Lesson 6: What to Do and How to Do It

Overview: The health care provider will integrate oral health into everyday health and human service practices.

Goals: The health care provider will be able to describe:

- How to promote the importance of oral health and the importance of teeth, including baby teeth
- How to do a risk assessment for dental decay
- Examples of appropriate anticipatory guidance for oral health
- How to do a dental screening
- When to refer to the dentist

Key Terms:

Anticipatory Guidance: Proactive, developmentally based counseling given to the child and family regarding the child’s health and well being as they enter each stage of life.

Risk Assessment: Process of evaluating daily habits for the potential of future health problems. It is a tool for individualizing oral health supervision, counseling and intervention.
Steps to Improve Oral Health and Prevent Disease

Children and their parents or caregivers visit medical providers about six times in the first year of life, yet they rarely visit dental professionals during this period. Therefore, it is critical that non-dental health providers recognize dental disease and its risk factors, and engage in counseling and guidance for parents and caregivers. The following steps can help:

Raise Awareness, Educate, Promote

When providing general health promotion and disease prevention for children and their families, be sure to include oral health promotion and dental disease prevention.

- Discuss the importance of teeth, including baby teeth. Discuss the importance of parents/caregivers oral health. Baby teeth allow the child to consume a more varied diet, allowing them to chew foods thoroughly. Teeth are important for speech. In today’s society, teeth are an aesthetic issue, affecting the psychological development of the child if there are dental problems.

- Remind parents and caregivers to clean their infant’s teeth with a small soft toothbrush or moist cloth as soon as the teeth begin to enter the mouth. Infants and toddlers should lie with their head on the adult’s lap so the adult can effectively see and clean all areas of the child’s mouth. A small pea-sized amount of toothpaste may be used on the toothbrush as soon as the child is old enough to spit out the extra. As children get older, parents should assist with brushing by standing behind the child and in front of a mirror, reaching around the child or by kneeling in front of the child. Children need assistance with brushing until at least age 7 or 8, and frequently longer.

- Distribute oral health promotional materials in a variety of languages and reading levels. Samples of recommended materials are included as part of this training.

- Have the oral health educational video, "Take Time for Teeth," provided as part of this training, for your patients and their families in the waiting room or other common area.

- Discuss the relationship between sugar intake frequency and dental decay. Information regarding this relationship is found in Lesson2: Dental Decay and Lesson 4: Risk Factors. Dentists, dental hygienists, dietitians, nutritionists, childcare providers and others can provide additional education about the relationship between feeding practices and good oral health and recommend foods, beverages and snacking behaviors.
Do a Risk Assessment for Dental Disease

During medical assessments for behaviors and attitudes that may increase the risk for disease, be sure to include an oral health risk assessment.

- Risk assessment is a diagnostic tool used by professionals to individualize health supervision and intervention. Risk assessment enables one to make specific preventive and treatment recommendations to reduce a child’s risk and improve health. Unnecessary interventions are also eliminated which contributes to greater efficiency and cost effectiveness in delivery of care.

- Through the process of risk assessment, we attempt to identify children who are at greater risk for a high level of dental decay and will need more oral health supervision. We look at risk factors that may impact negatively on a child's oral health, and protective factors that promote oral health.

- Risk assessment for dental decay is particularly useful, enabling early intervention and treatment specific to the level of disease.

Check the Mouth

Be sure to include the mouth during any routine health check-up. A health screening or examination is incomplete unless it includes a screening of the lips, tongue, teeth, gums and related structures.

Remember that screenings are not the same as clinical examinations and do not involve making diagnoses that lead to a treatment plan. Examinations that lead to diagnoses and treatment planning should be left to the dentist. The purpose of dental screenings is simply to identify normal versus abnormal dental and other oral findings.

How to do an Oral Health Screening

- A tongue depressor can be used to successfully move the lips to view the teeth. Doing a simple "smile check" or "lift the lip" with a gloved finger may suffice.

- The head of the infant or toddler needs to be securely supported to ensure safety, cooperation and a successful screening. Suggested techniques for the infant include: Parent and screener sit knee-to-knee with the infant placed in the screener's lap, or the parent's lap, head nestled securely against the abdomen. Alternatively, the parent may choose to nestle the infant in the crook of the arm, held securely against her chest. The toddler should sit in front of the parent, both facing the screener, so that the parent can help position and steady the child.
What to Look For

The objective is simply to determine if the condition is present or if it is not and, in the case of dental decay, to gain a sense of the severity of the disease and the level of urgency for dental treatment. A dental screening need not take more than 2 or 3 minutes to complete.

It is necessary to look primarily for only three things, the presence or absence of:

- dental decay (early)
- dental decay (advanced)
- fillings
- sealants

It is not necessary to note how many teeth are decayed, have fillings or sealants, just whether any of these are observed as being present in the mouth.

- Look at all sides of the teeth and throughout the mouth.
- "Lift the lip" to view the entire tooth right down to the gum line.
- Instruct parents and caregivers in the "lift the lip" procedure to check their children's teeth. This can also be done with a toothbrush.
- Refer children and their families to dentists and other health professionals as needed.
• Other observations you may include:
  
  o Does the child have the appropriate teeth in the mouth for his or her age?
  
  o Do the teeth look unusual or have defects that may increase risk for decay or suggest other developmental problems that need follow-up?
  
