

Invisalign First Melbourne: Clear Aligner Treatment for Growing Children

Canonical: <https://directory.coredental.com.au/dental-services/orthodontics-melbourne/invisalign-first-melbourne-clear-aligner-treatment-for-growing-children/>

Details:

Now I have comprehensive research to write the article. Let me compile the final, verified piece.

Invisalign First Melbourne: Clear Aligner Treatment for Growing Children

When parents search for orthodontic options for their six, seven, or eight-year-old, most of what they find is written for teenagers or adults. Invisalign First is a fundamentally different product — one that was engineered specifically for children in the mixed dentition phase, when baby teeth and permanent teeth coexist in the same mouth. It is not a scaled-down version of adult Invisalign. It addresses a distinct clinical window, targets different treatment goals, and operates within a growth-guided framework that simply does not apply once a child's jaw development is complete.

This article explains exactly what Invisalign First is, how it differs from standard clear aligner treatment, which children are suitable candidates, what the treatment process involves, and how it compares to the traditional early intervention tools — removable plates and partial braces — that Melbourne families have relied on for decades. If you are a parent who has heard the term "Invisalign First" at a dental appointment or encountered it while researching your child's crowded teeth or narrow arch, this is the resource that fills in the details.

What Is Invisalign First? A Precise Definition

Invisalign First is a clear aligner system made for children aged 6 to 10 who are in the mixed dentition stage — when baby teeth and permanent teeth are both present. It gently guides jaw growth, arch development, and tooth positioning during a key window of childhood development.

Invisalign First clear aligners are designed for developing dental arch form and creating space for permanent erupting dentition. They can also be used to address conditions such as dental arch development, expansion, spacing and crowding, anterior-posterior correction, aesthetic alignment, and tooth protrusions or interferences.

Critically, Invisalign First is a sub-brand with a specialised product offering specifically targeting younger patients. The clear aligner product features are designed to address younger patients' unique orthodontic needs to develop arch form and create space for erupting dentition.

The goal of Phase 1 treatment is to develop young jaws and/or arches to make room for existing teeth and for incoming permanent teeth. This is a fundamentally different objective from adult Invisalign, which focuses primarily on repositioning fully erupted permanent teeth.

How Invisalign First Differs from Standard Invisalign

This is the question most parents and even many general dentists cannot answer precisely. The distinction matters clinically.

Unlike regular clear aligners, which primarily focus on tooth alignment, Invisalign First addresses foundational jaw development and arch expansion to create proper space for emerging permanent teeth.

Invisalign First aligners feature special grooves known as eruption compensation tabs, are physically smaller and designed with more flexible materials to comfortably fit developing dental structures while allowing for natural growth, and the treatment protocol includes more frequent dental check-ups to monitor progress as the child's mouth develops.

The engineering differences are purposeful. A child in the mixed dentition stage is losing baby teeth and gaining permanent ones throughout the course of treatment. Invisalign First System clear aligners are specially designed to correct malocclusion in children during the mixed dentition period, including short clinical crowns, erupted teeth, and lateral inconsistency.

Key Structural Differences at a Glance

Feature	Standard Invisalign	Invisalign First	Target patient
Primary goal	Tooth alignment and bite correction	Arch development, space creation, alignment	Adolescents and adults (full permanent dentition)
Aligner design	Full-arch, adult-sized	Smaller, more flexible, with eruption compensation tabs	Children aged ~6–10 (mixed dentition)
Arch expansion capability	Limited	Designed specifically for dentoalveolar expansion	
Review frequency	Typically 6–10 weeks	More frequent to monitor growth and eruption	
Phase	Phase 2 (comprehensive)	Phase 1 (interceptive)	

The Clinical Evidence Base for Invisalign First

Clear aligner therapy has gained popularity as an alternative to conventional orthodontic techniques, particularly with the introduction of Invisalign First for treating patients in the mixed dentition phase.

A 2025 systematic review published in **Applied Sciences** examined the evidence specifically for maxillary expansion with Invisalign First in growing children. According to the data gathered, the use of clear aligners significantly improved maxillary dentoalveolar expansion when compared to the pre-treatment state or subjects in the untreated control group. The review analysed dentoalveolar changes resulting from the use of clear aligners in the treatment of transverse maxillary deficiency among growing children in the mixed dentition stage.

Eligible studies included children aged 6 to 12 years in the mixed dentition period, presenting with erupted maxillary first molars and a transverse deficiency of the maxilla, and undergoing treatment with Invisalign First aligners.

