

# **Medical Providers Oral Health Education Project**

**New Hampshire  
2002-2005**



14 South Street, Concord, NH 03301

These materials are being used in NH for a project to educate physicians, mostly pediatricians and family practitioners, about caries in children through age 36 mos. The project is designed to facilitate:

- early identification of infants at high risk for early childhood caries
- education of parents about strategies they can use to prevent their young children from developing caries
- monitoring of children's caries status by physicians at well-child visits
- encouraging the referral of children at high risk to a dentist at age one year
- establishment of a link between physicians and a local general dentists who agree to accept referrals of children under age three
- education of general dentists about interventions to prevent early childhood caries and to control early caries activity in children through age three yrs
- communication between physicians and dentists

Workshops were conducted to educate physicians, dentists, nurses and dental hygienists. Additionally, intensive education, follow up and tracking of the participating physicians, dentists and their high risk patients are included in this project.

The first year goal of the project is to identify seven physician/dentist sites that will participate in this project. More sites will be included in each of the two successive years.

There are references in the protocol to referrals to dental hygienists for some children without access to a dentist. Dental hygienists will provide parents with education and children with fluoride varnish. This project does not, at this time, include fluoride varnish applications by physicians.

These materials were created after an extensive literature search and we acknowledge the contributions of several other programs. We are therefore happy to share these materials with others working to prevent early childhood caries. We do ask that you acknowledge the source of the materials you may chose to use.

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Participating physicians, dentists and workshop attendees are given a large three ring binder which includes the enclosed materials and the following references:

- Summary of Evidence for Caries Etiology and Prevention, Jan. 2003, Russell Jones. MD, MPH
- The Science and Practice of Caries Prevention, John D.B. Featherstone, M.SC., PH.D., *JADA*, July 2000, 131: 887-899.
- Xylitol for Caries Prevention, John Peldyak, DMD; Kauko K.Makinen, PhD, *J Dent Hyg*, 2002, 76(4):276-285.
- Evidence-based Prevention, Management, and Monitoring of Dental Caries, Lois Rigmont Barber, RDH, BSEd; Esther M. Wilkins, BS, RDH, DMD, 2002, 76(4):270-275.
- Lap-to-Lap Examination Procedure, *WSDA News Special Section*, Feb. 1998/3.
- *Oral Management of Pediatric Patients for Non-Dental Professionals, A Study Guide*, Arthur J. Nowak, DMD, Departments of Pediatric Dentistry and Pediatrics, Colleges of Dentistry and Medicine, Center for Leadership in Pediatric Dentistry, The University of Iowa, August 2001. This comprehensive, 107 page reference with color photos and illustrations is available to be downloaded at <http://www.iowapediatricdentistry.com/>
- *ABCD A Manual for Dental Providers* which can be found at <http://www.abcd-dental.org/dent.html>.
- Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States, *MMWR*, August 17, 2001 / 50(RR14);1-42

## Contents

### Parent Dental Questionnaires and Provider Prompts\*

1. For use at the first of these well-child visits: 4, 6 or 9 months
2. For use at the first of these well-child visits: 12 – 24 months
3. For use at age three years

*We place provider prompts back to back and laminate them for easy reference.*

### Oral Health Assessment and Recommendations

This form should be copied on the reverse of the 12 mos. Parent Dental Questionnaire

### Protocols

1. 4 month
2. 6 and 9 months
3. 12 through 24 months
4. 36 month

### Anticipatory Guidance Materials for Parents

1. Healthy Infant Feeding Practices
2. Don't Give Your Baby the Bacteria that Cause Tooth Decay
3. How to Use Xylitol to Reduce *Streptococcus mutans* Bacteria
4. Facts about Early Childhood Caries
5. Keeping Your Baby's Teeth Healthy Starts Early!
6. From Bottle to Cup
7. Food Facts for Healthy Teeth
8. Tips for Care of Toddler's Teeth

### Dental Hygienist's Protocol for Early Childhood Caries Prevention

Hygienist's Assessment Sheet  
Consultation Notes

\* The parent questionnaires were created to facilitate a quick identification of those who are at high risk for early childhood caries. These questionnaires are to be completed by parents in the waiting room before their well-child visit. A nurse or other staff member can quickly score the questionnaire. We are interested to find out how well this device will work. Some children will be automatically considered at high risk as noted on the lower portion of the provider prompts.

Parent Dental Questionnaire - 4 mos., 6 mos. and 9mos

Baby's Name: _____	Age: ____ mos.	Today's Date _____
Mother's Name: _____	Daytime Phone: _____	
Town of residence _____		

**Water & Fluoride** (Check **all** answers that are true.)

- 1. My baby regularly drinks:
  - \_\_\_\_ a. tap water
  - \_\_\_\_ b. bottled water
- 2. \_\_\_\_ a. My home has town/city water.
  - \_\_\_\_ b. My home has well water.
  - \_\_\_\_ c. I have had my well tested for fluoride.
  - \_\_\_\_ d. My child is taking a fluoride supplement.

