

Children's Braces Melbourne - Smile Solutions

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Children's Braces Melbourne - Smile Solutions Skip to content Book Appointment Now Our Services General Dentistry Dental Cleans and Hygienists Wisdom Teeth Emergency Dentistry Root Canal Tooth Fillings Chipped or Cracked Teeth TMD & Teeth Grinding Snoring & Sleep Apnoea Sport Mouthguards Dental Anxiety Cosmetic Dentistry Porcelain Veneers & Crowns Same Day Porcelain Veneers™ Composite Bonding Professional Teeth Whitening CEREC Restorations Invisalign No Braces All-on-4® Dental Implants Gummy Smile Complimentary Cosmetic Consultation Orthodontics Invisalign No Braces Orthodontic Braces Children's Braces and Invisalign Jaw Surgery Dental Implants All-on-4® Dental Implants Conventional & Immediate Implants Dental Bridges Bone Grafting For Implants Dentures Specialist Care Prosthodontists Oral & Maxillofacial Surgeons Periodontists Orthodontists Endodontists Paediatric Dentists Complex Dentistry Children's Dentistry First Visit To The Dentist Children's Dental Emergencies Children's Braces and Invisalign Child Dental Benefit Schedule Kids Teeth Cleaning Tips About Us Why Choose Us Our Team Our Location Technology Before & After Gallery Payment Plans Packages & Offers Contact Us Call Us 13 13 96 our services Children's Orthodontics

In young children, orthodontic work is usually focused on treating functional problems such as cross-bites, severe overcrowding, jaw growth problems, thumb sucking and snoring. When should orthodontic treatment start? The Australian Society of Orthodontics recommends a first assessment by a registered specialist orthodontist at around six or seven years of age, when the first adult teeth typically begin to appear and developmental problems may arise. Early treatment for young children usually focuses on addressing functional issues that could immediately affect the health of the teeth. A proactive approach may reduce or simplify the need for more extensive orthodontic treatment later. Conditions treated in early childhood include problems with tooth eruption, crossbites, severe overcrowding, jaw growth issues, snoring, and thumb-sucking. Book Now

Assessing your child's orthodontic needs

- 1 Tooth Extractions Wherever possible, Smile Solutions aims to take a predominantly non-extraction approach to orthodontics. Early intervention, beginning treatment while a child is still growing, gives our specialist orthodontists the opportunity to guide jaw development, create space naturally and reduce, or in some cases eliminate, the need for extractions or jaw surgery later in life. However, tooth removal is not always avoidable or inappropriate. While modern orthodontic and orthopaedic techniques can often correct crowding and guide development without extractions, in some cases removing one or more teeth may be the best option to achieve a stable, functional and healthy result.
- 2 Managing Dental Crowding Early Dental crowding occurs when there is not enough space for permanent teeth to develop and align correctly. Early assessment allows our orthodontists to identify developing problems and intervene at the right stage of growth. For younger children, simple removable appliances may help expand dental arches, maintain space for developing teeth and guide healthy dental development. For children aged approximately 6–10, rapid maxillary expansion (RME) is one of the most effective orthodontic tools available. RME gently widens the upper jaw (palate) while the facial bones are still developing, creating additional space for crowded teeth. In appropriate cases, this may also support improved nasal breathing, reduce snoring and reduce the likelihood of requiring tooth extractions or more complex jaw surgery later in life. Because the opportunity for certain types of growth modification reduces as a child's facial bones mature, an orthodontic assessment before age 10 can be particularly valuable in identifying whether early intervention may benefit your child.
- 3 Jaw Growth, Breathing & Sleep Some children have a growth imbalance between the upper and lower jaws, which can affect their bite, facial development and airway. Childhood snoring, mouth breathing or

disrupted sleep may also be signs of airway obstruction or underlying breathing concerns. At Smile Solutions, we take a coordinated approach that goes beyond orthodontics alone. Early intervention, including orthodontic jaw expansion where appropriate, can help guide facial development, improve airway space and support healthier breathing and sleep patterns. Our specialist orthodontists work alongside specialist paediatric dentists, oral and maxillofacial surgeons, sleep specialists, ENT specialists and our in-house osteopath to assess and manage these complex cases. Where appropriate, care may include orthodontic expansion, myofunctional assessment, osteopathic support and referral to sleep medicine specialists—all coordinated within the one practice. If your child snores, breathes through their mouth, or has disrupted sleep, these signs are worth discussing during their orthodontic consultation.

Treatment options available

Space maintainers When a primary tooth is lost prematurely (often due to decay), adjacent teeth may drift, leaving insufficient space for permanent teeth. Space maintainers can be fixed or removable, depending on the case, and help guide proper tooth alignment.

