

Nurses' experience and role in infants with natal teeth

Mothers rely on nurses for help and advice on how to feed their babies. Without help, many mothers see breastfeeding as a goal they cannot reach for themselves. So, the nurse plays a significant role in helping the mother to begin breastfeeding and to take pleasure in it; at one fell swoop, the mother provides her infant with optimum nutrition. However, nursing could be hampered when natal teeth, sometimes called fetal teeth, are present in the mouth of a baby at birth. Teeth erupted in the infant's mouth during the first month of life are termed as neonatal teeth. The normal eruption of the primary teeth typically begins at 6 months of age. Presence of these natal teeth is an uncommon condition, seen in 1 in 2000–3000 newborns.^[1] Various superstitions and folklore are associated with natal teeth, ranging from claims that the affected children were exceptionally favored by fate to the belief that they were doomed among races.^[2]

Natal teeth usually are present on the lower gum and are most often the primary mandibular incisors. Often they are loose and unsteady, and are attached in their place by soft tissue to the gums. These early erupted teeth or teeth-like structure could be irregular in shape or may be sharp. Natal tooth may be infant's primary tooth that had grown while the baby was in the womb or an extra tooth. Natal teeth may be normal primary teeth in size and shape; however, these are often smaller, conical, and yellowish, and have hypoplastic enamel and dentin with an undeveloped root.

These teeth may make nursing difficult. Presence of these natal teeth can cause some soreness in the newborn. Natal tooth might interfere with breastfeeding. If loose and mobile, it might be swallowed or aspirated during nursing. It may cause discomfort during suckling. It may cause trauma and irritation to the infant's tongue and, less frequently, to the mother's breast while nursing. Nursing mothers may experience discomfort and laceration of the breasts. It may cause ulcer below the tongue in infants (sublingual ulceration or Riga–Fede disease)^[2] with resultant feeding refusal.

Presence of natal tooth may, at times, be an indication of a hormonal condition such as hyperthyroidism. At times, its presence may be associated with syndromes including Hallermann–Streif syndrome, Pierre Robin syndrome, and Ellis–van Creveld syndrome. But its presence is not essentially an indication of any health problem.

A dental radiograph is recommended in order to find whether it is premature eruption of a primary deciduous tooth or an

extra tooth (supernumerary tooth). If this tooth does not interfere with suckling, no intervention is necessary.^[3] Tooth extraction is indicated if it is an extra tooth or if the tooth is poorly attached and mobile, which may result in aspiration.

If extraction is planned, then the precaution that should be taken is to avoid extraction up to the 10th day of life to prevent hemorrhage and assessing the need to administer vitamin K before extraction.^[4] The preferred treatment of Riga–Fede disease includes smoothing the rough incisal edges.

The above information is essential for midwifery, pediatric and postpartum nurses, so that they can deal with such a situation and guide the mothers as to how to feed their babies. Nurses can help breastfeeding mothers in such clinical situations. They can help breastfeeding to continue by providing frequent maternal–infant contact and should make feeding comfortable for the mother. Furthermore, nurses can provide information about natal tooth, nursing care, and support of best practices of breastfeeding for neonates and also provide a psychological boost to family. Nurses can refer such infants to pediatric dentist for further management.

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