

Childhood Developmental and Dental Milestones: A Guide for Parents and Healthcare Providers¹Dr Tejaswi Kant, BDS, Goregaon Dental Centre, Goregaon, India²Dr Anoli Agrawal, BDS, MDS, Public Health Dentistry, ACPM Dental College and Hospital, Dhule.**Corresponding Author:** Dr Tejaswi Kant, BDS, Goregaon Dental Centre, Goregaon, India**Citation of this Article:** Dr Tejaswi Kant, Dr Anoli Agrawal, “Childhood Developmental and Dental Milestones: A Guide for Parents and Healthcare Providers”, IJDSIR – September – 2026, Volume – 9, Issue – 4, P. No. 80 – 89.**Copyright:** ©2026, Dr Tejaswi Kant, et al. This is an open access journal and article distributed under the terms of the creative common’s attribution non-commercial License. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.**Type of Publication:** Review Article**Conflicts of Interest:** Nil**Abstract**

Childhood is a heavenly gift of God to human being. As children grow, they go through a lot of certain changes at specific ages. Although not all little one’s doesn’t go through same changes at same time. Each children takes their own course of time to go through changes of life. Those changes in children body is considered as a big milestone. Growth and development process of infants includes both physical, neural and dental growth occurs in predictable sequential manner during that dynamic period of childhood. During the period child goes through development of some important skills including skeletal to emotional or motor skill. Dental milestones achievements ranges from getting their first tooth, jaw development, learning chewing, brushing leads to taking care of themselves to represent them aesthetically independently. Achieving a dental milestone brings a joy of being independent in all children’s including ones with special needs.

Keywords: Dental Milestone, Fones Brushing Technique, Cleft Lip, Cleft Palate, Dental Fluorosis.**Introduction**

Different body growth with oral development- Developmental milestones start growth from postnatal growth and goes upto the of age of 18 years, which includes gross skill, fine motor skill, social, language and emotional milestone and skeleton and oral changes. Gross and fine motor skill develops after birth till the age of 2 years along the of side fine motor skill whereas other skill develops after few years of birth. Gross motor skill actions include sitting, walking, crawling, running and other actions whereas fine motor skill includes hand grasping and recognizing parents and family member appearance, sucking, smiling^{1,2,3,4,5,6}. Infants exhibit differently to tolerance reflexes of sensory and neurological evolution going in there body including making noise, speaking, recognising bright colours and change environment change around^{1,2,5}. Infants are turned toddlers around age of 6-8 months. Toddlers start sitting, crawling, trembling and walking. Toddlers starts developing speech skill by mumbling few words and has a full emotional dramatic phase too because of inability to express emotions. During this period child goes

through ORAL changes which includes getting first deciduous teeth (milk teeth) at age of 6 months to getting their wisdom teeth in teenage era. Toddler may become crankier because of first teething process between age of 6-7 months. Although all young ones don't go through those changes at same time. Some may get after 7 months. Some toddlers who are not able to perform skill at certain time age may get considered as SPECIAL CHILDREN. Parents with Special need children require special attention from there both general and oral caregiver for correct guidance. Oral changes doesn't only associate with teeth but it is also associated with gum, bone and other bodily development too. Delayed oral development may lead to inability of doing everyday work and discouragement. All young one's are precious gift but some are more special child which need special care. As mentioned before all milestones doesn't happen for all at once but it happens during different specific period of time. Child gets discouraged if they get compared to older or younger sibling or even to the children of same age. Parents should keep a regular note, monitoring on young one development. Children's always nurture faster rapidly than parents and grandparents. Aim of this article is for parents, grandparents, foster parents and guardian guidance help to know how to empathize little one more warmly, monitor them timely and guide there young one in a right differential way to achieve certain life achievement. Children during development phase are very active. A true valuable Guidance might give a brighter future. A full set of joy to children and parents. After all, reaching a lifetime milestone is always fabulous a beam of light ray.

Material and Methodology

To review the literature, studies were selected from PubMed, Scopus, Web of Science, and Google scholar and

book, without restrictions on publication year to provide a comprehensive overview of current knowledge on milestones in children from birth to adulthood. The review is focused on educating parents and children's relevant to body changes including oral cavity. The search term includes- "Developmental stages" "age" "changes" "behaviour" "parents relations" "parent guidance". The research encompassed case reports, laboratory studies, clinical studies and systemic reviews.