Removable expander plates & early orthodontics For dental crowding, removable plates can be used from ages six to eight to expand the arches or maintain premolar spaces. Early treatment often continues with fixed braces to complete alignment once all teeth have erupted.

Conventional & clear braces Traditional metal braces and clear/ceramic braces function the same way: brackets with a tensioned wire gradually guide teeth into position. At Smile Solutions, we use Empower braces in stainless steel or porcelain, eliminating elastic ties for a more discreet, comfortable, and hygienic experience. Invisalign® Teen Clear, removable aligners gradually move teeth into place. Aligners can be removed for eating, brushing, sports, or special occasions but should be worn for 22 hours per day for effective results.

Book an appointment today

Book Now

Frequently Asked Questions

What happens if my child doesn't wear their retainer? Without consistent retainer use, teeth can gradually shift back toward their original position. Retention is a lifelong commitment and our team will provide clear guidance on what your child's specific situation requires.

Can my child play sport with braces? Yes. Custom-fitted dual laminated sport mouthguards are available for children in conventional braces. Invisalign Teen aligners can be removed for contact sports and training.

My child is scared of the orthodontist – what can you do? Reference the gentle approach, child-friendly environment, and link to the dental anxiety page. Teddy bear therapy and other child-specific approaches can be mentioned.

How do I know if my child needs early intervention or if we should wait? Key signs to watch for include: a crossbite (upper teeth sitting inside the lower teeth), mouth breathing or snoring, a noticeably crowded mouth as adult teeth erupt, thumb or finger sucking past age 4, and an asymmetric jaw or face. If you notice any of these, a consultation – even in primary school – is worthwhile.

What is early intervention orthodontics? Early intervention orthodontics (sometimes called Phase 1 orthodontics) involves assessing and treating orthodontic concerns before all adult teeth have erupted. It focuses on guiding jaw growth, improving function, and creating the best foundation for your child's permanent teeth.

At what age should my child be assessed? A child is never too young for an orthodontic assessment. The Australian Society of Orthodontists recommends an initial assessment around 6–7 years of age, when adult teeth start to emerge and developmental concerns can be identified early.

Does early intervention mean my child will need braces straight away? Not necessarily. Many children are simply monitored with regular reviews every 6–12 months. If treatment is recommended, it is carefully timed to suit your child's growth and development and may help reduce or simplify the need for braces later.

What problems can early intervention orthodontics address? Early intervention may be recommended for:

- Crowding or spacing issues
- Crossbites or narrow upper jaw
- Protruding front teeth (buck teeth)
- Underbite or deep bite
- Jaw growth or asymmetry concerns
- Thumb sucking or other oral habits
- Snoring or breathing concerns
- Difficulty with tooth eruption

Why is early intervention important? Treating orthodontic issues early allows us to work with your child's natural growth, which can:

- Improve jaw development
- Create space for adult teeth
- Reduce the need for tooth extractions
- Lower the complexity of future orthodontic treatment
- Support better breathing, sleep, and oral function

What are the benefits of early intervention orthodontics? Early treatment may help to:

- Minimise crowding as adult teeth erupt
- Improve facial balance and jaw symmetry
- Reduce the risk of impacted teeth
- Improve oral hygiene and ease of cleaning
- Lower the risk of dental trauma to protruding teeth
- Support nasal breathing and airway development
- Improve confidence and emotional wellbeing
- Reduce or simplify orthodontic treatment later in life

What is sleep-disordered breathing in children?