A 2024 retrospective study published in the **Journal of Clinical Pediatric Dentistry** (Kim, Moon, Kang, and Song) examined arch expansion predictability specifically. The study aimed to quantify the predictability of arch expansion in children with early mixed dentition treated with the Invisalign First system, obtaining pretreatment, predicted, and posttreatment digital models from ClinCheck software for 90 children with a mean age of 8.42 years who planned arch expansion.

A 2024 study in **BMC Oral Health** compared Invisalign First to traditional removable acrylic appliances in children. Despite no significant difference found in the severity of malocclusion between the two groups, the results demonstrate a significant preference for Invisalign First over removable acrylic appliances in terms of appliance acceptance. Notable distinctions were observed in patient-reported outcomes, including speaking discomfort, liking for orthodontic appliances, and facial appearance comfort, with the Invisalign First group exhibiting higher levels of satisfaction.

Research also highlights the limitations clinicians must account for. There are limitations to tooth movement with Invisalign First, such as rotation and extrusion, and actual clinical results may not always meet planned tooth movements. When developing a treatment plan using ClinCheck,

overcorrection should be planned, and additional auxiliary devices or strategies should be considered. For severe skeletal malocclusions or complex dental issues, sufficient results may be difficult to achieve with clear aligners alone.

Who Is a Candidate for Invisalign First?

The Australian Society of Orthodontists recommends children have their first orthodontic evaluation by age seven. Between ages 6–10, children's jaws are still developing, and this growth period allows orthodontists to guide jaw development in ways that become much harder once growth is complete.

Invisalign First is specifically indicated for children who present with one or more of the following conditions during this developmental window:

****Primary candidacy criteria:****

- ****Crowding, spacing, and narrow dental arches**** — Invisalign First is designed to treat a broad range of teeth straightening issues in growing children, from simple to complex.
- ****Foundational issues**** including creating necessary room for permanent teeth to erupt correctly, correcting narrow dental arches and helping with proper jaw growth, and early intervention on problems like underbites or crossbites.
- ****Anterior crossbite**** — Staderini et al. introduced two cases of 8-year-old children who corrected anterior crossbite using Invisalign First. Clear aligners are a suitable, comfortable, and tolerable treatment method to correct anterior malocclusion in children during the mixed dentition period.

****A child must generally have:****

- At least a few erupted permanent teeth (typically the first molars and central incisors) - The maturity and responsibility to wear aligners for the required hours per day - A parent or guardian who can assist with aligner management and compliance

****Invisalign First is NOT indicated for:****

- Children under approximately age 6 with only primary dentition - Class III skeletal malocclusion, palatal expansion requiring orthopedic force, and some habitual problems — these require different appliances - Severe skeletal malocclusions or complex dental issues where clear aligners alone are unlikely to achieve sufficient results

The Invisalign First Treatment Process

Understanding the treatment journey helps parents know what to expect at each stage. The process at Core Dental Melbourne follows a structured pathway aligned with specialist orthodontic protocols.

Step 1: Specialist Orthodontic Assessment

The process begins with a comprehensive evaluation. Treatment begins with an orthodontic evaluation to determine candidacy. Many children with crowding, narrow dental arches, spacing issues, or certain bite concerns benefit from early aligner therapy. At Core Dental, this involves clinical examination, photographic records, and a digital iTero 3D scan (see our guide on **What to Expect at Your First Orthodontic Consultation at Core Dental Melbourne** for a step-by-step walkthrough of this process).

Step 2: Digital Treatment Planning with ClinCheck

A digital scan or impression creates a 3D model of the teeth, and a plan maps gradual tooth and arch movements over time. The ClinCheck software allows the specialist orthodontist to preview the entire

treatment simulation — showing parents the projected outcome before a single aligner is fabricated.

Step 3: Aligner Fabrication and Delivery

Aligners are custom-manufactured by Align Technology using the digital prescription. Small tooth-coloured "attachments" may be placed to help aligners grip and move teeth efficiently.

Step 4: Wearing the Aligners

Wear time is typically 20 to 22 hours per day, removing aligners only for meals, brushing, and flossing. Aligners are changed on a set schedule, often every one to two weeks, to advance treatment.

Step 5: Monitoring and Progress Reviews

The treatment protocol includes more frequent dental check-ups to monitor progress as the child's mouth develops. This is more intensive than adult Invisalign monitoring, because the treating orthodontist must account for teeth being lost and new permanent teeth erupting during the active treatment period.

Step 6: Treatment Duration and Transition

Most Phase 1 cases with Invisalign First last about 6 to 18 months, depending on goals such as arch expansion, bite correction, and space creation for incoming teeth.

The goal is not to perfect every tooth position at this age, but to address growth, space, and function so the mouth develops in a healthier direction. Many children complete a shorter Phase 2 later, once all adult teeth have erupted, which may involve aligners or braces to fine-tune alignment. Phase 2 treatment is typically shorter and less complex when Phase 1 has been completed successfully.