Discussion

Milestone occur at different age phase

Newborn to 6 months: General milestone- At 0 to 3 months, newborns are termed as neonate¹, neonates sleep more. After 3 months, neonates are now termed as infant tries to do bodily movement^{1,2,3}. Lying on stomach. Bodily movement includes lifting of head. Rolling from side to side. Starts recognize few sounds of parent's voices or lullaby song.^{1,2,3,4} New born start doing hand palmer reflexes naturally, tries to hold few things in hand.

Dental milestone- At this age, neonate's beings to develop sucking reflexes within few days of birth. Fig no.1 shows the mechanism of sucking in a new born (1,5,6). Give response to any stimulation in and around mouth automatically. Simultaneously, coordinate with before sucking and breathing. Newborn requires more feeding time during 0 to 3 months. At this age, no teeth are present. Gum pad should be cleaned with cotton cloth softly.

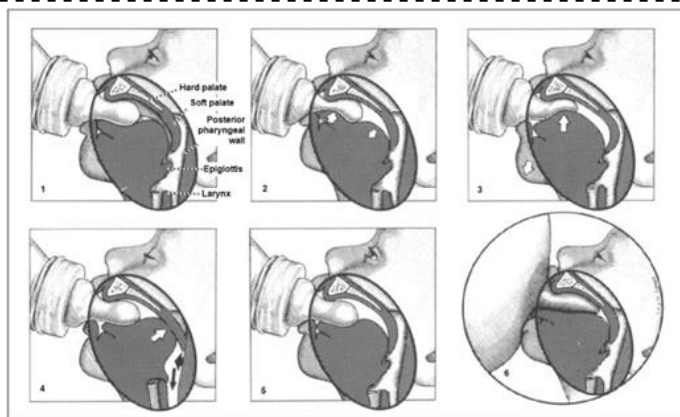


Fig.1: Mechanism of sucking reflexes in new born)

6 months to 1 year

General milestone: Now at this phase of life, new-born is called as infant. infant can sit with or without support on their back. Starts Crawling, standing and walking with support (1,2,3). Give response to parent's voice. Give more positive response to familiar person than a stranger. Looks out for more often familiar sound, vibrant colour. Infant of this age seeks more attention. Always want somebody to be around them. Hold things like toys, spoon more firmly now. starts eating semi- solid food and like to arrange and disarrange toys and other things like cabinet or wardrobe. Starts babbling few words like "mamma" or "blaaablee" and waving also.

Dental milestone: Infant gets first tooth of primary dentition at 6 months. First teeth to erupt will be mandibular central incisors followed by upper central incisors then laterals. By age of 1 year, they have 4 pairs of primary teeth. Table no.1 gives a sequential idea of eruption of teeth.

Infants may become more cranking during teeth eruption. Infant attempts to chew or suck more hard things to ease pain. Starts trying to eat fruits in small pieces by themselves^{1,4,7}. Parents should start cleaning infant mouth soon after feeding to avoid cavities either by using toddler brushing kit which is available commercially or if

financially unstable they can also use soft cotton cloth.

However, oral cavity should be always cleaned.

Age	What to expect	Tooth count estimate
6 Months	First lower molar erupts	1-2
9 Months	Upper incisors begin eruption	2-4
12 Months	Most incisors are erupted	6-8

Table 1: Eruption time of deciduous teeth from 6 months to 1year

1-2-year-old: As they grow faster, infants are now addressed as toddlers. toddlerhood, marked by major milestone like walking or better speaking. Table no.2(a)includes both changes of general and oral cavity milestone, whereas table no. 2 (b) includes deciduous teeth eruption during this phase.

Age	General Milestone
12-18 months	Does all activity alone like squatting, walking, standing and running without any support. Hold things like spoon or rattle more firmly. Can open and close things by their own. Identifies own family member now.
18-24 months	Seeks more attention now. Emotionally more active. Loves to imitate family member or favourite cartoon. Likes to different activities like singing, dancing, colouring, acting.
	Dental Milestone
12-24 Months	The toddler is having almost all set of deciduous teeth. Parental guidance is very important like brushing teeth twice a day. Rinsing mouth after every meal is also important under parental guidance.

Table 2(a): Different milestone achieved during this phase

Age	What To Expect	Tooth Count Estimate
18 Months	First deciduous molar eruption	8-12
24 Months	Canines eruption	12-16

Table 2(b): Deciduous teeth erupted during between 18 months to 2 years

2 years to 3 years

General milestone: As development gets more advance. Toddlers grow even more. They start to control bowel and bladder movement; toilet training is required at this age. Toddlers enjoys more things to do like singing, dancing, and mimicking their elder ones. They can speak few sentences more confidentially now. Identifies family person by their name especially mother and father. Starts going to kindergarden. Plays with same age child.

