

Section 2

Early Childhood Oral Health

A. Early Childhood Oral Health
Assessment

1. Early Childhood Caries
Prevention Program Screen
Survey and Prescription Form

EARLY CHILDHOOD CARIES PREVENTION SCREENING

Participation is voluntary, information collected on this form will be used for tracking treatment, and services provided to the patient and will be used only for this purpose. See instructions below.

Date of Screening (mm/dd/yyyy)		Site	Initials - Screener
PARTICIPATION INFORMATION			
Identification Number		Birth Date (mm/dd/yyyy)	Age
Gender 1=Male 2= Female	Race and Ethnicity 1=White 2=African-American 3=Hispanic 4=Asian	5= American Indian/Alaska Native 6=Native Hawaiian/Pacific Islander 7=Multi-racial 9=Unknown	
Untreated Caries 0=No untreated cavities 1=Untreated cavities		Caries Experience 0=No caries experience 1=Caries experience	
Early Childhood Caries 0=No ECC 1=ECC present		Treatment Urgency 0=No obvious problem 1=Early dental care 2=Urgent care	
Child has Special Health Care Needs 0=No 1=Yes		Specify needs (optional):	
Comments			
Fluoride Varnish Prescription Dosage: <input type="checkbox"/> .25ml (preschool) <input type="checkbox"/> .40ml (school aged)		Application Schedule:	Fluoride Varnish Applications 1. Application Date _____ Provider Initials _____ 2. Application Date _____ Provider Initials _____ 3. Application Date _____ Provider Initials _____
_____ SIGNATURE – Prescriber			

INSTRUCTIONS

4. The **Site** is the name of the agency.
5. The **Identification Number** i.e., patient record number
6. Please refer to Basic Screening Surveys: An Approach to Monitoring Community Oral health, 1999, ASTDD, for completing the PARTICIPANT INFORMATION section of the form.

Address any questions to:

DEPARTMENT OF HEALTH AND FAMILY SERVICES
 Division of Public Health
 State Dental Hygiene Officer
 1 West Wilson Street, Room 250
 Madison WI 53702

2. Early Childhood Caries Risk Assessment Questions

Infant/Child Dental Caries Risk Assessment Checklist

Check "yes" responses to determine risk.

Education and Socio-economic Risk Factors

- Is there low socioeconomic status (SES)?
- Has the parent/caregiver completed high school?
- Does the parent/caregiver seek at least annual oral health care?
- Does the parent/caregiver lack dental insurance or access to dental services?

Individual Risk Factors*

- Does the child have active untreated dental decay?
- Does the child have a history of dental caries?
- Does the child's family have a history of high caries? (caregivers and siblings)
- Is there an impaired ability to maintain oral hygiene?
- Does the child have malformed enamel or dentin?
- Does the child experience reduced saliva flow/dry mouth?
 - Medications (can include: antihistamines and bronchodilators)
 - Radiation treatment
 - Medical conditions such as Sjogren Syndrome
- Does the child lack access to low dose topical fluoride?
 - No community water fluoridation
 - No dietary fluoride supplement
- Does the client wear space maintainers, orthodontic appliances, dental prosthetics?
- Has the client experienced gastric reflux disease, eating disorders, or oral sensitivities?
- Does the child have passive exposure to tobacco smoke?

References:

United States Centers for Disease Control and Prevention. (2001). Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. Morbidity and Mortality Weekly Report. 50. RR-14

*Risk can increase if any of these factors are combined with dietary practices conducive to dental caries (i.e., frequent consumption of refined carbohydrates). Risk decreases with adequate exposure to fluoride.

Oral Health Questionnaire

Please fill out form for each child.

Date _____

Name of child: _____

Age of child: _____

Parents/Guardian's Name: _____

- Yes No** Does your child drink fluoridated water?
- Yes No** Does your child take fluoride supplements?
- Yes No** Does your child use toothpaste with fluoride?
- Yes No** Does your child get help brushing his/her teeth?
- Yes No** Has your child had a bad dental experience?
- Yes No** Do you have a dental home?
- Yes No** Has your child ever had cavities?
- Yes No** Do you or family members have untreated cavities?
- Yes No** Does your child complain of mouth pain?
- Yes No** Does your child take a bottle to bed?
- Yes No** Does a child walk around or hold a bottle or cup (other than meal time).
- Yes No** Do you need help finding a dentist?
- Yes No** Do you have Medical Assistance for your dental care?