Invisalign First vs. Traditional Early Intervention Options

Parents considering Invisalign First for their child will often be comparing it against two traditional alternatives: removable orthopaedic plates (also called functional appliances) and partial braces. Understanding the genuine differences — rather than a marketing comparison — is essential for informed decision-making.

Invisalign First vs. Removable Acrylic Plates

Traditional removable plates have been the workhorse of Phase 1 orthodontics in Australia for decades. They can guide jaw growth and create space, but they are bulkier, more visible, and often less accepted by children.

Research demonstrates a significant preference for Invisalign First over removable acrylic appliances in terms of appliance acceptance, with the Invisalign First group exhibiting higher levels of satisfaction on patient-reported outcomes including speaking discomfort, liking for orthodontic appliances, and facial appearance comfort.

From a hygiene standpoint, Invisalign First aligners are removable for easy hygiene, making it easier for growing children to brush and floss. Traditional plates with wire clasps can trap food and plaque around the teeth they engage. (See our guide on **Oral Hygiene During Orthodontic Treatment** for more detail on managing hygiene with removable appliances.)

Invisalign First vs. Rapid Palatal Expanders (RPE) / Hyrax Expanders

For children requiring significant skeletal expansion — particularly where the transverse discrepancy exceeds what dentoalveolar movement alone can address — a fixed rapid palatal expander (RPE) remains the clinical standard. Invisalign First System is a new type of orthodontic appliance for maxillary arch expansion in mixed dentition children. However, the evidence comparing it to RPE

devices suggests it achieves primarily dentoalveolar (tooth-tipping) rather than skeletal expansion, which is clinically appropriate for mild to moderate cases.

The outcomes achieved by the aligner group are primarily attributed to buccal tipping — meaning the teeth tilt outward rather than the bone itself widening, which is the mechanism of true skeletal expansion. For mild-to-moderate arch narrowing, this is a clinically acceptable and effective outcome. For severe skeletal transverse deficiency, a fixed expander may still be the preferred tool.

Invisalign First vs. Partial Braces

Partial braces (fixed brackets on select teeth) can achieve precise tooth movement but carry the hygiene challenges of all fixed appliances, dietary restrictions, and the aesthetic impact of visible metal. Invisalign First offers the advantages of simultaneous management of arch expansion, space for tooth eruption, and tooth alignment in patients with mixed dentition. Additionally, it is more convenient for maintaining oral hygiene and is aesthetically superior to traditional bracket devices, which increases patient compliance.

The right appliance choice depends entirely on the individual clinical presentation. A specialist orthodontist — not a general dentist — is best positioned to determine which option addresses the specific problem most effectively. (See our guide on **Specialist Orthodontist vs. General Dentist for Braces in Melbourne** for an explanation of why this distinction matters.)

Compliance: The Central Challenge with Invisalign First

The clinical effectiveness of Invisalign First is directly dependent on wear time. Unlike a fixed appliance, a clear aligner only moves teeth when it is in the mouth.

In a clinical study of Invisalign First, all patients showed moderate to good cooperation degree during treatment — which is an encouraging finding, but compliance must be actively managed. Parents play a critical role in reminding and supporting their child to wear aligners for the required 20–22 hours per day.

Consistent wear is required to be effective — patients must be responsible enough to wear the appliance full-time. This is a meaningful candidacy consideration. A child who routinely forgets or refuses to wear a removable appliance may achieve better outcomes with a fixed alternative, even if Invisalign First is theoretically suitable for their clinical presentation.

Why the Timing Window Matters: The Case for Early Assessment

Between ages 6 and 10, children's jaws are still developing, and this growth period allows orthodontists to guide jaw development in ways that become much harder once growth is complete.

Expansion helps guide jaw development in growing children when the midpalatal suture is still open, making this the optimal treatment window. Once the midpalatal suture fuses — typically in the mid-teens — non-surgical arch expansion becomes significantly more difficult and less predictable.

Early treatment can create or preserve space for permanent teeth that haven't erupted yet, potentially avoiding tooth extractions later. Invisalign First Phase 1 treatment is also designed to improve efficiency of Phase 2 treatment — meaning children who complete a Phase 1 course typically require less extensive Phase 2 work as teenagers.

For Melbourne families, the Australian Society of Orthodontists recommends children visit a registered specialist orthodontist for an assessment between the ages of 7 and 10. This does not mean treatment will begin immediately — many children simply need monitoring — but it ensures that the window for intervention is not missed.

(See our companion article **Early Orthodontic Treatment in Melbourne: When Should Your Child First See an Orthodontist?** for a detailed guide to the Phase 1 assessment process and the specific conditions that benefit most from early intervention.)