Dental milestone: Almost all deciduous teeth are present in mouth at this age with almost all teeth complete root formation (table no.3). Parents should make a habit of mouth rinse after every meal. As dentist perspective, toddlers meal should be balanced diet meal consisting of fibres, minerals, proteins in consideration of age and weight.

Age	What To Expect	Tooth Count Estimate
3-4 Years	All deciduous teeth present	20

Table 3

4 Year to 6 Year

General milestones: This stage is also known as “preschool age”. at this age preschoolers can ride bicycle or tricycle and goes to school. As thought by caregiver can differentiate between bad and good. Goes to classes

to do the activities of their interest. Has more curiosity. Likes to listen more stories.

Dental milestone: May start loosing their milk teeth as root starts resorption. Preschoolers are taught by parents, grandparents, caregivers and dentist how to brush properly using different brushing techniques. techniques used for cleaning teeth are brass technique, stillman's, roll technique, scrub technique, charters technique, Fones technique and modified brass technique.

Fones' method

Dr. Fones was a pedodontist dentist and try to supply the proper and easy method for tooth-brushing for preschool child as sweeping with small sized kids tooth-brush with motion as drawing continues circle on the teeth with closing the mouth slightly seen in fig no.2. It could be easier to change the rolling method after school aging than in horizontal scrub method. Horizontal scrub action would be accomplished on brushing on occlusal site and lingual site^{8,9}.

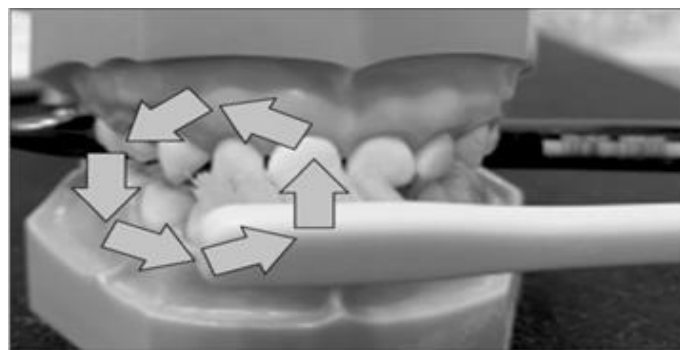


Fig.2: Fones Method⁹

6 Year to 12 Year

General milestone: This is stage can be addressed as middle childhood age. Body goes through a lot of changes during 6-9 years and 9-12 years of life. Age of 6-9 years, body growth is tremendous as growth hormone spurts, resulting into fast tall growth and more muscle strength. Parental guidance- more nutrient meal is required. At the age of 9-12 year, including growth changes teenage goes through preadolescence changes like girls get puberty faster

than boys. Emotional, self-confidence and cognitive changes. Teenagers often get more moody and more rebellious if they are not thought properly in their young age. All body organ starts maturation and reproduction of reproductive hormones. Children understands well difference between girls and boy and there preference of playing games will be also to same sex child.

Age	What To Expect	Tooth Erupted
6-9 Years	Permanent incisors, molars, lateral incisors	12
9-12 Years	Permanent canines, premolar 1st and 2nd , 2nd molar	16

Table 4: Eruption timing of permanent teeth

Dental milestone: Age 6-9 years, teenagers get first permanent teeth and start losing milk teeth. First, teeth permanent to erupt is 1st molar which is followed by permanent mandibular central incisors and maxillary central and lateral incisors as well. They may develop some oral habits like thumb sucking, tongue thrusting, nail biting etc to ease pain as they suffer from dental pain but if continued it may lead to teeth malocclusion and crowding^{1,10,11}. 6-9 Years young one have almost 6 pair of permanent teeth. 9-12 Years, teenagers may get slightly unarranged teeth which is called “ugly duckling stage” during this age youngster might not look good but as they grow arch expansion will lead to beautiful smile as all teeth will be in occlusion and aligned. Approximately another 8 pairs of permanent teeth are erupted which is premolars and canines. See table no.4



Fig.3: Thumb sucking oral habit¹¹

12 year to 18 year

General milestone: At this phase of life teenagers shows more interest like playing sports, cultural interest etc. Teenagers at this age are more focused towards their aim and future. Girls goes through puberty which is followed by boys a little late.

