International Journal of Contemporary Pediatrics
Pandian NJ et al. Int J Contemp Pediatr. 2026 May;13(5):811-818
http://www.ijpediatrics.com
pISSN 2349-3283 | eISSN 2349-3291

DOI: https://dx.doi.org/10.18203/2349-3291.ijcp20261155

Review Article

Evidence in every squeeze: a scoping review of pediatric oral care

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Received: 14 February 2026
Revised: 10 March 2026
Accepted: 23 March 2026

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ABSTRACT

One of the most common chronic diseases affecting children globally is still early childhood caries. Clinicians and parents are faced with a variety of sometimes contradictory recommendations due to the growing market for fluoride and non-fluoride dentifrices, including biomimetic and remineralizing formulations. To direct pediatric practice, a thorough synthesis of the available data is necessary. The goal is to map and critically summarize the most recent research on pediatric oral care products, with an emphasis on fluoride concentration, substitute remineralizing agents, caries prevention effectiveness, and child safety. In compliance with PRISMA-ScR guidelines, a scoping review was carried out. A systematic search was conducted for studies published between 2010 and 2025 using electronic databases (PubMed, Scopus, and Google Scholar). Included were original studies, randomized controlled trials, and systematic reviews assessing oral hygiene products for Children ages 0-14. Data were organized and charted according to safety parameters, clinical outcomes, study design, and type of intervention. Seventy-eight studies satisfied the requirements for inclusion. Across all age groups, fluoride toothpaste (1000–1450 ppm) continuously showed notable caries-prevention benefits. New innovations like nano-hydroxyapatite and other biomimetic substances as viable substitutes with similar remineralization potential and advantageous safety characteristics. Direct comparability was, however constrained by variations in fluoride concentrations, outcome measures, and follow-up periods. Effectiveness was found to be significantly influenced by parental supervision and education. The main role of preventing dental cavities in children is still fluoride toothpaste. Enhancing evidence-based recommendations can maximize preventative measures and enhance the oral health of children everywhere.

Keywords: Pediatric oral health, Dental caries prevention, Fluoride toothpaste, Nano-hydroxyapatite, Remineralization, Child oral care

INTRODUCTION

Dental caries is still one of the most common chronic diseases among infants, and it is a public health problem in many countries worldwide. Appropriate preventive strategies during the period of infancy and early childhood are essential because children are especially susceptible to enamel demineralization according to immature anatomic construction of teeth and dietary behaviour. New clinical evidence demonstrates the need to control fluoride dosing for young children aged 24-36 months in order to balance the risk of caries and the benefit of preventing dental fluorosis.[1] Pediatric dentifrices are made to have antimicrobial properties against cariogenic microbes in addition to preventing caries. Numerous paediatric dentifrices have been shown in vitro to have strong antibacterial activity against Streptococcus mutans, a major pathogen involved in the development of dental caries.[2] The interaction of paediatric dentifrices with restorative materials is clinically significant in addition to their antimicrobial

efficacy because various formulations may affect the colour stability and durability of restorations placed in children.[3] The creation and testing of non-fluoride and alternative dentifrice formulations for kids has been prompted by worries about fluoride consumption. While their effectiveness may differ when compared to traditional fluoride-containing dentifrices, laboratory research has demonstrated that some non-fluoride and herbal toothpastes can encourage enamel remineralization.[4]

When proper daily brushing is practiced, evidence from systematic reviews indicates that using fluoride toothpaste on a regular basis is still very effective in preventing dental cavities, with little additional benefit from professional fluoride applications.[5] Biomimetic and mineral-based agents have been the focus of recent advancements in paediatric dentifrices with the goal of improving safety profiles and enhancing enamel remineralization. Microcrystalline and zinc hydroxyapatite-containing toothpastes can successfully prevent caries and encourage enamel repair in children, according to randomized clinical trials.[6]

Pediatric dentifrices have also been shown to have broad-spectrum antibacterial effects against caries-associated bacteria and antifungal and antimicrobial activity against oral pathogens in clinical and laboratory studies.[7,8] Recent randomized trials have demonstrated that innovative paediatric dentifrices can considerably enhance the remineralization of white spot lesions in children, while in vitro evidence supports the biomimetic action of zinc hydroxyapatite in primary teeth.[9,10]

Aim and objectives

Aim

The aim is to thoroughly examine and compile current data regarding the effectiveness, safety, and clinical significance of pediatric dentifrices.