_____ How often does your child snack during the day?

_____ How many bottles does your child have each day?

B. Pre-test/Post test

Integrating Oral Health Care Measures into HealthCare Practice
Early Childhood Oral Health
Pre-Test/Post-Test

1. According to the Surgeon General, among 5-17 year olds, dental caries is the most common chronic disease of childhood.
C. True
D. False
2. Risk factors for dental caries include all of the following factors: transmissibility, familial history, inappropriate bottle-feeding.
E. True
F. False
3. Four factors necessary for dental cavities to occur are: tooth, fermentable carbohydrates, frequency of eating and drinking, high levels of *Streptococci mutans* bacteria.
A. True
B. False
4. Evidence-based cavity prevention strategies include water fluoridation, systemic fluoride drops or tablets, topical fluoride, dental sealants.
A. True
B. False
5. Eruption patterns/sequence of eruption is more important than the age of child when tooth erupts.
A. True
B. False
6. A child should have their first oral health examination by age one.
A. True
B. False
7. Topical fluoride can initiate re-mineralization of a tooth that is in the early to moderate stages of the decay process.
A. True
B. False
8. Dental decay is transmissible and preventable.
A. True
B. False

C. Early Childhood Oral Health
Power Point Presentation

D. Anticipatory Guidance

**State of Wisconsin
Department of Health and Family Services**

**Integrating Preventive Oral Health
Measures into Healthcare Practice**

**Early Childhood
Anticipatory
Guidance
Handbook**

**Anticipatory Guidance Schedule
Educational Information
Parent/Caregiver Handouts**

Adapted from materials developed by the
State of Nevada
Department of Human Resources
Health Division
Bureau of Family Health Services
Maternal and Child Health
April 2000











Infant and Toddler Oral Health Anticipatory Guidance Schedule

AGE	APPROPRIATE GUIDANCE
Prenatal (See section 1)	<ul style="list-style-type: none"> <input type="checkbox"/> Assess and discuss maternal oral disease risk factors <input type="checkbox"/> Discuss the importance of good health with the mother <input type="checkbox"/> Discuss the indications of oral disease <input type="checkbox"/> Discuss the need to be caries free at the time of delivery <input type="checkbox"/> Discuss strategies for preventing oral disease <input type="checkbox"/> Discuss the importance of a balanced diet and proper nutrition <input type="checkbox"/> Discuss establishing a <i>dental home</i> for routine dental exams and prophylaxis (cleaning) <input type="checkbox"/> Conduct maternal Basic Screening Survey
1 month	<ul style="list-style-type: none"> <input type="checkbox"/> Assess the infant risk factors for developing oral disease <input type="checkbox"/> Discuss oral growth and development chart <input type="checkbox"/> Discuss the function of primary teeth <input type="checkbox"/> Discuss the importance of primary teeth <input type="checkbox"/> Discuss the etiology of the decay process <input type="checkbox"/> Discuss appropriate feeding habits for the infant
3 months	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss appropriate bottle use <input type="checkbox"/> Discuss appropriate breast feeding habits <input type="checkbox"/> Discuss appropriate growth and development of primary and permanent teeth <input type="checkbox"/> Refer to eruption chart in resource unit <input type="checkbox"/> Counsel caregiver in care of infant dentition <input type="checkbox"/> Offer the caregiver comforting tips to develop good infant oral habits
6 months	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss characteristics of Early Childhood Caries <input type="checkbox"/> Discuss causes of Early Childhood Caries <input type="checkbox"/> Discuss effects of Early Childhood Caries <input type="checkbox"/> Discuss primary prevention of Early Childhood Caries <input type="checkbox"/> Assure optimal dietary fluoride source with appropriate water testing and guidance <input type="checkbox"/> Refer to oral health provider <input type="checkbox"/> Discuss and guide caregiver to introduce trainer cup <input type="checkbox"/> Discuss and demonstrate cleaning of the infant's mouth <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant
9 months	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss importance of cleaning infants teeth <input type="checkbox"/> Discuss and demonstrate the appropriate brushing of infant teeth <input type="checkbox"/> Instruct the parent to conduct "Lift the Lip" procedures <input type="checkbox"/> Continue to monitor progress in weaning infant from bottle to cup <input type="checkbox"/> Offer appropriate guidance in limiting juice in trainer cup <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant <input type="checkbox"/> Promote fluoride varnish
12 months	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss complete weaning from bottle to cup <input type="checkbox"/> Discuss importance of routine dental care with oral health provider <input type="checkbox"/> Offer guidance and referral to establish a regular <i>dental home</i> <input type="checkbox"/> Review intake of dietary fluoride supplements

