Breastfeeding and early preventive orthodontics. A few cultures ritually have a higher risk factor for diabetes, kidney and heart disease. They are much less likely to develop ear infections, respiratory infections, gastro-intestinal infections, diarrhoea, and lymphomas (type of childhood cancer). Breast-fed babies are less likely to be hospitalized for serious illnesses, less likely to die of SIDS, and generally have higher IQs.

Breast-bottle babies (suckled infants) are more likely to develop malocclusion. Sucking habits (bottle, pacifier and digits) result in narrower upper and lower dental arches. Sucking infants often have decreased upper and increased lower inter-canine arch width along with a high prevalence of posterior crossbite. A strong association has been found between exclusive bottle-feeding and malocclusion. Non-breast-sucking habits such as finger and pacifier sucking are strongly associated with crooked teeth and/or jaws (malocclusion). Most bottle-fed infants are sicker in general than successfully breast-fed infants. They are sicker as infants and often for a lifetime. The added health-care costs for four of the many medical illnesses that result from not breast-feeding was recently estimated to be over $1 billion per year.

Step #3 Recommend at or near birth is the manipulation of an abnormal palatal arch and maxilla. Birth trauma can cause nasal obstruction and lead to mouth breathing and the development of facial and occlusal abnormalities. The palate shape and size changes in tongue positions coordinated with sucking contractions to stimulate growth. The forces of sucking actively act on the jaws like orthopedic appliances to induce forward and lateral jaw growth and early airway growth on.

Breast sucking aids proper development of the jaws, which form the gateway to the human airway. It also cultivates positive down and forward growing forces required by both upper and lower jaws. Sucking forces act to spread and widen dental arches and promotes good swallow muscle tone, which aids proper jaw and airway growth. Research shows children breastfed about one year rarely develop dummy or finger sucking habits.

Bottle, pacifier and digit sucking create backward destructive forces on the lower border and lower jaw. Pacifier sucking magnifies negative jaw forces because the pacifier is often sucked more extensively and with more force than a bottle. Sucking forces generally act to constrict and form narrow dental arches out of soft moldable cartilaginous bone. Sucking promotes poor swallow muscle tone and habits, which interfere with proper jaw and airway growth. Essentially, sucking forces during the critical post-natal growth period block the full genetic potential.

Breast-fed babies (suckled infants) are less likely to develop malocclusion-high pre-maxilla, abnormal alveolar ridges and palate, and posterior cross-bite. They are less likely to develop allergies. Breast-fed infants are much less likely to be overweight. A major risk factor for diabetes, kidney and heart disease. They are much less likely to develop ear infections, respiratory infections, gastro-intestinal infections, diarrhoea, and lymphomas (type of childhood cancer). Breast-fed babies are less likely to be hospitalized for serious illnesses, less likely to die of SIDS, and generally have higher IQs.

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Step #4 Recommend early composite bonding to correct malocclusion. The FJO dentist can use early composite bonding to treat closed, crooked or crossed bites, as early as 2–5 years of age. This can prevent malocclusion or the formation of gum crowns or stainless steel crowns can also be used to guide developing teeth and jaws. Bonding can be used to open closed vertical dimension. Early correction of closed vertical dimension aids growth and development, increases tongue and airway space and reduces treatment need later. Low vertical dimension is one of the many health benefits to the posterior cuspide area grows. One way to open the bite and free normal growth is to place bonded composite on the occlusal surface of the lower primary molars. About 1–2 mm added to the primary second molar, and about 2–3 mm added to the primary first molar will usually open the closed bite in the anterior area about 2–4 mm. This allows the mandible to translate forward 1–2 mm. If the mandible is trapped in a deep Class II Division 2 malocclusion, then a removable maxillary appliance or utility arch can be added to increase space for the mandible to translate forward.

Bonding can be used to balance and reduce ear disease. Vertical dimension bonding has been shown to reduce or eliminate ear disease in young children. Research shows deep bites increase the chance for chronic ear disease, middle ear fluid, and deafness. Dentists have the ability to reduce or eliminate a great deal of costly and adult ear disease without drugs or surgery.

Serial bonding can be used progressively to act as braces without braces. This “fixed” form of early orthodontic treatment allows FJO dentists to successfully correct small problems before they grow larger. Composite bonding is an excellent technique for bonded composites or stainless steel crowns for serial bonding. Composites can rather simply be re-bonded over and over as necessary.

Pedodontic crown lengthening, bonding to open molar vertical dimension, is another technique. A dental arch can be reduced without having to erupt into the dental arches. Short clinical crowns are a sign of obstructed or incomplete ver-