Dental milestone: At this age they have all almost 15-16 set of teeth, which includes their 2nd molar and may be wisdom teeth. Wisdom tooth eruption is slightly questionable at the age of 18 year, it may come later for some people even at or after age of 30 and above.



However, due to lack of knowledge the oral cavity among parent's certain problem goes ignored and leads to many major oral cavity problems like cavities, mouth breathing and etc¹³.

Children with differential development may include conditions of impairment of fine and motor skills control differences, cerebral palsy^{1,14,15}. Young ones have uncontrolled body movement. Whereas in autism, they face difficulty in social interaction verbal and non-verbal. Presence of more people make them anxious^{1,14,1}. Sudden behavioural changes is more common, tends to get more anxious in large group of people as they find difficulty in communication.

Children with special needs little more attention than other children's. They need little extra care, more attention of parents and care giver. Which includes regular brushing. This preventive measure can be accomplished by using a soft-bristled brush and fluoride containing tooth paste and flossing.^{1,15,16} Caregivers typically oversee young children until they can achieve adequate oral hygiene, special need children's who finds difficulty in brushing with manual brushes can use ultrasonic toothbrush with better thumb grip, large shaft and head of brush^{1,17,18,19}. The effect of brushing technique is same as compared to other children's.

Developmental anomalies of oral cavity- sometimes, during development some children's may or may not have developmental congenital.^{1,20,21,22,23,24,25}

Congenital developmental anomalies includes natal and neonatal teeth, cleft lip and cleft palate and down syndrome with is a chromosomal abnormality.

Natal and neonatal teeth- natal teeth which is present at time of birth and neo natal teeth can be seen within a month of birth. These teeth are painful. It may cause Riga-Fede diseases (1,20) (fig no.4) which is a rare traumatic condition caused on the dorsal surface of

tongue. These should be removed immediately by a dental practitioner under proper guidance.



Fig. 4: Neonatal teeth with Riga-Fede-diseases

Cleft and cleft palate, it the most common developmental anomalies occurring in the craniofacial region with a worldwide incidence about 1/700 cases of live births. Cleft lip and palate is also considered as inheritance developmental problem. This occurs at the time birth due to failure of fusion maxillary process with nasal and lateral palatine process. Individuals with this condition always have problem in speaking, eating which leads to social insecurity among them. This condition can be treated completely under the guidance of a multidisciplinary team of experienced doctors if diagnosed at early stage.

Cleft lip and cleft palate can be classified as unilateral and bilateral cleft lip, according to Veau's classification, it can vary form notching of vermillion border of lip to extending into the floor of the nose. Cleft palate is classified as impairment of soft palate, hard palate, extending into alveolar ridge and lips, (fig no.5) Cleft palate also can occur unilaterally and bilaterally.^{1,22}

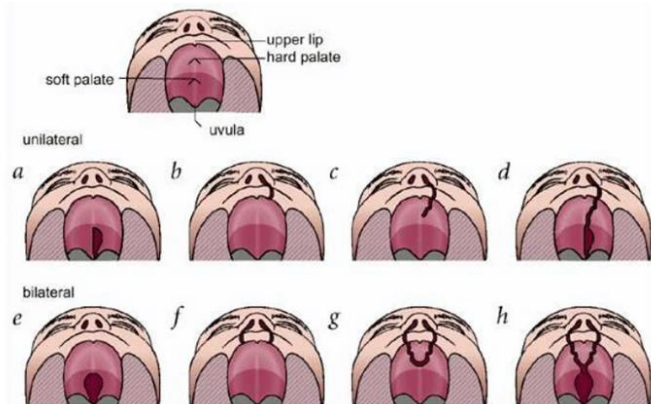


Fig.5: Different type of cleft lip and palate²³

The incidence of Cleft lip and palate, is in 1/700 with the incidence varies based on parents ethnicity, race, geographic region of the newborns.

Team of doctors required for the treatment of cleft lip and palate are oral maxillofacial surgeon, Pedodontics, paediatrician, dentist, orthodontist, radiologist, audiologist, laryngologist and psychologist²³. the dedicated doctors are needed to consult time to time to parents regarding the infant condition, treatment time and probable outcome.²⁴

Non-congenital dental problems are mouth breathing, early childhood caries, fluorosis etc. Mouth breathing can be associated with many habits like tongue thrusting. It often leads to disturbance during jaw development resulting in narrow arch, crowding.