	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant <input type="checkbox"/> Promote fluoride varnish
18 months	<ul style="list-style-type: none"> <input type="checkbox"/> Review healthy eating habits and scheduled snacking for toddler <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant <input type="checkbox"/> Promote fluoride varnish
24 months	<ul style="list-style-type: none"> <input type="checkbox"/> Establish the healthy behaviors that have been implemented <input type="checkbox"/> Continue to screen for Early Childhood Caries <input type="checkbox"/> Discuss and evaluate the toddlers ability to begin to use fluoridated toothpaste <input type="checkbox"/> Reinforce benefits of regular dental examinations <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant <input type="checkbox"/> Promote fluoride varnish
36 months	<ul style="list-style-type: none"> <input type="checkbox"/> Establish the healthy behaviors that have been implemented <input type="checkbox"/> Continue to screen for Early Childhood Caries <input type="checkbox"/> Discuss and evaluate the toddlers ability to begin to use fluoridated toothpaste <input type="checkbox"/> Encourage parent/caregiver to assess progress in establishing healthy behaviors <input type="checkbox"/> Conduct "Lift the Lip" screening and complete Basic Screening Survey on infant <input type="checkbox"/> Promote fluoride varnish

Early Childhood Cavities Prevention Parent/Caregiver Contract

Early Childhood Cavities is a very serious disease that is preventable with your help. Left untreated it can cause your child pain, low self-esteem, difficulty eating and learning. **As the parent/caregiver, you are the most important person to manage your child's oral health.** The following goals will help you gain and maintain a healthy smile for your child.

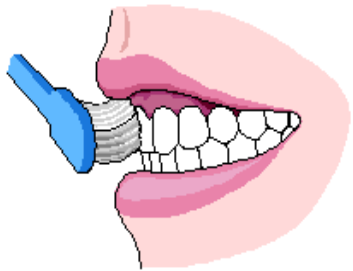
Please choose goals you are willing to work on to insure your child's oral health		Yes	NO
<u>Goal 1:</u> I will clean my child's teeth at least once a day.			
<u>Goal 2:</u> I will use a pea size amount of fluoride toothpaste once my child turns two years old.			
<u>Goal 3:</u> I will "Lift the Lip" weekly and check for white spot lesions. If I notice white spots I will contact my dental or medical provider.			
<u>Goal 4:</u> I will not put my child to bed with a bottle, unless it only contains water.			
<u>Goal 5:</u> I will limit my child's intake of juice to between 4-6 ounces a day consumed at meal time only.			
<u>Goal 6:</u> I will have fluoride varnish placed on my child's teeth three times a year.			
<u>Goal 7:</u> I will feed my child foods low in sugar and limit sugary snacks.			
<u>Goal 8:</u> I will have dental and medical providers check my child's teeth by age one.			
<u>Goal 9:</u> I will introduce the trainer cup by 6 months and wean my infant from the bottle by the age of one.			
Signature and Date:			

Tooth Brushing Techniques

How to Brush Your Child's Teeth

1. Wash your hands first.
2. Place a pea-size dab of fluoridated toothpaste (over age 2) on a soft bristled toothbrush.
3. Place the bristles along gum line at a 45-degree angle. Bristles should contact both the tooth and the gum line. Brush his/her teeth and gums.
4. Gently brush 1-2 teeth at a time using a vibrating or circular motion with the ends of the bristles in place.
5. Gently brush 1-2 teeth at a time moving in an established pattern (left to right, inside to outside, top to bottom).
6. Brush the outside of all teeth, then the inside of all teeth.
7. Maintain a 45-degree angle with bristles contacting both the tooth and gum line.
8. Tilt brush vertically (up and down) behind the front teeth. Make several up and down strokes using the front end of the brush.
9. Brush chewing surfaces (top of teeth) last, with a firm back and forth motion to remove cavity-causing germs.
10. Do not forget to brush his/her tongue. Cleanse his/her tongue with either his/her toothbrush or a commercially available tongue scraper.
11. Brush his/her teeth after breakfast and most importantly before bedtime. Never have him/her go to bed without brushing and flossing his/her teeth.
12. Replace the toothbrush every 2-3 months or when the bristles begin to flare.
13. Do not share toothbrushes with anyone.