Sleep-disordered breathing occurs when a child has difficulty breathing during sleep, which can disrupt their rest and oxygen levels. In some cases, this includes obstructive sleep apnoea, where breathing briefly stops during sleep. What are the signs of sleep-disordered breathing? Symptoms can vary but may include: Snoring or loud breathing Mouth breathing Tooth grinding Daytime fatigue or hyperactivity Behavioural or learning difficulties Night terrors, sleep walking, or bedwetting Headaches or difficulty concentrating How can orthodontics help with sleep-disordered breathing? If breathing concerns are linked to a narrow upper jaw, orthodontic treatment such as a palatal expander may be recommended. Expanding the palate can increase nasal airway space and support improved breathing during sleep. Who provides early intervention orthodontic treatment? At Smile Solutions, early intervention orthodontics is provided by board-registered Specialist Orthodontists and Specialist Paediatric Dentists, who work collaboratively to manage your child's care. Both specialties undergo an additional 3–5 years of university training beyond general dentistry, ensuring a high level of expertise and child-focused care. Meet our Board-Registered Specialists At Smile Solutions, your child's orthodontic treatment is carried out by a board-registered specialist orthodontist, not a general dentist. Specialist orthodontists complete additional postgraduate university training focused specifically on the correction of tooth and jaw development, ensuring your child is assessed and treated by a clinician with advanced expertise. Our specialist orthodontists work collaboratively with our specialist paediatric dentists, Oral and Maxillofacial Surgeons, prosthodontists, periodontists, general dentists and Oral Health Therapists, all under one roof. This means your child's orthodontic care can be coordinated alongside their overall dental health, from their first baby tooth through to adult retention. For early intervention orthodontic treatment, our specialist orthodontists and specialist paediatric dentists work together to monitor growth, guide development and create a personalised treatment plan. With an integrated team, shared records and coordinated care, families benefit from a seamless approach without the need for external referrals or fragmented treatment. Dr Susan Hinckfuss Specialist Paediatric Dentist BDS (Melb), DCD (Melb) Dr David Austin Specialist Orthodontist BDS (Melb), MDS Orth (HK), MOrth, RCS (Edin) Dr Andrea Phatouros Specialist Orthodontist BDS (WA), MDS Orth (WA), FRACDS Dr Joshua Ch'ng Specialist Orthodontist BDS (Melb), FRACDS, D.Clin.Dent (Melb) Dr Susan Hinckfuss Specialist Paediatric Dentist BDS (Melb), DCD (Melb) Dr David Austin Specialist Orthodontist BDS (Melb), MDS Orth (HK), MOrth, RCS (Edin) Dr Andrea Phatouros Specialist Orthodontist BDS (WA), MDS Orth (WA), FRACDS Dr Joshua Ch'ng Specialist Orthodontist BDS (Melb), FRACDS, D.Clin.Dent (Melb) Dr Susan Hinckfuss Specialist Paediatric Dentist BDS (Melb), DCD (Melb) Dr David Austin Specialist Orthodontist BDS (Melb), MDS Orth (HK), MOrth, RCS (Edin) Dr Andrea Phatouros Specialist Orthodontist BDS (WA), MDS Orth (WA), FRACDS Dr Joshua Ch'ng Specialist Orthodontist BDS (Melb), FRACDS, D.Clin.Dent (Melb) Our Orthodontic Tower Smile Solutions' dedicated Orthodontic Centre occupies Level 12 and the Tower of the Manchester Unity Building – one of Melbourne's most iconic Art Deco heritage buildings on the corner of Collins and Swanston Streets. With natural light and views across the city, our orthodontic suites offer a calming environment designed to make every visit feel more comfortable. For children who may be nervous about their first visit, arriving somewhere visually memorable and non-threatening makes a meaningful difference. See More Practical information for patients Can my child play sport with braces? Yes. Children with braces can continue participating in sport throughout their orthodontic treatment. For contact sports, we recommend a custom-fitted dual laminated sport mouthguard to protect both the teeth and braces. Children wearing Invisalign Teen aligners can remove their aligners during contact sports and wear a protective mouthguard when required. Is orthodontic treatment painful? Modern orthodontic treatment is significantly more comfortable than it was in the past. Most children adapt quickly to their braces or aligners, with any initial sensitivity usually settling within the first week. Smile Solutions uses advanced orthodontic systems, including Empower self-ligating brackets, which use light-force wires and reduced friction technology to improve comfort during treatment. How much does children's orthodontic treatment cost? The cost of orthodontic treatment varies depending on your child's individual needs, the complexity of treatment and the duration of care. At Smile Solutions, we offer flexible payment options to help make orthodontic treatment more accessible, including interest-free payment plans through providers such as Payright, Humm and MyDentaPlan. Your specialist orthodontist will discuss all treatment options, costs and payment arrangements during your consultation so you can make an

informed decision about your child's care. How long does children's orthodontic treatment take? The length of orthodontic treatment depends on your child's age, growth stage, the complexity of their orthodontic needs and the type of treatment required. For children undergoing early intervention orthodontics, Phase 1 treatment typically takes around 6–18 months. If further treatment is required once all permanent teeth have erupted, Phase 2 treatment commonly takes around 12–24 months. Many children who receive appropriate early intervention may require a shorter Phase 2 treatment period, or in some cases, may not require further orthodontic treatment. Your specialist orthodontist will provide a personalised treatment timeline based on your child's individual needs. Contact Us

Contact Us " * " indicates required fields Full Name * Phone Number Email Address * Enquiry Type * General & Cosmetic Dentistry Orthodontics & Invisalign® Specialist Care Do you have private health insurance with dental cover? Yes No Your Message * Send Message Send Message > Δ Call Us 13 13 96

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