**Family Dental History** (Check **all** answers that are true.)

- 3. Baby's mother
  - \_\_\_\_ has untreated cavities.
  - \_\_\_\_ has healthy teeth.
  - \_\_\_\_ is afraid of dentists
- 4. Baby has a sister/brother who
  - \_\_\_\_ had tooth decay before age of 5.
  - \_\_\_\_ has untreated tooth decay.

**Dental Access** (Choose **one** best answer.)

- 5. Our family sees a dentist
  - \_\_\_\_ never
  - \_\_\_\_ regularly for preventive care and any other needed care.
  - \_\_\_\_ for emergencies only

**Feeding**

- 6. My baby usually goes to bed (Check any answer that is true.)
  - \_\_\_\_ with a bottle of juice, milk, formula or something sweet
  - \_\_\_\_ with a pacifier dipped in something sweet
  - \_\_\_\_ after falling asleep breast feeding
  - \_\_\_\_ without a bottle and without falling asleep while breast feeding.

**FOR OFFICE USE ONLY:** -----

Practice: \_\_\_\_ (This will be preprinted) \_\_\_\_\_  
Provider's Initials: \_\_\_\_ (preprinted?) \_\_\_\_\_

**Enter dates when done:**

- \_\_\_\_ Recommended well water be tested
- \_\_\_\_ Prescribed fluoride supplement (0.25 mg/day or \_ ml drops)
- \_\_\_\_ Tested mother for *Strep. mutans* and provided risk reduction materials
- \_\_\_\_ Relayed results of *Strep. mutans* test:  Low  Medium  High
- \_\_\_\_ Provided information about  NHHK  Managed Care
- \_\_\_\_ Recommended Xylitol regimen for Mother
- \_\_\_\_ Prescribed CHX for mother



ECC Risk

**Parent Dental Questionnaire for 12 - 24 mos.**

Baby's Name _____	Age _____ mos.	Today's Date _____
Mother's Name _____	Daytime Phone Number _____	

**Check all answers that are true.**

**Water and Fluoride**

My child does *not* get fluoride in:

- water or daily supplements (drops or tablets)
- toothpaste

My child does get fluoride from:

- water
- supplements (drops or tablets)
- toothpaste

**Family Dental History**

Child's mother:

- has untreated cavities
- has healthy teeth

Child has a sister or brother:

- who had cavities before age 5
- has untreated cavities

**Dental Access**

Our family sees a dentist:

- never or for emergencies only
- regularly for preventive and other care

**Feeding**

My child:

- drinks only from a bottle
- drinks from a cup at meal times
- carries around a bottle or sippee cup
- goes to bed without a bottle
- which contains something other than water
- goes to bed with a bottle containing
- something other than water

My child regularly snacks on the following kinds of foods:

- cracker or chips
- fresh fruits or vegetables
- sweetened dry cereal
- unsweetened dry cereal
- fruit roll ups, candy
- cheese, yogurt or other milk products
- baked goods (like cookies, donoughts, cakes)

**Brushing**

- My child's teeth are not brushed daily by an adult
- An adult brushes my child's teeth daily





## Parent Dental Questionnaire for 3 yr. old

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ mos. Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Check all answers that are true.**

1. My child gets fluoride from these sources:

- a. from fluoride drops or tablets
- b. from drinking water that contains fluoride (If you have fluoridated water, but your child rarely drinks your water, don't check this choice.)
- c. from toothpaste
- d. from fluoride treatments by the dentist or dental hygienist

2. My child drinks the following:

a. milk How often? \_\_\_\_\_

b. juice How often? \_\_\_\_\_

c. sweetened beverages like Kool-aid, punch, sports drinks, etc.

How often? \_\_\_\_\_

d. soda? How often? \_\_\_\_\_

3. In addition to meals, my child eats and/or drinks something other than water

- a. 3 times a day or less
- b. more than 3 times a day

4. Usual snacks include the following types of foods:

- a. fresh fruit or fresh vegetables
- b. crackers or chips
- c. cheese, yogurt, ice cream and other milk products
- d. baked good like cookies, doughnuts, cakes
- e. granola bars
- f. fruit roll ups, fruit by the foot, etc.
- g. candy

5. My child's teeth are brushed

- a. once a day
- b. 2 or more times a day
- c. by an adult at least once a day
- d. after any medications are given

6. My child

- a, has had a dental visit
- b. will continue to see a dentist routinely for preventive care
- c. will see a dentist **only** if there is a problem
- d. does not have dental insurance



## Provider's Prompt

Parent Dental Questionnaire - 4 mos., 6 mos. and 9mos

### Water & Fluoride (Check all answers that are true.)

1. My baby regularly drinks:  
\_\_\_ a. tap water  
\_\_\_ b. bottled water
2. \_\_\_ a. My home has town/city water.  
\_\_\_ b. My home has well water.  
\_\_\_ c. I have had my well tested for fluoride.  
\_\_\_ d. My child is taking a fluoride supplement.