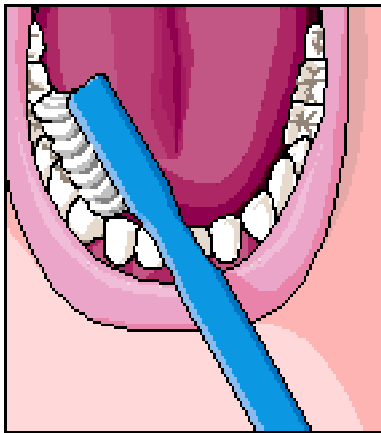
How to Brush Your Child's Teeth



Brush the outsides and the insides of the upper and lower teeth. Angle the soft bristles 45 degrees, along the gums and teeth.



Brush the insides of the front teeth with the front part or toe of the brush.



Brush the chewing surfaces (top of teeth) last, with a firm back and forth movement to remove cavity-causing germs.

Oral Health Anticipatory Guidance

1 MONTH

Objective: Communicate the importance of the primary and permanent dentitions.

Educational Information:

1. Discuss growth and development of primary and adult dentition.

- Refer to eruption chart in resource unit

2. Healthy baby teeth are important for infants and children so that they can:

- avoid pain
- eat properly
- pronounce words properly
- maintain good general health
- sleep well
- focus on learning
- have healthy adult teeth
- have good self-esteem

3. Decay occurs when there are four factors present:

- **Bacteria.** Bacteria can be transmitted from parent/caregiver to child.
- **Teeth.** It is important to start cleaning baby teeth as soon as they come in.
- **The proper environment.** All foods that contain any type of sugar (natural or refined) cause the bacteria to start producing acid. This acid is what causes tooth decay.
- **Time / Frequency.** The more frequently, or the longer, that foods or beverages containing sugar are present in the mouth with bacteria, the longer the teeth are exposed to cavity-producing acid.

4. Feeding practices

- When primary teeth erupt, unlimited (at will) bottle or breast feeding provides the sugars that the bacteria use to lower the pH in the oral cavity creating an acidic environment and leading to dental caries formation.

**ONE MONTH
PARENT/CAREGIVER
HANDOUT**

Baby Teeth are Important

Children need healthy baby teeth to:

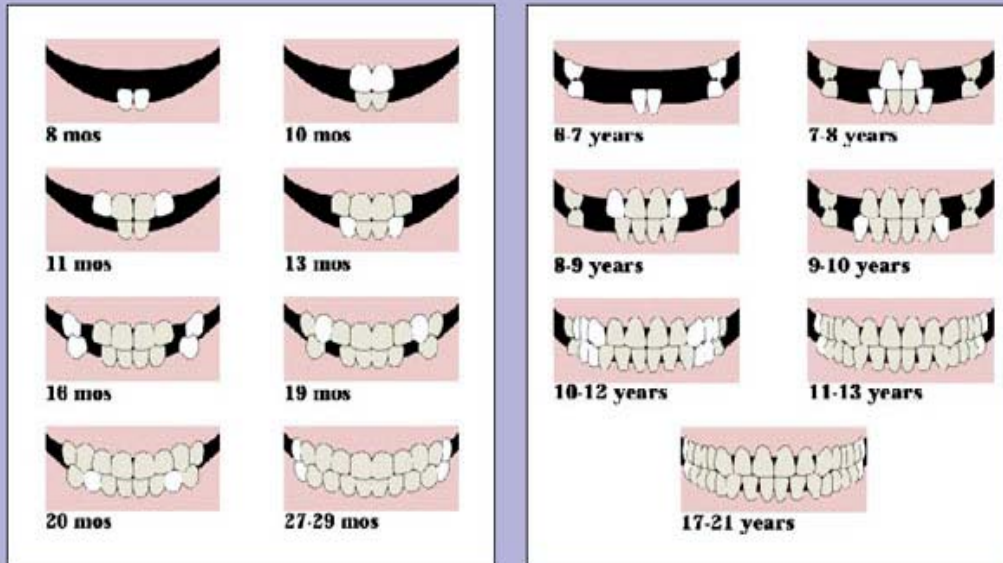
1. Eat properly.
2. Learn to talk properly (pronounce words and make sounds).
3. Sleep comfortably.
4. Learn without being distracted by dental pain.
5. Maintain good general health.
6. Hold space for the adult teeth to erupt in proper alignment
7. Reduce the chances of having cavities in the adult teeth.
8. Have a healthy smile!