Objectives

The objectives of this review are to assess the contribution of pediatric dentifrices to caries prevention, evaluate their antimicrobial and antifungal efficacy, and determine the effectiveness of both fluoride and non-fluoride formulations in promoting remineralization of dental tissues. Additionally, it aims to investigate recent developments in pediatric dentifrices, with a particular focus on innovations designed to enhance their overall efficacy and safety for children.

METHODS

The purpose of this scoping review was to map and compile the body of research on pediatric dentifrices, with an emphasis on recent advancements, safety, and effectiveness. Using a standardized search strategy, a thorough electronic search was conducted in PubMed (n=1,156), Scopus (n=912), Web of Science (n=689), ClinicalKey (n=428), and the Directory of Open Access Journals (DOAJ) (n=176). Only English-language publications released between 2020 and 2026 were included in the search. Before screening, duplicate records were found and eliminated.

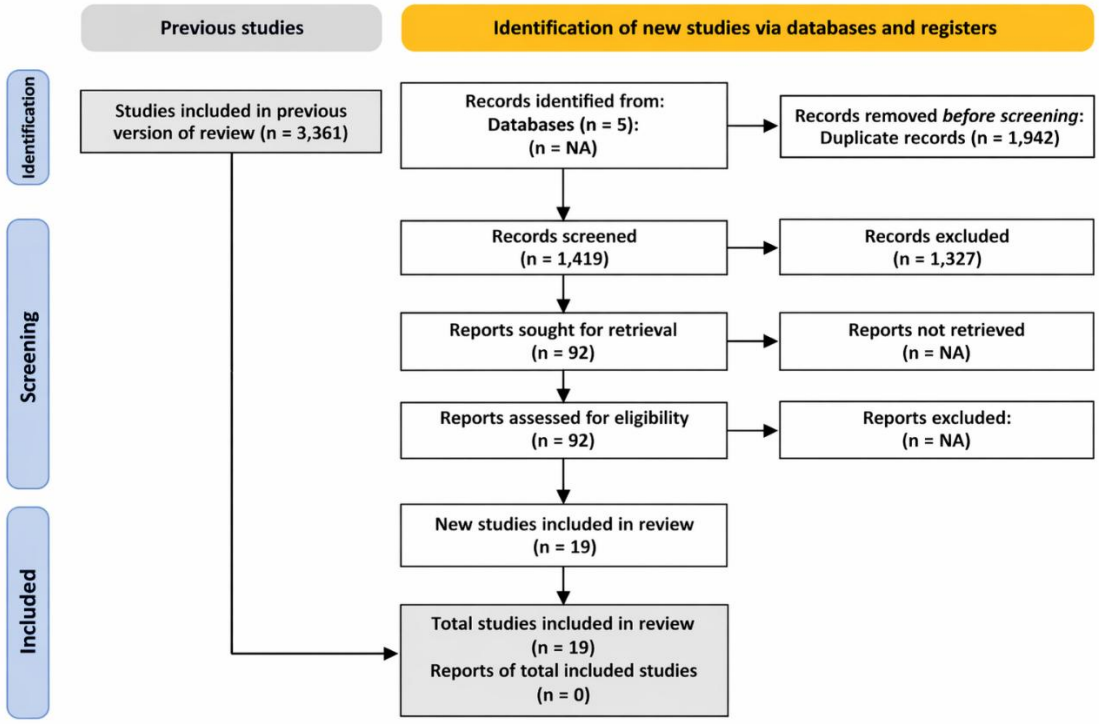

Figure 1: PRISMA-SCR.

The retrieved records' titles and abstracts were examined to determine whether they were pertinent to pediatric dentistry.[19] studies were ultimately included for descriptive synthesis after full-text articles were evaluated using predetermined inclusion and exclusion criteria. Studies that assessed fluoride or non-fluoride dentifrices and reported results pertaining to caries prevention, remineralization, antimicrobial or antifungal, safety of dentifrices. To map the extent and features of the available evidence, data from the included studies were extracted and descriptively synthesized.