Add scores on left.  
If score is 4 or more,  
consider at high risk  
for early childhood  
caries and mark  
child's record to  
show risk

### Family Dental history (Check all answers that are true.)

3. Baby's mother  
\_3\_ has untreated cavities. \_\_\_ has healthy teeth. \_\_\_ is afraid of dentists.
4. Baby has a sister/brother who  
\_2\_ had tooth decay before 5yrs.  
\_1\_ has untreated tooth decay.

### Dental Access (Choose one best answer.)

5. Our family sees a dentist  
\_1\_ never. \_\_\_ regularly for preventive care and any other needed care.  
\_1\_ for emergencies only.

### Feeding

6. My baby usually goes to bed (Check any answer that is true.)
- \_2\_ with a bottle of juice, milk, formula or something sweet \_\_\_ without a bottle and without falling asleep  
\_2\_ with a pacifier dipped in something sweet breast feeding.  
\_1\_ after falling asleep breast feeding.

**1. Children with developmental problems or low socioeconomic status are automatically at high risk.**

2. Is water baby drinks fluoridated? Test well water for fluoride. Prescribe supplements at age 6 mos. if no fluoride is in the water or if it is fluoridated, but baby doesn't drink that water. **Prescribe .25mg/day or \_ ml drops if less than 0.3 ppm in water.**

3. If child is at risk for Early Childhood Caries:
- Explain bacterial transmission from mother/caregiver to child occurs usually from 6-30 mos.
  - Saliva test for mom/care giver if she has significant decay.
  - Advise parents to call now to schedule a dental visit by age one with pediatric dentist or general dentist who will see 1 yr. olds.

4. Ask about dental insurance. If appropriate, recommend NH Healthy Kids

**Provider's Prompt  
Parent Dental Questionnaire for 12 -24 mos.**

**Check all answers that are true.**

**Water and Fluoride**

My child does *not* get fluoride in:

- 3** water or daily supplements (drops or tablets)
- 1** toothpaste

My child does get fluoride from:

- water
- supplements (drops or tablets)
- toothpaste

**Family Dental History**

Child's mother:

- 6** has untreated cavities

has healthy teeth

Child has a sister or brother:

- 3** who had cavities before age 5
- 2** has untreated cavities

**Dental Access**

Our family sees a dentist:

- 3** never or for emergencies only

regularly for preventive and other care

**Feeding**

My child:

- 1** drinks only from a bottle
- 2** carries around a bottle or sippee cup containing something other than water
- 3** goes to bed with a bottle containing something other than water

drinks from a cup at meal times  
goes to bed without a bottle

My child regularly snacks on the following kinds of foods:

- 1** cracker or chips
- 1** sweetened dry cereal
- 1** fruit roll ups, candy
- 1** baked goods (like cookies, donuts, cakes)

fresh fruits or vegetables  
unsweetened dry cereal  
cheese, yogurt or other milk products

**Brushing**

- 2** My child's teeth are not brushed daily by an adult      An adult brushes my child's teeth daily

**Add the scores for all items checked in the left column. A score of 10 or more indicates child is at risk for Early Childhood Caries. Enter that score in the box at the bottom of the questionnaire.**

**Mark child's record to indicate high risk for early childhood caries.**

**Children who have developmental problems, low socioeconomic status, signs of decay or decalcification present on any teeth or teeth with poorly formed enamel are automatically considered at high risk.**

## Protocol for 4 mos. Check-up

- 1) Review the “Parent Dental **Questionnaire**” completed for this visit.
  - a) **Score** the sheet to determine if infant will be at “high risk” for Early Childhood Caries (ECC). A score of 4 or higher indicates high risk. Mark child’s record to indicate high ECC risk.
  - b) If the **fluoride** content of water at home is in question, give test kit to parents to find out fluoride level of well water. Ask parents to bring the test results with them to the 6 mos. check-up or request that the results be sent directly to your office.
  - c) If **mother** has untreated tooth decay
    - Ask if mom has dental pain. Ask if mom has any loose teeth. Explain need for mother to seek dental treatment ASAP.
    - Explain risk of transmission of bacteria to baby as teeth erupt and describe risk reduction behaviors.
    - Recommend Xylitol regimen. Ask if she ever experiences jaw pain or cracking, clicking, locking in TMJ (temporomandibular joint). If this is a problem for mom, recommend that she chews the gum for only the required 5 min. each time and suggest that she alternates the xylitol gum with the xylitol mints.
    - Explain need for mom to brush carefully at least twice a day and floss once a day.
    - Give parent handouts:
      - Don’t Give your Baby the Bacteria that Cause Tooth Decay.*
      - How to Use Xylitol to Reduce S.mutans Bacteria.*