Healthy Smile — Happy Child





Eruption Patterns

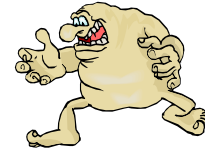


Approximate eruption times

Dental Decay is an Infectious Disease

In order for tooth decay to occur, there must be interaction of four factors:

1. **Bacteria.** Infants are not born with the bacteria that cause dental decay. They are infected through saliva, usually by caregivers. Caregivers can infect the child with the bacteria by sharing eating utensils, sharing food or pre-chewing food for the baby or cleaning off a baby bottle nipple or a pacifier with their mouth.



2. **A tooth.** As soon as a baby gets his/her first tooth, it is important to start cleaning the baby's mouth and teeth.



3. **The proper environment (foods containing sugars).** All foods and drinks that contain any kind of sugar, allow the bacteria to start producing acids. Even "natural" sugars, like those found in milk and juice, can cause acid production. These acids are what cause cavities in teeth.
4. **Time or Frequency.** The longer foods or beverages that contain sugar are present in the mouth with bacteria, the longer the teeth are exposed to cavity-producing acid.

Do not allow your child to carry a bottle or trainer cup around with them because it can encourage frequent sipping.



Oral Health Anticipatory Guidance

3 MONTHS

Objective: Counsel the parent/caregiver regarding appropriate infant feeding practices.

Educational Information:

1. Bottle-feeding

- Bottles are for nutrition. They should only be used to feed babies who are not breast-feeding or who are not yet able to drink from a cup.
- Only formula, breast milk, or water should be offered from a bottle.
- Offer the bottle only at feeding time.
- Sleeping time is not feeding time. Do not put baby to bed with a bottle. Putting a baby to bed with the bottle increases the risk of the baby developing Early Childhood Caries.

2. Breast-feeding

- If the mother is breast-feeding, the baby should be removed from the breast as soon as the baby is finished feeding. Allowing the baby to nurse for long periods of time increases the baby's chance of developing Early Childhood Caries. Prolonged bottle or breast-feeding provides an environment that enhances the development of early tooth decay, once teeth are present.

3. Comforting tips

- A blanket or age-appropriate bedtime toy could be offered instead of a bottle at sleep time.
- Giving a warm bath before bedtime.
- Rocking the baby to sleep.
- As a last resort, allow WATER ONLY in the bottle.
- Remember that it may take 3 to 7 nights of crying to break the bedtime bottle habit.

**THREE MONTH
PARENT/CAREGIVER
HANDOUT**

Healthy Infant Feeding Practices

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

- Bottles should be used to feed babies who are not breast-feeding or who are not yet able to drink from a cup.
- Feed only formula, breast milk, or water from a bottle--never juice.
- Offer the bottle only at feeding times. A bottle is not a toy or a pacifier.
- If you are breast-feeding, remove your baby from your breast as soon as feeding is complete so that your baby's teeth are not in 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 the 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 or age-appropriate bedtime toy instead of a bottle at sleep time.
 - Give the baby a warm bath.
 - Rock the baby to sleep.
 - Offer a bottle with water.
 - It may take about 3 to 7 nights of the child crying to break the bedtime bottle habit.



Oral Health Anticipatory Guidance

6 MONTHS

Objective: Instruct parent/caregiver regarding the causes, effects, and prevention of Early Childhood Caries (ECC).

