ONOMY SCIENCE

Breastfeeding, Bed-Sharing and Early Childhood Caries. Is There An Association? A Review of the Literature

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Cite this article: Breastfeeding, Bed-Sharing and Early Childhood Caries. Is There An Association? A Review of the Literature. Am J Pedi and Heal care. 2018; 1(1): 001-004.

Submitted: 27 July 2018; **Approved:** 31 July 2018; **Published:** 7 August 2018

ABSTRACT

The purpose of this review is to describe the association between some breastfeeding practices and early childhood caries (ECC). Some factors linked with prolonged breastfeeding, such as nocturnal feeding during sleep, a cariogenic diet, or an inadequate oral hygiene, increas the risk of dental caries. The literature was reviewed for evidence that cosleeping/bed-sharing encourages ad libitum breastfeeding without cleaning the children's teeth afterwards and, therefore, these children present a higher risk of early childhood caries. Thus, many studies evaluating the association between early childhood caries and nocturnal breastfeeding were analyzed to determine if mothers shared their bed with their children and the hygiene measures applied in these cases. Surprisingly, most studies did not specify the choice of this feeding practice. Those that did ask the mother if they shared their bed with their child observed a remarkable association with the risk of development of early childhood caries. In addition, poor oral hygiene after practices were also noted. Bed-sharing is a practice that could pose a risk for early childhood caries in children who are breastfed on demand at night without adequate hygiene measures.

Keywords: Dental Caries; Child; Breast Feeding

INTRODUCTION

The cariogenic potential of human milk with approximately 7% lactose has been questioned [1]. Several recent studies have shown that breastfeeding by itself does not increase the risk of caries in infants [1,2] with the possible exception of continued feeding after the child has fallen asleep [3]. This practice is very common when the infant shares the bed with his/her mother. This review of the literature looks into all these issues that currently generate so many conflicts.

EARLY CHILDHOOD CARIES

Dental caries (tooth decay) is caused by multi-factorial and complex interactions between cariogenic bacteria in the mouth with dietary carbohydrates that produce acids and demineralize the teeth [4]. The pain and infection caused by dental caries can impact on quality of life and ability to function [5], lead to lost productivity and involve high health care costs including general anaesthesia for treatment of severe cases [6].

Early Childhood Caries (ECC) is defined as the presence of one or more decayed, missing or filled tooth surface in any primary tooth of children aged under 71 months [7]. ECC is the most prevalent dental problem in pre-schoolers [8], one of the most common causes of hospital admission and the most common cause of dental extractions under general anaesthesia [8, 9].

The evidence concerning infant feeding as a risk factor for ECC has been reviewed with different results [3,10-12]. There is controversy about what constitutes the best form of infant feeding to prevent dental caries and promote optimal dental health [13]. Harris et al. in a systematic review in 2004 identified three factors related to infant feeding as risk factors for dental caries: duration of breastfeeding greater than 18 months, used to feed or stop crying during the night, and to put the child to sleep [14].

COSLEEPING AND BED-SHARING

Cosleeping is a common parenting choice in many cultures and the norm in numerous countries. Cosleeping is defined as an infant sleeping close to his or her parent. A subset of cosleeping is bed-sharing where the infant is put to sleep in the parents' bed with them. Co-bedding refers to infants (typically twins or higher-order multiples) sharing the same bed [15,16].

In the 2011 policy statement from the American Academy of Pediatrics (AAP), healthy breastfeeding is promoted while encouraging room-sharing without bed-sharing [15,16]. However, many families have their own reasons behind this decision [17]. Similarly, each family exhibits various degrees and patterns of cosleeping [18].

Health care professionals disagree about bed-sharing techniques, effectiveness and ethics because of the risk of suffocation or strangulation, but some pediatricians and breastfeeding advocates have opposed this position [19].

Research conducted in the United States indicated that mothers do choose to cosleep despite warnings against it, and that cosleeping promotes breastfeeding [20-22]. Research has shown that cosleeping encourages ad libitum breastfeeding [1].

BREASTFEEDING BENEFITS

The AAP stated that exclusive breastfeeding, defined as giving an infant only breast milk-no water, no formula and no other liquids or solid foods-is the norm against which all alternative feeding methods should be compared [23]. The 2012 AAP policy statement on breastfeeding and the use of human milk documents the many important reductions in health risks for infants and children, mothers, families and society that are attributable to breastfeeding and the use of human milk for feeding [23]. These advantages include developmental [24], economic [25,26], health, nutritional, immunological, psychological, social and environmental benefits [23]. Breastfeeding is associated with decreasing maternal risk of breast cancer, ovarian cancer, Type 2 diabetes, and higher intelligence of the child and decreased risks of infections, malocclusion of the teeth, overweight and diabetes [27,28].

Not breastfeeding according to recommendation has been associated with diarrhea and pneumonia/respiratory disease in children [29-31]. Studies showed that children who were not breastfed have a 165% higher risk of suffering from diarrhea and 107% higher risk of pneumonia than children who were exclusively breastfed [29,30]. Worldwide, not breastfeeding according to recommendation has been attributed to the death of 823,000 children and 20,000 deaths due to breast cancer each year [28].

Exclusive breastfeeding has been recommended by the World Health Organization (WHO) until the age of six months, and breastfeeding complemented with food intake is suggested until two years old [32]. However, cultural and social factors directly affect knowledge of how long a child should be breastfed for [33].

HUMAN MILK PROPERTIES

Human milk's ability to cause cavities (its cariogenicity) is a frequent topic of debate in current dental research [34]. Although one study in 2008 claimed that human milk is more cariogenic than bovine milk [35], the main consensus from dental research is that human milk is less cariogenic than bovine milk [10].