Early childhood caries^{1,25} is also called Baby bottle syndrome or “nursing bottle caries”. It is a severe rapid onset of teeth decay as seen in fig no. 6. It is caused due to several factors including prolonged bottle feeding, more sugary intake and bad maintenance of oral hygiene. Overall, it is caused due ignorance by parents and caregivers. It starts as early as age of around 3 years.



Fig. 6: Early childhood caries²⁶

Dental fluorosis is a developmental disturbance caused due to mainly excess consumption of fluoride in drinking water during pregnancy or any tooth development stage. Mostly, Resulting into lower mineral contents in enamel formation. It appears like chalky white, brownish, grey, along pitting present on teeth surface. Ingestion of excess fluoride often leads fluoride toxicity.



Fig.7: Different types of dental fluorosis²⁷

As mentioned by the author DR. V BAIRW, Fluorosis - An Ongoing Challenge For India²⁷

Dental fluorosis is one among the major public health problems in many parts of the world including India. Since its first reporting as “mottled enamel” by Fredrick McKay, dental fluorosis is extensively described by practitioners as the visible sign of chronic fluoride toxicity. Endemic dental fluorosis is caused by the

excessive ingestion of fluorides (>1 ppm) due to the contamination of soil, air and water.

Dental fluorosis is having condition of a dose-response relationship. The severity of dental fluorosis is dependent on the quantity and timing of fluoride ingestion during developmental period. The clinical appearance of the teeth varies from barely noticeable changes to an ugly brown stain with more pronounced pitting and loss of architecture.

Ground water has been a significant source for domestic consumption, irrigation and industrial use in India. More than 85% of rural and 50% of urban domestic water requirements is met from ground water resources. As Haryana is a major endemic fluoride area where ground water fluoride concentration is high, there is scarcity of data regarding prevalence of dental fluorosis and treatment needs. the prevalence of dental fluorosis ranged from 30% to 94.85% in the high-fluoride villages and from 8.80% to 28.20% in the low/normal-fluoride villages.

Hence, the present study was conducted study revealed that most of the children were diagnosed with TFI score 2, 3, 4 and 5 categories (Equivalent to mild to severe degree of dental fluorosis according to modified Dean's Fluorosis Index (1942). 44.8% of children had a score of $TFI \geq 4$ which was characterized by brown staining and opacities covering more than 50% of tooth structure and severe (6.6%) fluorosis. The fluoride concentration in the present study ranged from 0.23 ppm to 25.7 ppm which was directly proportional to the TFI scores. Majority of the school children at present use purified tap water for drinking purpose but consumed ground water with increased concentration of fluoride during their developmental stages and this may be the reason for occurrence of dental fluorosis²⁸.

The provision of supply of tap water to most of the villages which have reduced the risk of dental fluorosis.

In another study conducted by Onoribe U, et al. It was found that 28.2% of the children were affected by fluorosis; which was similar to the study conducted in Kanpur, Uttar Pradesh.

High level of fluoride in water and food is also an alarming condition and it is putting a larger amount of people at risk. Some studies have been found that consuming calcium fluoride more than recommended dose is risky and leads to fluoride toxicity.²⁹

Conclusion

In conclusion, developmental milestones in children occur over in different stages of age group, beginning from birth and continuing even beyond 18 years of life. During the early years (0–5 years), these milestones primarily involve skill acquisition and oral development, including the growth of bones, teeth, and both soft and hard tissues. From 6 to 18 years and beyond, children typically develop a full set of permanent teeth and gradually acquire values, ethics, and cultural understanding that shape their lifelong behaviour.

This article has covered major and some minor developmental disturbance. It also highlights that not all milestones occur at the expected time, emphasizing the importance of recognizing and supporting children with special needs. Additionally, attention has been also given to common developmental disturbances such as dental fluorosis, cleft lip and cleft palate, early childhood caries, cerebral palsy and autism.

Maintaining good oral hygiene is essential. All children should brush their tooth twice daily for a minimum of two minutes. Parents, guardians, and caregivers play a crucial role in supervising and guiding proper brushing habits, including the use of only a pea-sized amount of

toothpaste. Excessive ingestion of toothpaste may lead to other major health concerns including fluoride toxicity.

The primary aim of this study was to create awareness about prevention and early detection of developmental and oral health issues which can happen to anybody at any age. With proper understanding and timely early intervention, most problems can be effectively managed and are completely preventable with appropriate care, clear guidance from a qualified healthcare professional. However, this study is done on a collective review and it is open for further discussion.

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