Educational Information:

1. Characteristics of Early Childhood Caries:
 - Early Childhood Caries develops VERY quickly.
 - Often teeth are completely destroyed within 6 months.
2. Effects of Early Childhood Caries:
 - Early Childhood Caries causes MANY problems for the infant and the parents/caregiver.
 - Refer to parent/caregiver handout for examples.
3. Early Childhood Caries can be prevented by:
 - Not putting the infant to sleep with a bottle
 - Not propping the bottle.
 - Not using the bottle for comforting.
 - Using the bottle only to feed milk, formula, breast milk, or water to the infant.
 - Cleaning teeth as soon as they erupt (break through gums).
 - Cleaning infant's teeth right before bedtime.
 - Weaning infant from the bottle to a cup by one year of age.
4. A child is at increased risk for the development of Early Childhood Caries if:
 - The infant is put to sleep with a bottle.
 - The infant is put to sleep after feeding, without having the teeth brushed.
 - The bottle is used for comforting, instead of nutrition.
 - The infant is not weaned soon enough. (12 months)
 - Regular cleaning of the teeth is not started as soon as the teeth come in.
 - The parent/caregiver has untreated tooth decay.
5. Discuss with the caregiver what the infant's source of dietary fluoride is, especially in areas with non-fluoridated water systems.
 - Well water should be tested for fluoride content.
 - An oral health provider and/or local health department can monitor optimal fluoride intake and prescribe appropriate dietary supplements.
 - Refer to fluoride table in resources section.
6. Guide parent/caregiver to begin introducing a trainer cup to the infant.
7. Guide parent/caregiver to begin cleaning infant's teeth by using the following procedure:
 - Cradle the infant in one arm
 - Use a soft bristled toothbrush (infant safety toothbrush is recommended) or clean washcloth with non-fluoridated toothpaste. At this age ingestion of tooth paste is likely. Just water should be used.
 - Use short circular strokes to clean the teeth and massage the gingival (gums).

**SIX MONTH
PARENT/CAREGIVER
HANDOUT**

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.

As the disease progresses, the baby molars 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
- Unsightly changes in primary teeth
- Difficulty in chewing
- Difficulty learning 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 usually requires hospitalization and general anesthesia

What causes Early Childhood Caries?

Bacteria, transmitted from parent/caregivers or siblings who have untreated decay, use sugars to form acid, causing tooth decay. Acid attacks occur with prolonged sugar exposure while:

- Giving baby a bottle to sleep with
- Offering juices or sweetened formula in a bottle
- Sleeping all night at the breast
- Propping a bottle
- Using a bottle as a pacifier
- Using a pacifier dipped in sugar, corn syrup, or anything sweet
- Allowing baby to carry a bottle OR **trainer cup** throughout the day, frequently sipping

How can Early Childhood Caries be prevented?

- A) Hold your baby while feeding.
- B) Don't prop a bottle or allow a child to fall asleep with a bottle.
- C) Don't use a bottle as a pacifier.
- D) Don't give baby a pacifier that has been dipped in anything sweet.
- E) When you start your baby on fruit juice, use only a cup.
- F) Feed **ONLY** formula from a bottle (do not give juice or sweetened drinks from the bottle).
- G) Don't feed babies soda pop, Kool-Aid, or other sweetened drinks.
 - Begin using a trainer cup at 6 to 9 months with unlimited water, *limit* juice intake.
 - Wean your baby off the bottle by one year of age.
- H) Clean your baby's teeth as soon as the teeth come in.
- I) Assure your infant is receiving appropriate levels of dietary and topical fluorides for the prevention of dental decay. Ask your health professional.

Oral Health Anticipatory Guidance

9 MONTHS

Objective: Teach the parent/caregiver about infant oral hygiene

Educational Information:

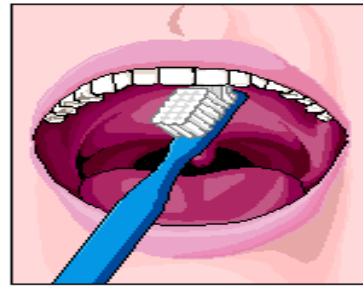
1. It is important to take care of primary teeth
 - Primary teeth are important.
 - Early Childhood Caries causes multiple problems.
 - Early Childhood Caries can be prevented. It is not inherited.
 - As soon as the primary teeth erupt, they need to be cleaned.
 - Evaluate the need for fluoride supplementation. *Refer to the fluoride table found in the resources section.
2. Demonstrate how to clean baby teeth
 - Demonstrate how to clean infant's mouth with a soft bristled toothbrush or soft wet cloth or gauze.
 - Use non-fluoridated toothpaste or water to avoid ingestion of fluoride.
 - Parents/caregivers should brush the child's teeth thoroughly twice a day until the child can handle the toothbrush alone, (usually four-five years of age).
3. Check for any signs of Early Childhood Caries
 - Parent/caregiver should be encouraged to examine their infant's teeth on a weekly basis.
 - Continue to encourage limiting frequency of juice intake from a trainer cup.
 - If Early Childhood Caries is detected soon enough, its progress can be halted and sometimes even reversed.
4. Discuss with parent/caregiver to check for Early Childhood Caries using the following *Lift the Lip* techniques.
 - It is easiest to do this with two people. One person holds the infant and the other person lifts the lip to look for signs of early childhood caries.
 - Direct the parent/caregiver to sit in a chair, on the floor, or in a comfortable position.
 - Place infant in lap facing parent/caregiver.
 - Gently guide the child back into the lap in a supine position.
 - Lift the infant's upper lip and look for any white or brown spots on the four upper front teeth.
 - Look at both the outside and inside of the teeth, especially along the gum line.
 - Do this at least once a week. **REMEMBER!** Early Childhood Caries can progress **VERY FAST!**

**NINE MONTH
PARENT/CAREGIVER
HANDOUT**

Care of Teeth Begins Early In Life

1. Teeth should last a lifetime! Tooth decay and gum problems can be avoided by the daily removal of plaque.
2. 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.
3. Brush baby's teeth with a small, soft-bristled toothbrush or infant safety brush that is not worn out or frayed with just water. Use a smear of toothpaste (pea-sized piece) only when the child is over the age of two.
4. When brushing:
 - Angle the toothbrush bristles slightly toward the gum line.
 - Use short vibrating or small circular strokes.
 - Brush the inside, outside, back, front, and chewing surface of each tooth.
 - Brush the tongue.
5. Help your child brush twice a day until the he or she can handle the toothbrush alone, no sooner than the age of four or five.

Your Child Will Learn from You.....Set a Good Example



Oral Health Anticipatory Guidance

12 MONTHS

Objective: Discuss the importance of weaning from bottle to cup while emphasizing preventive oral health care.

Educational Information:

1. By one year of age infants should be weaned off the bottle.
 - Allowing infant to use a bottle after 12 months increases the risk of developing Early Childhood Caries.
 - The longer the child is on the bottle, the harder it will be to wean them.
 - It will take time for the infant to adjust to the change, usually 3-7 days to break the bedtime bottle habit.

2. Regular preventive oral health care is important because:
 - Early Childhood Caries can start at a very early age and progress very rapidly.
 - The American Academy of Pediatric Dentists recommends the first visit to the dentist no later than 12 months of age, or 6 months after the first tooth erupts, in order to avert any potential problems.
 - The early stages of Early Childhood Caries may be stopped and even reversed by topical fluoride, a preventive measure.
 - Prevention leads to lifelong good health.
 - Prevention is much less expensive than treatment.
 - Prevention is much less traumatic for the child.

**12 MONTH
PARENT/CAREGIVER
HANDOUT**

From Bottle to Cup

When breast feeding is used along with occasional bottle feedings, or if your infant is only bottle-feeding, begin teaching your baby to drink from a cup around six months of age. Try to completely wean your child by one year of age.



Remember:

- Children's teeth can decay unless weaned from bottle to cup 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 from bottle to cup helps prevent tooth decay

At an early age the baby will want to hold things and put them in his 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.
- ◆ Do not hold the cup for your baby.
- ◆ Be patient. It will take your baby time to learn to drink from a cup. Let your baby develop the pride of learning to drink from a cup by him or her self.
- ◆ Sing, read, hold, or rock your child to comfort them instead of giving in to your baby 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
- ◆ Let the child throw away his or her bottles and make a celebration of using the cup.