Dental research has found that human milk is not cariogenic in and of itself [2,36]. However, it may be a contributing factor to ECC [37]. Human milk was noted to be a contributing factor to caries when other factors were present such as a high-carbohydrate diet, low maternal socioeconomic status, and low fluoride use [38].

Whenever a child puts food or drink in his mouth, this causes a drop in the pH of the mouth. The mouth has a neutral pH of 7, with a critical pH of 5.5. This pH of 5.5 is termed the "critical pH" because below this pH is the "danger zone" where tooth structure begins to break down during the caries process [39].

Therefore, frequency, repeated and prolonged exposure, along with increased access to feeding while bed- sharing may invoke a significant or several prolonged choose to cosleep, and drops in the pH of the child's mouth. This significant pH drop increases the total time throughout the night spent in the "danger zone" of the Stephan curve. Dental research has shown this drop in pH is especially significant if there is already plaque on the teeth that can then result in cavity formation [40].

ECC, BREASTFEEDING AND BED-SHARING

The relationship between breastfeeding and ECC has been systematically [41] and narratively reviewed [23,42,43] with conflicting results between studies.10-12 There is controversy about what constitutes the best form of infant feeding to prevent dental caries and promote optimal dental health [13]. Consequently no definitive optimal weaning times or breastfeeding practices have been determined to specifically address the risk of dental caries.

Most studies concluded that breastfeeding up to 12 months of age is not associated with an increased risk of dental caries and, in fact, may offer some protection compared with formula. However, children who are breastfed beyond 12 months, a time during which all deciduous teeth erupt, had an increased risk of dental caries. This may be due to other factors which are linked with prolonged breastfeeding including nocturnal feeding during sleep, cariogenic foods/drinks in the diet, or inadequate oral hygiene practices [44].

Nocturnal breastfeeding is often used to comfort an infant or child who may then fall asleep with the nipple in their mouth. In this position, the tongue fills the mouth and holds the breast milk against the surfaces of the teeth, thereby prolonging the exposure of the substrate to the cariogenic bacteria that are attached to the teeth surfaces and hence increasing the risk of dental caries. To reduce the risk of dental caries, oral hygiene practices to remove bacterial plaque are important as more teeth erupt, but it is very difficult because older babies can suck during the night without waking their mother [44].

Despite having many studies showing the association between ECC and nocturnal breastfeeding [3-5,26,28,35,39,41,44-47] few studies in the literature have specified whether they practiced co-sleeping or bed-sharing [43, 45, 47-56].

The first study found was published in 1998 by Weerheijm et al. They observed in 96 children that the higher frequency of feedings (during the night as well as during the day) was an important factor for the development of caries [38]. As they all slept in their parent´s bed most days of the week, they had easy access to feedings (especially during the night). Then, Sayegh et al. in a study with 22,569 children in 2004 found that severe caries was more common among those children who had the habit of sleeping beside the mother [37]. Similarly, van Palestein et al., in the study carried out in 2005 with 163 children (98% of them still shared a bed with their mother) indicated that nocturnal breastfeeding after the age of 12 months poses a risk of developing ECC [41]. Turton et al. have also reported higher caries experience in those infants who slept with their mother at night, or breast-fed beyond the age of two years in a recent study with 362 children in 2015 [46].

ORAL HEALTHCARE AND HIGIENE

The AAPD recommends that a child is seen by a dentist by the age of 1 or with the eruption of the first tooth [57], but unfortunately it is common for dental care to be initiated much later in childhood [42]. Thus, it could be neccesary to provide education about anticipatory guidance and timing of oral healthcare and hygiene discussions from pediatricians and midwives. They have the opportunity to examine an infant several times within the critical first year of life. During this first year, family patterns and habits will be set. Wert et al. in 2015 interviewed 14 cosleeping and breastfeeding mothers with children from 6 months to 2 years. Approximately half of the mothers did not disclose their sleeping patterns to their pediatrician. Mothers reported few healthcare professionals initiated a discussion on cosleeping or oral hygiene for their child [58].

Numerous studies showed that when a child was in bed with the mother, breastfeeding happened more frequently [18,59]. Although the cariogenicity of human milk alone is found to be low from study to study, plaque from solid foods together with frequent and prolonged exposure to human milk complicates the analysis of caries risk [36]. Because of this situation, all breastfeeding mothers could benefit from individualized oral hygiene instruction, especially once teeth begin erupting when the child is around 7 months old. Mothers who breastfeed children with teeth throughout the night need to know how important it is to start out with a "clean slate" at bedtime. It could be necessary that the nighttime brushing routine is effective to remove plaque from every surface of the teeth [58]. Mothers should be instructed to wipe the teeth off at the end of the feeding, rather than letting the milk residue sit on the teeth. They could keep a clean washcloth and water next to her bed and quickly rub as many of the surfaces of the teeth as possible once the child finishes a feeding. Although this may not be as thorough as brushing the teeth properly, this extra step should help to rid the teeth of excess milk residue without completely disrupting the child [58]. Santos and Soviero in a study with 80 children from 0 to 36 months in 2002 found that among the parents, only 3.3% cleaned their children's teeth even after nocturnal feeding at night [56].

FUTURE RECOMMENDATIONS

The prevention of ECC depends on multidisciplinary efforts, involving different healthcare professionals (dentists, pediatricians, nurses, primary healthcare workers, gynecologists...). Strategies providing the population with information and encouraging families to change their attitudes towards oral health should be implemented. The information should be practical and objective so that families feel capable of inserting preventive attitudes in their lives [56].

It would be very interesting that parents should be provided with information on dental care during pregnancy and during the first year of the baby, as this would favor the scheduling of an early dental appointment for the baby. Furthermore, it would be easier to prevent inappropriate habits than trying to eliminate them after they have been included in the daily routine [58].

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