Be sure parents can understand these written materials. Ask a staff member to review the materials with the mother if there is a possibility that they won’t or can’t be read.
  - d) Address any negative feeding **behaviors** noted on the questionnaire.
  - e) If family is without **access** to a dental office, provide information about NH Healthy Kids insurance.
- 2) **Examine** infant’s mouth and look for any sign of erupted/erupting teeth.
- 3) **Educate** parent (and review, as needed) by providing the anticipatory guidance handouts.
- 4) **Record** date in the lower section of questionnaire beside any actions taken. Mark child’s record if at high risk for early childhood caries.

## Protocol for 6 and 9 mos. Check-up

If this is baby's first visit, follow protocol for 4 mos.

- 1) Review the **Questionnaire** from 4 mos.
  - a) Determine **fluoride** status.
    - Fluoride in water that baby drinks?
    - Prescribe supplement, if needed. If prescribed earlier, is baby receiving the supplement daily?
  - b) If **mother** had significant caries present previously
    - Ask if she is following xylitol regimen? Has she encountered any difficulties?
    - Ask if mother is experiencing any TMJ (temporomandibular joint) problems and advise her to only chew the xylitol gum for the recommended 5 minutes each time and alternate use of the xylitol gum and xylitol mints.
    - Ask if she is making effort to avoid transmission of bacteria and reinforce recommendations.
  - c) If there were any negative feeding **behaviors**, ask if there have been any changes. Reinforce positive changes. If there are any negative behaviors that have continued or increased, discuss relationship to Early Childhood Caries.
  - d) Determine current **access** to dental care. If family was without access to a dental office, question efforts to find dental home and application for NH Health Kids
- 2) **Examine** infant's mouth and look for any sign of erupted/erupting teeth. Instruct parent(s) to lift the lip and examine baby's teeth routinely. If Mother is not in the habit of cleaning infant's gums (or teeth), instruct in importance of doing so daily.
- 3) **Educate** parent (and review, as needed) by providing appropriate anticipatory guidance handout(s).
- 4) **Record** date in the lower section of questionnaire beside any actions taken.

## Protocol for 12 - 24 mos . Check-ups

*Parents complete a Parent Questionnaire only at the first of these visits.*

- 1) Review Parent Dental **Questionnaire** and determine risk for early childhood caries. Also review any previous notations on the Oral Health **Assessment** and Recommendations sheet (on the reverse of the questionnaire).
  - a) Determine if **fluoride** status is appropriate and address any changes that need to be made regarding supplementation or fluoride toothpaste. If fluoridated water is available, stress the benefit of drinking water between meals.
  - b) If **mother** has untreated decay
    - ask about her adherence to the xylitol regimen (continue until child is 2\_ yrs. old)
    - ask if she's experiencing any TMJ (temporomandibular joint) problems and advise
    - discuss her need for dental treatment and good brushing and flossing habits
    - address continued need to avoid transmission of bacteria from mother to child
  - c) Address and negative feeding or brushing **behaviors**.
  - d) Determine **access** to dental care.
- 2) **Examine** child's mouth and count # of teeth that have erupted. Partially erupted teeth should be included in the count. You may wish to use a tongue blade, toothbrush or mirror for retraction of cheeks and tongue and better visibility. Note the appearance of all teeth.
- 3) Children at increased risk for early childhood caries should be given a saliva **test** for *Streptococcus mutans* at the 12 mos. or initial visit in this phase.
- 4) Make a **referral** to the dental hygienist if child is at increased risk for early childhood caries and
  - *Streptococcus mutans* test was intermediate or high and negative feeding or brushing behaviors continue to exist
  - if child is without access to a dentist and developmental defects, decalcification or stained grooves are noted on any teeth
  - despite earlier referral(s), negative behaviors continue or new signs of caries activity are noted
- 5) Make a referral to a dentist
  - if visible caries is noted
  - if child has access to a dentist and developmental defects, decalcification or stained grooves are noted on any teeth
- 6) **Educate** parent and review, as needed, appropriate anticipatory guidance handouts.
- 7) **Record** actions and findings on the Oral Health Assessment and Recommendations sheet (on the reverse of the questionnaire).

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When child's saliva test results arrive, contact Mother.

- If test was negative, reaffirm previous recommendations.
- If test is positive make sure referral is in place to hygienist or dentist and send along the *S. mutans* results.