RESULTS

In vitro studies demonstrated differences in antibacterial efficacy, remineralization potential, and material compatibility among tested dentifrices. Fluoridated formulations generally exhibited stronger antibacterial activity and greater reduction in lesion depth, with conventional fluoride toothpastes often outperforming pediatric formulations. Zinc hydroxyapatite dentifrice showed the highest remineralization potential, while certain non-fluoride formulations, including aloe vera–based products, demonstrated measurable antimicrobial effects. Some non-fluoride dentifrices also exhibited superior remineralization compared with herbal alternatives. Stannous fluoride–containing dentifrices were associated with better color stability of restorative materials, and compomer materials showed the least discoloration. Fluoride concentration alone did not consistently influence antibacterial outcomes, whereas the presence of sodium lauryl sulfate enhanced antimicrobial activity.

Table 1: Invitro study.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
1	Divya et al[2]	2021	In-vitro	Agar diffusion to test 8 dentifrices against streptococcus mutans.	Cheerio™ (fluoride) had the largest inhibition zone.	Fluoride-free dentifrices can be effective and safer for young children.
2	Emine kaya, Sinem yildirim[3]	2021	In-vitro	120 restorative samples tested with various dentifrices; colour stability evaluated.	SNF_2 gave better colour stability; non-fluoride dentifrices caused less discoloration.	Dentifrice and material choice affect aesthetics; compomer was most stable.
3	Balamurugan et al[4]	2021	In vitro study	Compared remineralization by herbal vs non-herbal pastes.	MEE (non-fluoride) pastes outperformed herbal paste.	Non-fluoride paste can be effective in remineralization.
4	Amene Taghdisi-kashani et al[8]	2022	In vitro	Compared Iranian vs. Non-Iranian toothpastes against four bacterial strains using MIC and MBC tests.	Iranian pastes (e.g., misswake) had better antimicrobial activity; no significant difference overall.	Iranian pastes may be more effective; frice and 2080 showed best MIC values.
5	Soneta et al[9]	2022	In vitro	48 teeth; compared fluoridated, calcium sucrose phosphate, zinc hydroxyapatite, and herbal toothpastes; SEM analysis	Zinc hydroxyapatite toothpaste showed highest remineralization; herbal minimal; fluoride moderate	Zinc hydroxyapatite toothpaste has superior enamel remineralization potential, useful for caries prevention
6	Tiwari et al[11]	2023	In vitro	36 primary teeth artificially demineralized, treated with low-fluoride, herbal non fluoride, and non-fluoride dentifrices; polarized light microscopy	Greatest lesion depth reduction with low-fluoride, followed by herbal; non fluoride group showed lesion increase	Low-fluoride and herbal dentifrices have remineralizing potential; low-fluoride is most effective; alternative to reduce fluorosis risk

Continued.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
7	Advani et al[14]	2024	In-vitro	21 primary teeth tested with kidodent, cheerio gel, and Colgate total.	Colgate total showed highest remineralization. Pediatric pastes showed less.	Pediatric pastes are safer but less potent than regular pastes.
8	Kubra TA et al[15]	2024	In vitro	Compared fluoride-free dentifrices (e.g., aloe vera) with 500 and 1450 ppm F dentifrices on S. Mutans.	Aloe vera showed antibacterial activity; fluoride groups had stronger effects.	Some non-fluoride components also contribute to antibacterial efficacy.
9	dureha and navit[16]	2024	In vitro	Tested MIC and antibacterial activity of four pediatric toothpastes against S. Mutans and lactobacillus.	Fluoride dentifrice (458 ppm) had highest activity; nanosilver-xylitol was ineffective.	Fluoride and xylitol effective; nanosilver-xylitol not recommended based on study.
10	Klaophimai et al[19]	2024	In vitro	Tested 30 children's and adult toothpastes with varying fluoride (500–1500 ppm) against S. Mutans, S. Salivarius, L. Casei using agar diffusion	Adult toothpastes showed higher antibacterial activity; fluoride concentration did not affect inhibition; SLS enhanced antibacterial effect	SLS enhances antibacterial activity more than fluoride concentration alone

