treatment phases can benefit the patient dramatically. Earlier FJO treatments can better guide jaw growth, reduce aggregate treatment times and increase beneficial treatment results. It is notable that while just a few years ago many believed jaw growth could not be stimulated with appliances, newer research has shown it to be very possible.

To apply new earlier FJO orthodontic and orthopedic principles requires five key steps.

Step #1 Recommend preconception and prebirth nutrition counseling. This is the first step in the new era of early preventive orthodontics. A few cultures worldwide encourage mothers to go on special nutritious diets for months before conception, not just afterward, in order to increase the chances for a healthy full-term baby. This action makes good nutritional sense. Our modern society emphasizes good nutrition, vitamins and avoidance of drugs, smoking and alcohol after conception, but it does not promote the vital need to have a nutritionally healthy mother before conception. Simple Vitamin A or B deficiency has been shown to cause bone deformities and even cleft palates.14 FJO dentists should encourage patients who want children to consult with a nutritionist before conception in order to promote optimum fetal growth and development.

Step #2 Recommend “exclusive” breastfeeding (no concurrent pacifier or bottle use) for 3–6 months (6–12 months overall) and recommend lactation consultant counseling before delivery. This is the next step in early preventive orthodontics. Breastfeeding after birth, true suckling, is usually better for infant jaw growth and development as well as overall lifelong health. More women are learning about the many health benefits of breastfeeding and choosing to breastfeed for longer periods of time than just a few decades ago. Some women still choose not to breastfeed at all for various reasons including lack of convenience and ignorance of the many health benefits to the infant and mother. FJO dentists should encourage new parents-to-be to consult with a breastfeeding consultant before delivery because many barriers exist to successful exclusive breastfeeding.

Breastfeeding places beneficial orthopedic forces on the jaws, similar to the forces of FJO, the newest form of orthodontics. Breastfeeding affects orofacial anatomy and physiology at our respiratory system gateway during the most important craniofacial formative years. Breastfeeding can orthopedically jump start proper jaw growth and have positive lifelong health affects. FJO dentists should recommend exclusive breastfeeding for a minimum of 3–6 months and total breastfeeding for a minimum of 6–12 months.

Breastfeeding is early preventive orthodontics and orthopedics because suckling forces impact the jaws during a critical period of postnatal growth. Postnatal growth is strongest in the first year of life so positive forces are important to proper growth and development. By 12 months of age, unimpeded, the maxilla increases markedly in size, and the anterior part of the mandible that contains the baby teeth (deciduous dentition) more or less attains its adult size.15 Rhythmic elevation and lowering of the jaw provides sequential changes in tongue positions coordinated with sucking contractions to stimulate growth.16 The forces of suckling 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. Suckling forces act to spread and widen dental arches and promote good swallow muscle tone, which aids proper jaw and airway growth. Research shows children breast-