## Protocol for 36 mos. Check up

- 1) Review the Parent **Questionnaire** for 3yr Olds and the previous notations on the Oral Health **Assessment** and Recommendations sheet. Offer suggestions regarding any **behaviors** that increase risk of caries, as needed.
- 2) **Exam** child's teeth and tissues and **record** findings on the Oral Health Assessment.
  - If there are any signs of caries, **refer** to child's dentist if child is not already up-to-date with appointments.
  - If child has no **access** to a dentist, refer to hygienist.
  - Stress importance of regular preventive dental visits for children and inform parents of NH Healthy Kids and any other local dental resources.
  - If child continues to be at increased risk for caries and does not have access to a dentist, recommend that child start a xylitol chewing gum regimen. Permanent teeth are more likely to be well-mineralized and have long-lasting protection from caries, if a xylitol regimen begins at least one year prior to their eruption.
- 3) **Educate** by reviewing parents by providing anticipatory guidance materials. Review, as needed.
- 4) **Send copies of all Parent Questionnaires and the Oral Health Assessment and Recommendations for this child to:**

## Oral Health Fact Sheet - 4 months

### Healthy Infant Feeding Practices

**Proper use of the bottle is the first step in preventing dental problems.**

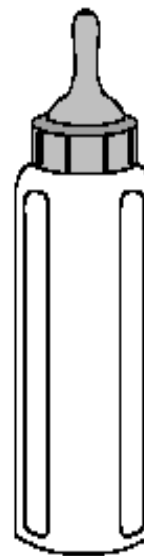
Bottles should be used to feed babies who are not breastfeeding or who are not yet able to drink from a cup.

Feed only formula, breast milk or water from a bottle.

Try to offer the bottle only at feeding times. It will be better for your baby's teeth if you don't let the bottle become a toy or a pacifier.

If you are breastfeeding, remove baby from your breast as soon as baby is done feeding. That way your baby's teeth will not come into contact with the natural sugars in breast milk for long periods of time.

Sleeping times are not feeding times. **Do not put baby to bed with a bottle.**



The sugar in formula, milk, juice and sweetened drinks can decay teeth if it stays in baby's mouth during sleep. The baby who goes to bed with a bottle can get painful tooth decay. Instead you can:

*Offer a blanket, stuffed animal or favorite toy instead of a bottle at sleeptime,*

*Give baby a warm bath.*

*Rock the baby to sleep.*

*As a last resort, allow WATER ONLY in the bottle.*

*It may take 3 to 7 nights of the child crying to break the bedtime bottle habit.*

## **Don't Give your Baby the Bacteria that Cause Tooth Decay.**

Tooth decay is a disease that can be spread from a mother to her baby. Tooth decay is caused by a certain kind of bacteria called *Streptococcus mutans*. If a mother has untreated cavities, she is very likely to have a very high count of these *S. mutans* bacteria in her mouth. This high count *S. mutans* bacteria that mom shares with her baby will then start living in baby's mouth.

Young children who have a lot of *S. mutans* bacteria are very likely to develop early childhood caries. "Early childhood caries" used to be called "Baby Bottle Tooth Decay." Now we know that the cause is not just putting a child to bed with a bottle.

Early childhood caries can develop very quickly in children age 1-3 yrs. Treatment is very difficult because the child is so young. Often treatment for early childhood caries must be done in the hospital under general anesthesia.

The most important thing you can do to prevent early childhood caries is to make sure you don't spread your bacteria to your child. A baby will be able to "catch" the bacteria as soon as the first tooth appears.

These are common ways that *S. mutans* bacteria could be shared with a baby:

- Tasting baby's food before putting it in baby's mouth.
- Baby putting fingers in Mom's mouth and then in own mouth.
- Kissing baby on the mouth.
- Sharing baby's spoon or cup.
- Sharing a toothbrush.
- Storing baby's toothbrush where it touches other family member's tooth brushes.

Most commonly babies get the *S. mutans* bacteria from their mothers. However, it is a good idea to teach these things to all who care for or play with your baby. The longer a child can remain free of the *S. mutans* bacteria, the better the chance your child will have beautiful, healthy teeth.



## **How to Use Xylitol to Reduce *Streptococcus mutans* Bacteria**

Mothers who have cavities probably have high counts of the bacteria *Streptococcus mutans* in the plaque on their teeth. *S. mutans* cause tooth decay. Xylitol is a natural sweetener that can reduce the *S. mutans* bacteria on teeth. Your doctor recommends that you use xylitol at least 4 times daily so that you will not spread the bacteria from your mouth to your baby's mouth.

Xylitol is a natural sweetener found in many fruits and vegetables. It is even produced in the human body as it uses sugar. Diabetics can use xylitol safely.

It is important to have the proper amount of xylitol in the gum or mints that you use for your xylitol program. At this time, we recommend WellDent gum and mints, which are available, in bulk, online at [WellDentXylitol@cs.com](mailto:WellDentXylitol@cs.com). Carefree® Koolerz™ gum is commercially available and also contains adequate xylitol.