Table 2: Invivo study.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
1	Paszynska et al[6]	2021	Double-blind RCT	207 children; hydroxyapatite toothpaste vs fluoride toothpaste over 336 days; caries assessed by ICDAS	Caries progression similar in both groups; hydroxyapatite non-inferior to fluoride toothpaste	Hydroxyapatite toothpaste can be an effective fluoride alternative for caries prevention in children
2	Purna Sai et al[7]	2022	Clinical	40 children divided into ECC and non-ECC groups; antifungal efficacy assessed.	Kidodent (ECC) and cheerio (non-ECC) showed greatest inhibition zones.	Efficacy depends on caries status; kidodent and cheerio effective against candida albicans.
3	Yilmaz et al[10]	2022	Clinical RCT	Children (4-5 yrs) with white spot lesions treated with 500 ppm fluoride toothpaste or mineral-containing toothpaste (MCT); laser fluorescence and saliva tests	Both groups showed significant remineralization; no significant difference in efficacy or bacterial counts	Mineral-containing toothpaste effective alternative to fluoride toothpaste for white spot lesions
4	Harini Chitta[18]	2024	Cross-sectional study	Children (3-10 yrs) with ASD; unflavoured vs	Slight plaque reduction and improved	Unflavoured toothpaste may help sensory-challenged

Continued.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
				flavoured toothpaste; plaque score and brushing compliance assessed over 1 month.	brushing compliance in unflavoured toothpaste group; differences not statistically significant; better brushing time adherence in unflavoured group.	children with ASD improve oral hygiene practices.
5	Detsomboonrat et al	2020	Randomized clinical trial	173 children 9–18 months; 3 groups: 1000 ppm F, 500 ppm F, non-F with xylitol and TCP; 12 months; oral health education provided	No significant difference in caries increment among groups	Low-dose fluoride and xylitol/TCP toothpaste may be good alternatives to high fluoride toothpaste in young children

In vivo studies demonstrated comparable caries-preventive and remineralization outcomes across fluoride and selected non-fluoride dentifrices in pediatric populations. A long-term randomized trial reported similar caries progression between hydroxyapatite and fluoride toothpastes, establishing non-inferiority of hydroxyapatite formulations. Clinical trials evaluating white spot lesions also showed significant remineralization in both fluoride and mineral-containing toothpaste groups without significant intergroup differences. Caries increment did not differ significantly among children using varying fluoride concentrations and non-fluoride formulations containing xylitol and tricalcium phosphate. Antifungal efficacy varied according to caries status, with specific pediatric dentifrices demonstrating greater inhibition of Candida albicans. In children with autism spectrum disorder, unflavored toothpaste was associated with improved brushing compliance and slight plaque reduction, although differences were not statistically significant. Evidence from review studies highlights varying effectiveness of fluoride and non-fluoride dentifrices in pediatric caries prevention.

Table 3: Review article.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
1	Yu et al[5]	2021	Systematic review and meta-analysis	6 RCTS, 5034 children; compared regular fluoride toothpaste (RFT) with RFT + professional fluoride application (PFA)	No significant additional benefit of PFA with RFT in caries prevention	PFA may not add significant caries protection when used with daily fluoride toothpaste; further research needed
2	Hu et al[12]	2023	Narrative review	Review of evidence and guidelines on fluoride toothpaste use in Singaporean children	Recommend ≥1000 ppm fluoride toothpaste; smear for under 3 years high risk, pea-size for 3+ years	Healthcare professionals should guide appropriate fluoride use to balance caries prevention and fluorosis risk
3	Staszczyk et al[3]	2023	Systematic review	136 articles reviewed, 9 included; fluoride toothpaste ≤600 ppm vs 1000–1500 ppm; DMFT/DMFS caries increment analysed	Higher fluoride toothpaste (1000–1500 ppm) more effective in reducing ECC at tooth and surface	Strong evidence for 1000–1500 ppm fluoride toothpaste efficacy in young children; important for high-risk ECC

Continued.

S. no.	Author	Year	Type of study	Methodology	Result	Inference
					levels	prevention
4	Saikia et al[17]	2024	Systematic review	Search across multiple databases; 7 eligible studies; meta-analysis on herbal dentifrices in children/adolescents.	Herbal dentifrices equally effective as non-herbal in reducing bacterial counts and plaque (SMD=0.6; p=0.39); suggested further RCTS for definitive conclusions.	Herbal dentifrices show promise in caries prevention and oral health but require more high-quality research for validation.