It is important to remember that if you’re not sure if a condition is present, refer the child to a dentist.

Appropriate Interventions

Anticipatory Guidance

Anticipatory guidance refers to the information that is given to the child and family to promote health, prevent disease and increase awareness about what to expect as the child enters the next developmental phase. With this knowledge, parents can help prevent dental decay, oral diseases and disorders in their children.

• It is important to customize and modify anticipatory guidance based on individual risk assessment (see previous page), the family's questions and concerns, and cultural appropriateness.

• The health professional may provide education and anticipatory guidance to adults and children regarding: dental visits, sealants, fluoride supplementation, non-nutritive sucking habits (thumb or pacifier), facial (jaw) development, tooth eruption, teeth cleaning, injury prevention, feeding practices, use of tobacco and other harmful habits, dental visits, and much more.

As an example:

Inform the parent or caregiver that the first dental visit is recommended by age one, allowing the dental professional to intervene early and provide appropriate counseling before the decay process develops. It is important, therefore, to encourage the family to establish a relationship with a dentist during early infancy, so that the child will be more comfortable and cooperative if dental treatment should become necessary in the future.
Use the following chart to help determine appropriate anticipatory guidance based on age and issues of concern:

**Anticipatory Guidance**

<table>
<thead>
<tr>
<th>BIRTH – 9 MONTHS</th>
<th></th>
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<tbody>
<tr>
<td>Encourage good oral health of parent/caregiver</td>
<td></td>
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<tr>
<td>Review nutrition and eating habits</td>
<td></td>
</tr>
<tr>
<td>State no napping or sleeping with the bottle or sippy cup</td>
<td></td>
</tr>
<tr>
<td>Encourage introduction of a cup</td>
<td></td>
</tr>
<tr>
<td>Encourage cleaning mouth with soft cloth after feeding</td>
<td></td>
</tr>
<tr>
<td>Encourage tooth brushing as soon as first baby tooth appears</td>
<td></td>
</tr>
<tr>
<td>Help evaluate fluoride needs</td>
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</table>

<table>
<thead>
<tr>
<th>12 – 18 MONTHS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review appropriate items from Birth – 9 month visit</td>
<td></td>
</tr>
<tr>
<td>Check teeth and mouth</td>
<td></td>
</tr>
<tr>
<td>Encourage finding a “dental home”</td>
<td></td>
</tr>
<tr>
<td>Encourage daily flossing</td>
<td></td>
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<tr>
<td>Discuss mouth and tooth injury prevention</td>
<td></td>
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<tr>
<td>Recommend having dentists’ emergency numbers handy</td>
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<table>
<thead>
<tr>
<th>24 - 36 MONTHS</th>
<th></th>
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<tbody>
<tr>
<td>Review appropriate items from previous visits</td>
<td></td>
</tr>
<tr>
<td>Help evaluate change in fluoride needs</td>
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<tr>
<td>Refer all children to dentist</td>
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<tr>
<td>Reinforce brushing with small pea-sized amount of fluoride toothpaste</td>
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<tr>
<td>Reinforce injury prevention and response</td>
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Treatment Interventions

In most cases, a dentist or dental hygienist should provide oral health treatment. By 6 months of age, however, the physician should prescribe the appropriate fluoride supplement, if indicated, provided a dental health professional has not already been consulted for this. Coordination between health care providers should be practiced to ensure that the infant is receiving the appropriate preventive services as well as emergent care, if needed.

Dietary Fluoride Supplement Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Fluoride ion level in drinking water (ppm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 0.3 ppm</td>
</tr>
<tr>
<td>Birth – 6 months</td>
<td>None</td>
</tr>
<tr>
<td>6 months – 3 years</td>
<td>0.25 mg/day²</td>
</tr>
<tr>
<td>3 – 6 years</td>
<td>0.50 mg/day</td>
</tr>
<tr>
<td>6 – 16 years</td>
<td>1.0 mg/day</td>
</tr>
</tbody>
</table>

1 0.1 part per million (ppm) = 1 milligram/liter
2 2.2 milligrams sodium fluoride contains 1 milligram fluoride ion.

Document Findings and Follow-up

Oral health data should be written down in the permanent record as you would any medical health finding. Documentation of the oral health history, clinical findings, and recommended follow-up requires very little time and effort to enter into the permanent record.

If there is more than one individual conducting oral health screenings at any given location, it is important that all screeners collect and record the same data and information in the same way.
The following format is recommended for documenting oral health findings.

Maine Smiles Matter

Name: __________________________
DOB: ___/___/___ Date: ___/___/___

1. **Dental Findings:** 0 = not present  1 = present
   ___ Decay ___ Tooth defects ___ Fillings ___ Sealants
   ___ Risk factors for dental decay (list): ______________________
   ___ History of severe mouth pain or infection past 2 years

2. **Dentist of Record?**  o Yes  o No
   Dentist’s Name ______________ Phone ______________
   Last Visit to Dentist ___/___/___

3. **Need for Dental Care:** 0  1  2  (circle one)
   0 = No problems, routine care  1 = Early need for care
   2 = Urgent/emergency need for care
   Referred to: __________________________ Date: ___/___/___

NOTE: Simple to use stick-on labels for entering the oral health findings in the permanent record are provided in this manual.