To reduce *S. mutans* levels in your mouth, you will need to use the xylitol gum at least 4 times a day. Each time, chew the gum for 5 minutes or until the flavor is gone. If you are using the WellDent xylitol mints, suck 2 mints for at least 5 minutes, 4 times a day. If it dissolves before 5 minutes, suck on another until the entire 5 minutes is up. The best time to use gums or mints would be after meals and snacks. **Remember, that this will not work unless it is used at least 4 times a day, every day.**

For best results, mothers should begin using xylitol months before their child's first tooth erupts and continue until child is 2 \_ years old.

*People who spend a lot of time chewing gum may experience problems with their jaws. To prevent this from happening to you, remember you only need to chew the gum for 5 minutes each time. If you are experiencing any difficulties with your jaw, alternate the mints and gum. If you experience cracking, clicking, locking or any discomfort in your TMJ (temporomandibular joint - just in front of your ears), you should discuss these symptoms with your dentist).*

**Chew xylitol gum at least 4 times each day.**

**Chew each time for 5 minutes or until the flavor is gone.**

**OR**

**Suck on 2 mints for 5 minutes at least 4 times a day.**

**If the mints dissolve before 5 minutes, suck on another until the full 5 minutes is up.**

**The best time to use the xylitol gum or mints  
is right after meals or snacks.**

**Continue this xylitol routine until your child is 2 \_ years old.**

# Oral Health Fact Sheet

## Facts about Early Childhood Caries

### What are the characteristics of Early Childhood Caries?

*It develops **VERY** rapidly.*

*The upper front teeth are the first teeth to be affected – often starting on the back surface where it isn't easily noticed.*

*As the disease progresses, the back teeth are affected.*

*When the disease becomes very severe, the lower front teeth are affected.*

### What are the effects of Early Childhood Caries?

*Pain for the baby*

*Difficulty in chewing*

*Difficulty in learning how to speak*

*Difficulty sleeping*

*Difficulty learning*

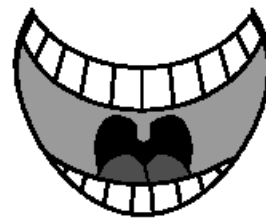
*Poor general health*

*Crooked or crowded permanent teeth*

*Increased risk of decay in permanent teeth*

*Poor self esteem*

*Costly tooth repair which may require hospitalization*



### What causes Early Childhood Caries?

*Giving baby a bottle to sleep with.*

*Sleeping all night at the breast*

*Propping a bottle*

*Using a bottle as a pacifier*

*Using a pacifier dipped in sugar, syrup or anything sweet*

*Allowing baby to go around with a bottle in his or her mouth*



### How can Early Childhood Caries be prevented?

*Clean your baby's teeth daily, as soon as they come in.*

*Hold your infant while feeding*

*Don't prop a bottle or allow a child to fall asleep with a bottle*

*Don't use a bottle as a pacifier*

*Don't give a baby a pacifier that has been dipped in anything sweet*

*When you start your baby on fruit juice, use only a cup*

*Feed **ONLY** formula from a bottle (don't give juice or sweetened drinks from the bottle)*

*Don't feed babies soda, Kool-aid or other sweetened drinks.*

*Start using a cup at 6 to 9 months*

*Wean your baby off the bottle by one year of age*

# Oral Health Fact Sheet - Brushing

## Keeping Your Baby's Teeth Healthy Starts Early!

- Your child's teeth should last a lifetime! Tooth decay can be avoided by the daily removal of plaque.
- Plaque is made up of germs that live on your teeth, all the time. Plaque should be removed everyday to stop the germs from making acid that can cause tooth decay.

### How to position baby to brush:

- Lay baby on your lap.
- Place baby on the floor with baby's head in the parent's lap.
- Stand behind baby's head while baby lies on a changing table.



### How to clean baby's teeth:

- Start by cleaning baby's gums and later, first teeth daily. Use a soft cloth or gauze with water. Start now, so that your baby will get used to you touching his or her mouth.
- Clean your baby's teeth at the same time everyday (before a bath, during a bath, or before bed, etc.)
- Your child may complain by crying, but he or she is not in pain. Keep at it and your child will become used to the routine and the protests will stop.
- Once your baby has two top teeth, you can use a small smear of fluoride toothpaste on a very small, soft baby's toothbrush.
- Brush carefully on both the front and back surfaces of teeth, making sure to reach along the gumline.
- Brushing your baby's teeth everyday is the beginning of a lifetime habit. For the first six or seven years of your child's life, brushing daily will be your responsibility.

# Oral Health Fact Sheet - Weaning

## From Bottle to Cup

Weaning is teaching your baby to drink from a cup and not the bottle or breast. Try to completely wean your child from the bottle by 12 months. Moms who are bottle feeding can begin the weaning process anytime after 6 mos.