A meta-analysis reported no significant additional caries-preventive benefit when professional fluoride application was combined with routine fluoride toothpaste use. Guideline-based evidence recommends the use of toothpaste containing at least 1000 ppm fluoride in children, with age- and risk-appropriate quantities to optimize caries prevention while minimizing fluorosis risk. Comparative systematic evidence indicates that higher fluoride concentrations (1000–1500 ppm) are more effective than low-fluoride formulations (≤600 ppm) in reducing early childhood caries at both tooth and surface levels. Additionally, pooled data suggest that herbal dentifrices demonstrate comparable effectiveness to non-herbal formulations in reducing plaque and bacterial counts, although further high-quality randomized trials are required for definitive conclusions.

DISCUSSION

The results of this scoping review suggest that paediatric dentifrices have different levels of effectiveness in terms of formulation, fluoride concentration and caries risk status of children. Dentifrices containing fluoride continue to be the most consistently effective substances for prevention of caries and low-fluoride regimens and non-fluoride agents provide the level of acceptable results in certain groups of pediatric patients. Newer biomimetic and botanical formulations broaden the horizon of options but underscore the importance of individually targeted dentifrice use based on age, risk assessment, and safety present international guidelines still recommend that fluoride toothpaste is the cornerstone of caries prevention in childhood based on its long-standing anticariogenic effect.[20] There is high-quality evidence from systematic reviews that topical fluorides such as appropriate concentration of toothpaste significantly reduce caries in children.[21] Clinical safety trials indicate that fluoride toothpaste can be used successfully in young children when appropriate amounts are administered and supervision is provided.[22]

Long-standing evidence shows that fluoride toothpaste helps prevent cavities in both primary and permanent teeth. This forms the foundation for current preventive practices.[23] Studies on how much toothpaste to use and how often emphasize the need for age-appropriate dosing to find a balance between effectiveness and the risk of fluorosis.[24] Basic research on enamel remineralization explains why it's important to include calcium- and phosphate-based ingredients in toothpaste.[25] In recent clinic trials, hydroxyapatite-based toothpaste was shown to give such remineralization benefits as fluoride, especially with "low-risk children," Preventive dentistry research has always said caries control methods should include the application of sound behavior combined with chemical treatment for consistent results.[26,27] Pediatric toothpaste market studies confirm huge differences in fluoride content among different brands, once again indicating the need for proper authorities control and physicians' inputs.[28]

According to evidence-based recommendations, the choice of toothpaste should be personalized based on the caries risk level, age and the amount of fluoride obtained from other sources.[29] Statements made by professionals still consider fluoride treatment to be the main method of preventing cavities in children and at the same time accept the use of non-fluoride alternatives as an adjunct in certain clinical situations.

Limitations

The interpretation of findings is limited by several factors, including the heterogeneity of study designs and outcome measures, which prevented direct comparisons across studies. The predominance of in vitro studies further reduces the clinical applicability of the results, as laboratory conditions may not accurately reflect real-world use. Additionally, restricting the review to English-language publications may have led to the exclusion of relevant evidence, introducing potential bias. Variability in dentifrice formulations and differences in fluoride concentrations also affected the consistency of outcomes, making it challenging to draw definitive conclusions.

FUTURE DIRECTIONS

Future research should focus on conducting long-term, well-designed randomized clinical trials in pediatric populations to generate more robust and clinically relevant evidence. There is also a need to develop era-specific and caries-risk-based guidelines for the use of dentifrices to ensure more targeted and effective preventive strategies. Additionally, stronger clinical evidence is required to support the use of biomimetic and non-fluoride dentifrices, particularly in terms of their efficacy and safety. Future studies should also incorporate outcomes related to children's willingness and compliance, as these factors play a crucial role in the overall effectiveness of pediatric oral health interventions.

CONCLUSION

Dentifrices specifically formulated for children are indispensable in the prevention of dental decay, with fluoride-containing preparations remaining the most reliably effective option. Conversely, non-fluoride toothpastes, particularly those utilizing hydroxyapatite, are showing increasing promise as safe alternatives for particular groups of children. The considerable diversity in product compositions underscores the necessity of selecting a dentifrice that is individually tailored and based on a child's specific risk profile. Moreover, precise application and attentive parental guidance are crucial for optimizing desirable outcomes and minimizing potential hazards. This comprehensive review aims to illuminate the existing body of evidence and identify key priorities for future clinical studies concerning pediatric dentifrices

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Pandian NJ, Devaraj K, Unas A. Evidence in every squeeze: a scoping review of pediatric oral care. Int J Contemp Pediatr 2026;13:811-8.