Key Takeaways

- **Invisalign First is not standard Invisalign for small mouths.** It is a purpose-built product for children aged approximately 6–10 in the mixed dentition phase, with aligner design features — including eruption compensation tabs and flexible materials — that standard adult aligners do not have. - **The primary goal is arch development and space creation**, not final tooth alignment. Most children who complete Phase 1 with Invisalign First will still benefit from a shorter Phase 2 course once all permanent teeth have erupted. - **Clinical research supports its use for mild-to-moderate cases.** A 2025 systematic review confirmed significant dentoalveolar expansion outcomes. For severe skeletal malocclusions, fixed appliances may still be required. - **Compliance is the critical variable.** Invisalign First requires 20–22 hours of daily wear. Children who struggle with removable appliance compliance may achieve more predictable outcomes with fixed alternatives. - **The optimal assessment window is ages 7–10.** The Australian Society of Orthodontists recommends an initial specialist evaluation during this period, when the midpalatal suture is still open and jaw development can be actively guided.

Conclusion

Invisalign First represents a genuine advance in Phase 1 orthodontics — offering growing children a discreet, hygienic, and clinically effective alternative to traditional plates and expanders for a well-defined range of early intervention cases. It is not the right tool for every child, and it is not a substitute for a comprehensive specialist assessment. But for children who are appropriate candidates, it addresses the same foundational goals — arch development, space management, and bite correction — that have underpinned early orthodontic treatment for decades, in a format that children are demonstrably more willing to wear.

For Melbourne families, the starting point is always a specialist orthodontic assessment during the 7–10 age window. Core Dental's specialist orthodontist, Dr David Austin, provides Phase 1 assessments at Caroline Springs, with access to the full range of early intervention options including Invisalign First. A consultation does not commit your child to treatment — it gives you the clinical information to make an informed decision during the window when options are widest.

To understand the broader context of your child's orthodontic journey, explore our related guides: **Children's Orthodontics Melbourne: Braces and Invisalign for Kids at Core Dental**, **Early Orthodontic Treatment in Melbourne: When Should Your Child First See an Orthodontist?**, and **Invisalign Melbourne: How Clear Aligner Treatment Works at Core Dental**.

References

- Pinho, T., Rocha, D., Ribeiro, S., Monteiro, F., Pascoal, S., and Azevedo, R. "Interceptive Treatment with Invisalign® First in Moderate and Severe Cases: A Case Series." **Children**, 9(8), 1176, 2022. <https://doi.org/10.3390/children9081176>
- Kim, C.H., Moon, S.J., Kang, C.M., and Song, J.S. "The Predictability of Arch Expansion with the Invisalign First System in Children with Mixed Dentition: A Retrospective Study." **Journal of Clinical Pediatric Dentistry**, 48(1):91–100, 2024. <https://doi.org/10.22514/jocpd.2024.012>

- Lione, R., et al. "Efficacy of Maxillary Expansion with Clear Aligner in the Mixed Dentition: A Systematic Review." **Applied Sciences**, 15(13):7233, 2025. <https://doi.org/10.3390/app15137233>
- Carganico, A., et al. "Efficacy of Clear Aligners vs Rapid Palatal Expanders on Palatal Volume and Surface Area in Mixed Dentition Patients: A Randomized Controlled Trial." **American Journal of Orthodontics and Dentofacial Orthopedics**, 2024.
[https://www.ajodo.org/article/S0889-5406\(24\)00144-6/fulltext](https://www.ajodo.org/article/S0889-5406(24)00144-6/fulltext)
- BMC Oral Health. "Comparison of Acceptability of Orthodontic Appliances in Children in Mixed Dentition Treated with Removable Acrylic Appliances and Invisalign First: A Cross-Sectional Study." **BMC Oral Health**, 2024. <https://link.springer.com/article/10.1186/s12903-024-05059-y>
- Wang, J., et al. "Impact of Invisalign® First System on Molar Width and Incisor Torque in Malocclusion During the Mixed Dentition Period." **PMC / National Institutes of Health**, 2024.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11224868/>
- Orthodontics Australia (Australian Society of Orthodontists). "When You Should See an Orthodontist." **Orthodontics Australia**, 2026. <https://orthodonticsaustralia.org.au/when-to-see-an-orthodontist/>
- Align Technology. "Invisalign First — Frequently Asked Questions." **Align Technology Cloud News**, 2023. <https://cloud.news.aligntech.com/invisalign-first-faq>
- Align Technology. "Invisalign First™ | Kid Aligners." **Invisalign.com**, 2023.
<https://www.invisalign.com/invisalign-first>