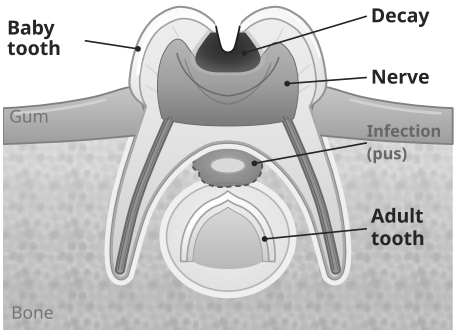
Treating baby teeth isn't only drilling.

Baby back teeth stay in use for years until they are replaced.[1] Meanwhile, decay can cause pain or swelling, or affect the adult tooth growing underneath and the alignment of the teeth.[2][3][4] At the same time, not every cavity needs to be drilled right away.

Why treat a tooth that will fall out?



A baby back tooth in cross-section (illustration). The adult tooth grows below and between its roots.

It can affect the adult tooth underneath

If decay reaches the nerve and infection (pus) spreads around the root tips, the adult tooth may come in earlier or later than usual, or change in shape or direction.[3] Cases of poorly formed enamel or brown staining have also been reported.[5] This does not happen to every child.

It can affect the alignment of the teeth

If a baby back tooth has to come out early, the 6-year molar behind it can drift forward and leave too little room for the next tooth. A device to hold the space is sometimes used.[4]

It can cause pain or swelling

In a UK trial of children aged 3–7 with decay in baby back teeth, **about 4 in 10** had pain or swelling at least once over about 3 years. It was much the same whichever treatment they had.[2]

Ways to treat it

Chosen by depth, time until replacement, and how ready your child is

Medicine to stop it

Silver diamine fluoride is painted on. Used when drilling is hard. The treated area turns black.[6]

Seal without drilling

The decay is not fully removed but covered over to slow it down.[2]

Fill or crown

A metal crown on a baby tooth comes out with the baby tooth when it is replaced.[6]

Nerve treatment

When decay reaches the nerve. It does not affect the adult tooth's nerve, but we try to avoid it.[6]

Removal

When the tooth can't be kept. For a back tooth, a space-holding device may be used.[4]

Every option includes **ongoing prevention** · May not be urgent if the adult tooth won't be affected

A trial of "not drilling"

Remove decay and fill	**42%**
Seal decay in place	**40%**
Prevention only	**45%**

1,144 children aged 3–7 in the UK, followed for about 3 years: no clear difference in how many had pain or swelling. All three included prevention. **"Not drilling" doesn't mean "leaving it alone"**.[2]

From your clinic A clinic stamp is fine for contact details

Phone _____ **Plan** ☐ Medicine to stop it ☐ Seal ☐ Fill / crown ☐ Removal

Opening hours _____ ☐ Nerve treatment ☐ Get used to us first ☐ Watch (to be replaced soon)

Tooth _____ **Next visit** ☐ Treatment ☐ Practice visit ☐ Check-up Date: Time:

References [1] Japanese Society of Pediatric Dentistry. Q&A on children's mouths and teeth: early elementary school (accessed Nov 2026). [2] Innes NP, et al. Child Caries Management: A Randomized Controlled Trial in Dental Practice. J Dent Res. 2020;99(1):36-43. [3] Li L, et al. Impact of primary molars with periapical disease on permanent successors. Heliyon. 2023;9(5):e15854. [4] Japanese Society of Pediatric Dentistry. Consensus statement on space maintainers. Feb 2015. [5] Nishibori K, et al. Effects of periapical periodontitis in primary teeth on successor permanent tooth germs, part 2. Jpn J Pediatr Dent. 1984;22(3):651-660. [6] Japanese Society of Pediatric Dentistry. Q&A on children's mouths and teeth: age 3 to school entry (accessed Nov 2026).

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Some days treatment isn't possible. Keep coming, at your child's pace.

Getting used to the dentist first

It's common for a child who isn't used to the dentist to be unable to have treatment. We believe forcing treatment can leave a strong fear, so we sometimes start by helping your child get used to us. In the meantime, medicine to stop the decay and prevention can bridge the gap. **Rather than stopping visits because your child cries, please keep coming at a pace that works**.

Preventing future decay

Studies have found that children who had decay in their baby teeth are more likely to get decay in their adult teeth.[7][8] Building habits that make decay less likely is as important now as treating the decayed tooth. For tips at home, see our sheet "Finishing your child's brushing".

Common misunderstandings

Myth

"It'll fall out anyway, so it doesn't need treatment"

Until it is replaced, it can cause pain or swelling, or affect the adult tooth and the alignment of the teeth.[1][2][3][4] Treatment may not be urgent, but the tooth still needs to be checked.

Myth

"My child isn't in pain, so it's fine for now"

Decay in baby teeth is hard to notice and children often don't complain of pain, so it is often advanced by the time it's found.[6] Pain is not a guide to how far it has gone.

Myth

"Nothing was found at the nursery check-up, so we're fine"

Nursery and kindergarten check-ups are quick screenings of many children, once or twice a year. The society recommends regular check-ups at a dental clinic as well.[6]

Myth

"Nerve treatment on a baby tooth affects the adult tooth"

Baby and adult teeth are separate teeth, nerves included. It does not affect the adult tooth's nerve. Still, nerve treatment is something we try to avoid.[6]

When to see a dentist

Right away

- **Swelling of the face or jaw**, fever, or your child seems listless → contact a dental clinic right away
- At night or on holidays, if you can't reach one and your child has **trouble breathing or seems very listless**, go to emergency[9]

Soon (at your child's pace)

- A **hole** in a tooth, or black or brown areas
- **Sensitivity** to cold or sweet things, pain when eating, or chewing on one side only
- A small **bump** on the gum

OK to watch

- Decay your dentist said to watch because the tooth will be replaced soon
- Still keep the scheduled check-ups

Clinic contact (stamp is fine)

Notes

References

[1][6] Japanese Society of Pediatric Dentistry. Q&A on children's mouths and teeth. [2] Innes NP, et al. J Dent Res. 2020;99(1):36-43. [3] Li L, et al. Heliyon. 2023;9(5):e15854. [4] Japanese Society of Pediatric Dentistry. Space maintainers. 2015. [7] Feldens CA, et al. Primary Dentition Caries Patterns as Predictors of Permanent Dentition Caries. Caries Res. 2023;57(2):167-176. [8] Ekbäck G, et al. Eur Arch Paediatr Dent. 2012;13(6):308-311. [9] SDCEP. Management of Acute Dental Problems, 2nd Edition. 2026.

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