***Remember:***

*Children's teeth can decay unless weaned by about age one.*

*The longer a child is on the bottle, the harder it will be to wean.*

*The key to weaning is patience and understanding.*

*Weaning helps prevent tooth decay.*

### TIPS

- Start early. At an early age the baby will want to hold things and put them in his or her mouth. One of these things can be a small cup. Your baby will learn to put it in his or her mouth by playing with it.
- After your baby is familiar with the cup and is able to put it in his or her mouth, put a few drops of formula in it at each meal. Let your baby develop the pride of drinking by him or herself.
- When you feel your baby is ready, give him or her more and more from the cup.
- Take bottles away gradually. Most babies will not want to give up the bottle all at once.
- Be patient. It will take time for your baby to drink from a cup
- Sing, read, hold or rock child to comfort instead of giving in to his or her crying for a bottle.
- Babies should be drinking from a cup by their first birthday.
- Some parents hide or give away all the bottles on the target date for weaning **or** let the child throw away his or her bottles and make a celebration of using the cup all of the time.

# Oral Health Fact Sheet - Snacks

## Food Facts for Healthy Teeth



Choose healthy foods that are good for you and your child!

Good eating habits formed at an early age continue through life.

Eating foods that stick to the teeth and have a lot of sugar increase the risk of cavities. For this reason, avoid snacks like:

- Candy
- Raisins and dried fruit
- Peanut butter on crackers
- Chips
- Crackers
- Cookies, cake and pastries
- Doughnuts
- Sweetened cereal
- Granola bars
- Fruit roll-ups

When your child is thirsty, offer WATER. Avoid sweet drinks such as soda, Kool-aid, Hi-C, Tang, fruit punch and sports drinks like Gatorade. Restrict fruit juice to once a day.

Set regular meal and snack times.

It is especially important to brush before bed and after eating foods that stick to teeth.

### Best Bites!

- Raw fruits and vegetables
- Pizza
- Bagels or pita bread
- Whole grain crackers
- Meat and cheese slices
- Yogurt, applesauce or fruit cups
- Milk – Low fat or skim for children over 2 yrs.
- Unsweetened fruit or vegetable juice – 4 to 6 oz. served once a day.

The number of cavities you get depends on:

- **How many** times you eat each day
- **How long** the food is in the mouth
- **How sticky** the food is

## Oral Health Fact Sheet - Toddlers

### Tips for Care of Toddler's Teeth

**Bacteria** in plaque + **Sugars** from carbohydrates = **Acid** that causes decay

#### How to remove plaque bacteria:

- Parents need to brush at least once a day for child.
- Try to avoid conflict over brushing. This should not become unpleasant for child. Try including a song or story as part of this routine. Once in a while, you may have to skip it, if child is too fussy.
- Make brushing part of one of these daily routines.
  - Include brushing as part of the bedtime routine.
  - While still in high chair, brush for child after one or more meals.
  - Include brushing in your child's bathing routine.
- Use a soft bristled toothbrush that is designed for a toddler's mouth.
- Young children should never have more than a pea-sized dab of toothpaste on their brush.
- Brush from behind child or let child's head rest in your lap while you brush. Make sure both of you are in a comfortable position.
- Use a circular motion as you brush, making sure to clean along the gum line especially well.
- Start in the back and move very slowly around the mouth in order, so you won't miss any teeth.
- Remember that plaque is sticky and invisible, so take your time, even when there doesn't look like there is anything to remove.

#### How to choose foods that won't trigger decay-causing acids:

- Carbohydrates (breads, pasta, crackers, chips, pastries, cookies, cereals) that remain in the mouth as particles stuck to the teeth will breakdown into sugars.
- Meals include many different kinds of foods. The combination helps to protect teeth. If your child is going to eat sweets and desserts, include them with a meal to avoid decay.
- You can help protect teeth from sugary snacks by serving milk, cheese or yogurt with the snack.
- Juices have lots of sugar and acid which promote tooth decay. They are also filling which can decrease your child's appetite for more nutritious foods. Limit fruit juice to one serving ( 4-6 oz.) a day. If your child drinks juice more than once a day, dilute half and half with water and offer it only while sitting for a meal or snack. Juices should not be freely available throughout the day in a sippy cup.
- Avoid sweet drinks like Kool-aid, punch, Hi-C, Tang, sports drinks, coffee, teas and sodas. Water is a great drink to offer between meals. Offer 1-3 yr. olds 4 - 6 servings ( \_cup each) of milk or milk products daily.

#### Good snack choices:

Fresh fruits and vegetables  
Peanut butter as a dip for fruit/veggies  
Meats  
Cheese  
Yogurt, applesauce  
Low fat or skim milk for children over 2 yrs.

