves. - Narrate what you are doing: "Now we're cleaning the back teeth where the sugar hides." - Use a two-minute timer app with a visual countdown.

For school-age children (6–12 years): - Shift from doing to supervising — let them brush first, then check. - Use a disclosing tablet (available at pharmacies) occasionally to show where plaque remains after brushing; the visual feedback is highly motivating. - Tie the routine to an existing habit: after breakfast, after bath — not "before bed sometime."

Key takeaways

- **Fluoride toothpaste dosage is age-specific:** Use no toothpaste for children under 18 months; a pea-sized amount of low-fluoride (400–550 ppm) toothpaste from 18 months to five years; standard fluoride (1,000–1,450 ppm) toothpaste from age six. Check the label — many premium children's toothpastes contain no fluoride at all. - **Adults must brush for (or with) children until at least age eight:** Children lack the fine motor control for thorough independent brushing before this age, regardless of their willingness to try. - **Sugar frequency is more damaging than sugar quantity:** Every time sugar is consumed, enamel is under acid attack for up to 40 minutes. Three small sugary snacks across the day cause more damage than one larger portion at mealtime. - **Australian tap water is a free, fluoridated protective tool:** Replacing bottled water with tap water is one of the simplest and most impactful dietary changes an Australian family can make. - **Dummy and thumb-sucking habits should be phased out by age four:** Habits persisting beyond this point risk causing open bite, crossbite, or protruding teeth that may require orthodontic correction, raising the cost and complexity of future treatment significantly.

Connecting home hygiene to professional care

The at-home routine described in this guide works best when reinforced by regular professional care. Even perfect brushing and flossing cannot remove hardened calculus or protect the deep fissures of newly erupted molars — which is why professional fluoride treatments and fissure sealants remain important adjuncts (see our guide on *Fissure Sealants and Fluoride Treatments for Kids: Are They Worth It?*).

At Core Dental Group, our specialist paediatric dentists and dental therapists review your child's home hygiene routine at every check-up appointment, providing personalised guidance based on your child's specific decay risk rather than generic advice. For eligible families, these preventive consultations are accessible under the Child Dental Benefits Schedule (CDBS) at no out-of-pocket cost through our bulk billing model. If you are unsure whether your child is eligible, our guide on *Child Dental Benefits Schedule (CDBS) Explained: Eligibility, Cap, and What's Covered in 2025–2026* provides a complete breakdown.

The most effective oral hygiene routine is one built on accurate knowledge, consistent execution at home, and regular professional reinforcement. If it has been more than six months since your child's last dental visit — or if they have never seen a dentist — book an appointment with Core Dental Group today. The habits you establish now will shape your child's dental health for a lifetime.

References

- Australian Institute of Health and Welfare (AIHW). "National Oral Health Plan 2015–2024: Performance Monitoring Report — Untreated Caries Prevalence." *Australian Government*, 2020. https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024/contents/our-oral-health-a-national-perspective/untreated-caries-prevalence

- Australian Institute of Health and Welfare (AIHW). "Australia's Children: Dental Health." *Australian Government*, 2022. https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/dental-health

- Centre for Community Child Health (CCCH), Royal Children's Hospital Melbourne. "Strategies to Improve Child Dental Health and Reduce Inequities." *CCCH Resource Hub*, 2024. https://www.ccch.org.au/resource-hub/toolkit-and-guides/reducing-inequities-in-child-dental-health/

- Australian Dental Association (ADA). "Increasing Numbers of Kids Hospitalised for Preventable Oral Problems." *ADA News*, 2024. https://ada.org.au/increasing-numbers-of-kids-hospitalised-for-preventable-oral-problems

- Do, L.G. "Guidelines for Use of Fluorides in Australia: Update 2019." *Australian Dental Journal*, 2020; 65: 30–38. https://onlinelibrary.wiley.com/doi/10.1111/adj.12742

- Smith, K. et al. "An Assessment of the Current Status of Children's Toothpaste in Australia." *Australian Dental Journal*, 2021; 66(3). https://onlinelibrary.wiley.com/doi/10.1111/adj.12855

- Victorian Department of Health. "Fluoride and Infants." *health.vic.gov.au*, 2026. https://www.health.vic.gov.au/water/fluoride-and-infants

- Nakai, Y., & Mori-Suzuki, Y. "Impact of Dietary Patterns on Plaque Acidogenicity and Dental Caries in Early Childhood: A Retrospective Analysis in Japan." *International Journal of Environmental Research and Public Health*, 2022; 19(12): 7245. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9223666/

- Verly, E. et al. "Impact of Unhealthy Food and Beverage Consumption on Children's Risk of Dental Caries: A Systematic Review." *Nutrition Reviews*, 2024; 82(11): 1539–1554. https://academic.oup.com/nutritionreviews/article/82/11/1539/7471577

- Orthodontic Society of Australia and New Zealand (OSANZ). "Can Dummies and Thumb Sucking Affect My Child's Teeth?" *OSANZ Info*, 2026. https://osanz.org.au/whats-trending/can-dummies-and-thumb-sucking-affect-my-childs-teeth/

- Oral Health Victoria (OHV). "Section 9: Fluoride." *The Teeth Manual*, 2026. https://www.ohv.org.au/oral-health-programs/hfhs/the-teeth-manual/section-9-fluoride

Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

No product specification data was provided. No fields were present in the Product Facts table, and no product packaging data was available for extraction. There are no verifiable label facts to report.

General product claims

No product-specific marketing or benefit claims were identified. The analysed content consists entirely of clinical and educational guidance on children's oral hygiene — covering brushing technique, toothpaste fluoride concentrations, flossing, diet, and habit management — attributed to Core Dental Group. These statements are general health and dental care recommendations, not claims tied to a specific product label.