

10 Simple Ways Parents Can Protect Baby's Smile

1. Lift the lip

Encourage parents to check their child's teeth monthly to look for signs of decay.⁵

2. Take the baby to the dentist

"First dental visit by first birthday", particularly for higher risk children. All children should see a dentist by age three.⁶

3. Protect the baby's teeth with fluoride

Systemic fluoride for all, plus fluoride varnish for higher risk children. Fluoride strengthens the tooth structure providing protective effect, i.e. *remineralization*.

4. Brush daily

Clean infant gums and first teeth with a moist cloth or a small soft toothbrush. For babies with more teeth use a tiny bit of fluoridated toothpaste on a soft toothbrush.⁷

5. Limit sugar

Increased frequency and exposure to sugar increases the likelihood of tooth decay. Acid produced by bacterial action on dietary fermentable carbohydrates *demineralizes* the tooth structure leading to cavities.⁸

6. No bottles in bed⁹

7. Wean from bottle to cup by 1 year⁹

8. Don't share germs

Dental decay is a transmissible bacterial disease. Parents should receive regular dental care to reduce their bacterial load and should not share toothbrushes with their children. Maintenance of good oral hygiene through regular brushing and dental care for both parent and child will improve oral health and may help to lower the risk of spreading decay-causing bacteria.¹⁰

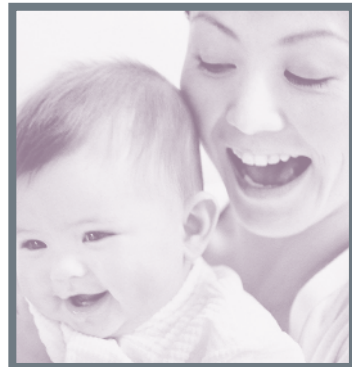


Photo: Eyewire

9. Assist with brushing up to age six

10. Encourage parents to take care of themselves

Remind parents that their children learn good oral health habits by watching them.

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Pediatric Oral Health Guide for the Primary Care Provider



- ◆ Use well-child exams to identify children at risk for childhood caries.
- ◆ Educate parents using the *10 Simple Ways* brochure.
- ◆ Children at risk for dental disease should begin periodic fluoride varnish treatments during a primary care or dental visit by their first birthday.

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Oral Health Care in a Primary Care Setting

◆ EDUCATE

Use the *10 Simple Ways To Protect Your Baby's Smile* parent education material.

◆ ASSESS

Assessing oral health, including a visual exam and risk factor assessment, should be a routine part of well child care for all children.



Visual Screening

Lift the child's lip and look at the teeth with the infant lying in the parent's lap (as pictured).

Healthy teeth are shiny and smooth. The earliest signs of decay may appear as a white spot or general loss of reflectiveness of the enamel, much like looking at frosted glass or flat paint. Brown or yellow spots or carious lesions on the teeth are more obvious symptoms of early childhood caries (ECC).

Risk Assessment

- ◆ **Family history:** Get a simple dental history from mother (caregiver). Active decay or multiple dental fillings indicate a high level of transmissible cariogenic flora.
- ◆ **Socioeconomic status:** Children of lower-income families, often on Medicaid, are at greater risk for dental disease.¹
- ◆ **Diet:** Children with high sugar diets, children who drink a lot of juices, or who snack frequently, are at greater risk of caries.
- ◆ **Other key indicators:** Medically compromised children, including those with low birth-weight, children with special health care needs, and children taking sugar-based medications or medications that affect salivary flow are also at higher risk for childhood caries.²

◆ TREAT/REFER

It is recommended that children at risk of dental disease begin preventive fluoride varnish treatments as early as the first teeth erupting. This can be done at a primary care office, and should be followed up with a referral to the dentist.

The rule of thumb is "first dental visit by first birthday", particularly for higher risk children. All children should be referred for a dental visit no later than age three.³

Assess all children by one year of age in a primary care setting

- ◆ Visual screening
- ◆ Family history
- ◆ Socioeconomic status
- ◆ Diet
- ◆ Special health needs
- ◆ Low birth weight
- ◆ Medication that dries the mouth

Low Risk

- ◆ Dental visit by age 3, at the latest
- ◆ Fluoride supplements
- ◆ Parent education

High Risk

- ◆ Dental visit in first year
- ◆ Fluoride supplements
- ◆ Parent education
- ◆ Periodic fluoride varnish applications

Fluoride Supplements

Fluoride drops or tablets are indicated for children six months to 16 years of age who do not routinely drink fluoridated water. Ideally taken at bedtime, chewable tablets increase the efficacy through maximizing topical exposure.⁴ Most areas in Whatcom County do not have fluoride in the water.

The exceptions are:

- City of Lynden
- Areas of the county with naturally occurring fluoride in well water.

Recommended Daily Fluoride Supplement Dosages*:

6 months to 3 yrs: 0.25 mg. / day
3 to 6 years: 0.50 mg. / day
6 to 16 years: 1.0 mg. / day

*When water supply contains less than 0.3 ppm fluoride

Patients with well water can call Whatcom County Health and Human Services for information about testing for fluoride levels (360-676-6724).

Fluoride Toothpaste

It is recommended that young children use a small (rice grain size) bit of fluoridated toothpaste and that excessive ingestion of toothpaste be avoided.⁴

Fluoride Varnish

Indicated for children at higher risk of ECC, fluoride treatments can begin with the first eruption of the primary ("baby") teeth. Topical fluorides that can be quickly "painted" on teeth are safe and effective for young children, and can be applied in a primary care or dental office setting. Medicaid reimburses physicians for this procedure.

In the primary care setting, fluoride varnish applications tend to follow the immunization schedule used in well-child exams. Systemic fluoride, either through water supply or by prescription, is not a contraindication to the application of topical fluoride varnish.⁴

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3. Sanchez, O, Childers, N. Anticipatory Guidance in Infant Oral Health: Rationale and Recommendations. American Family Physician;61:115-20,123-4.

4. Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the United States. MMWR 2001;50(RR-14).