#### Snacks foods to avoid:

Raisins and dried fruit  
Fruit roll ups  
Crackers and chips  
Peanut butter crackers  
Cookies, cakes, doughnuts and pastries  
Granola bars or sweetened cereal

## Dental Hygienist's Protocol for Early Childhood Caries Prevention

Each time a caregiver and child are referred to you:

Review the Parent Dental **Questionnaire** with parents and expand on those questions to gain accurate picture of child's exposure to risk for caries. Ask about oral health status of **siblings**. Listen carefully to parent's description of their child's care and be sensitive to **obstacles** to implementation of your recommendations.

Determine who provides frequent care for the child and what their dental status is. Address coordination of all of the major **caregivers** to reduce risks. For some families, the support of the father, even if not actively involved in these aspects of care, will be crucial to compliance.

**Examine** the child's mouth. Show caregiver how to examine teeth on a regular basis. Explain what they should watch for. **Record** your findings for each child on the RDH Assessment Sheet. If caries is present, refer child to a dentist.

Help parents to understand the **caries process** as an infectious, transmissible bacterial disease that can be affected by many factors they can control. If mother is **pregnant**, help her to understand how she can prevent transmission of bacteria to her next child. If child is **3 yrs. old** with continued high risk for caries, recommend xylitol regimen for the child.

Evaluate **fluoride** exposure. For those with fluoridated water, stress the value of drinking water between meals. For those taking supplements, stress the importance of topical exposure prior to swallowing the fluoride.

Determine if child receives frequent **medications**. Explain the importance of cleaning child's teeth thoroughly after giving medications since most have a high sugar content.

Evaluate child's **diet**, especially frequency and kinds of snacks. Provide dietary counseling.

Ask caregiver to show you how they **brush** their child's teeth and to describe their brushing routine. Make suggestions, as needed. Discuss the importance of using a fluoride **toothpaste** and the importance of parent's control over the amount of toothpaste used.

Any child that has signs of caries, decalcification or has a high count of *S. mutans* should receive a **fluoride varnish** application, if possible. Fluoride varnish applications should be repeated every 3-4 months for high-risk patients.

The Anticipatory Guidance chart can be followed to determine issues of importance for each age. Provide **handouts** that support your recommendations. Review the handouts with parents to be sure they understand the content. Encourage parents to ask questions.

Discuss **access** to dental care and provide info, as needed, about NH Healthy Kids, managed care and any other oral health programs available to family.

Complete the RDH **Assessment Sheet and Consultation Notes**. Send a copy to the referring physician with your recommendations.

# Hygienist's Assessment Sheet

Date \_\_\_\_\_ Hygienist's Name \_\_\_\_\_ (Pre-printed) \_\_\_\_\_

Child's Name \_\_\_\_\_ Caregiver's Name \_\_\_\_\_

Caregiver's Relationship to Child \_\_\_\_\_ If mother, are you pregnant? \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone numbers: Daytime \_\_\_\_\_ Other: \_\_\_\_\_

Child's Age: \_\_\_\_\_ years \_\_\_\_\_ months Child's Date of Birth \_\_\_\_\_

Referred by \_\_\_\_\_

### Intraoral Findings:

G=Normal

R=Decalcified

D=Caries

F=Restored

S=Dysplasia

55555 55555									
a	b	c	d	e	f	g	h	i	j
t	s	r	q	p	o	n	m	l	k
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**Extent of Decalcification:** Early Moderate Advanced

**Extent of Caries:** Early Moderate Advanced

**Plaque:** Slight Moderate Heavy

**Gingival Inflammation:** Slight Moderate Severe

*Streptococcus mutans* status of child? \_\_\_\_\_ of mother? \_\_\_\_\_

Recommendations: (Circle 1,2 or 3)

**1** Consultation, return to physician's supervision      **2** Consultation, follow up visit(s)      **3** Refer to dentist

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Referred to \_\_\_\_\_  
Date \_\_\_\_\_ Dentist \_\_\_\_\_



## Consultation Notes

Frequent caretakers for child: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

Obstacles to optimal prevention: \_\_\_\_\_

\_\_\_\_\_

Fluoride Status: \_\_\_\_\_

Rx:  Water test needed  Explained how to take supplements  Has optimal fluoride intake

Frequent medications? \_\_\_\_\_

Dietary concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brushing: \_\_\_\_\_

\_\_\_\_\_

Caretaker demonstrated good brushing technique  Has adequate routine established for brushing daily

Fluoride Varnish Application? \_\_\_\_\_

\_\_\_\_\_

Other topics discussed/handouts provided:

Weaning  Xylitol  Nutrition  Toddler's Teeth

Access to Dental Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provided:  NHHK brochure  Managed Care info

Recommendations for continuing preventive care: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_