Oral Anticipatory Guidance

18 MONTHS

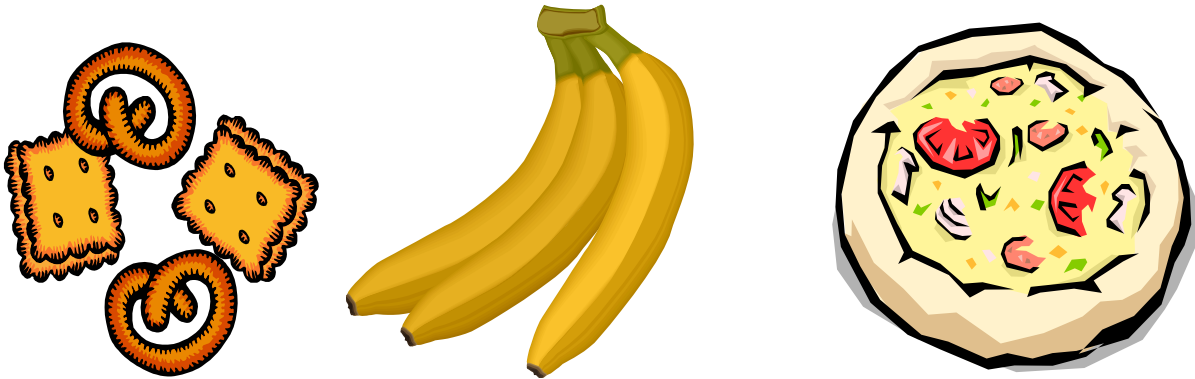
Objective: Promote healthy eating habits

Educational Information:

1. Nutritious foods and beverages are needed for healthy teeth and gums.
2. Discuss good eating habits. Encourage the parent/caregiver to choose a variety of foods from each of the food groups and to set regular meal and snack times.
3. Encourage the parent/caregiver to offer water when the child is thirsty. Sweet drinks, such as soda pop, Kool-Aid, Hi-C, Tang, and fruit punch, should be avoided.
4. The number of caries an individual gets depends on:
 - How many times they eat each day
 - How long the food is in the mouth
 - How sticky the food is
5. Brushing is especially important after eating foods that stick to teeth such as:
 - Candy
 - Raisins and dried fruit
 - Peanut butter
 - Syrup and honey
 - Jelly and jam
 - Crackers
 - Soft bread

**18 MONTH
PARENT/CAREGIVER
HANDOUT**

Food Facts for Healthy Teeth



1. Choose healthy foods that are good for your child.
2. Good eating habits are formed at an early age—and continue throughout life.
3. Eating foods that stick to the teeth and have a lot of sugar like candy, sweetened cereal, raisins, and fruit roll-ups increase the risk of getting cavities.
4. The number of cavities your child get depends on:
 - How many times they eat each day
 - How long the food is in the mouth
 - How sticky the food is
5. Best Bites
 - Soft canned fruits and vegetables
 - Pizza
 - Pretzels
 - Bagels or pita bread
 - Whole grain crackers
 - Meat and cheese slices
 - Plain yogurt, unsweetened applesauce, or fruit cups
 - Milk--low fat or skim for children over two years
 - Unsweetened fruit or vegetable juice (limited intake)

Oral Health Anticipatory Guidance

24 MONTHS

Objective: Continue implementation and reinforcement of healthy behaviors

Educational Information:

1. In order for young children to have healthy teeth, parents/caregivers need to assist children with oral hygiene. It takes coordination and understanding, time, and effort to do a good job; and it is important to have it done well.
 - Parents/caregivers should brush the child's teeth thoroughly twice a day until the child can handle the toothbrush alone (usually four or five years of age).
 - Parents/caregivers should continue to supervise oral hygiene procedures.
 - If the child can exhibit good swallowing techniques, they may begin to use a *smear* (small pea-sized piece) of fluoridated toothpaste.
 - Children should be taught to spit out the toothpaste and rinse well after brushing.
 2. By 12 months of age, children should be completely weaned from the bottle. Toddlers should never be allowed to carry a bottle around with them.
 3. Foods containing both natural and processed sugars contribute to caries. The frequency of a child's sugar consumption is very important. The more often a child eats or drinks foods containing sugars, the greater their risk of developing decay.
 4. Continue to direct parent/caregiver to check the child's teeth using the "*Lift the Lip*" technique.
 - If the teeth appear clean and healthy, compliment and congratulate the parent/caregiver.
 - If the teeth do not appear clean, show the parent/caregiver and explain that the child is at increased risk of developing problems with their teeth.
 - If there are chalky white or brown spots on the teeth, show the caregiver, and refer them to a dental care provider.
 5. Recommend the parent/caregiver establish a dental home.
 - Establish a *dental home* for regular oral examinations and preventive services.
 - In addition to private dental practices, alternative dental homes offering preventive services include: dental and dental hygiene educational programs, some tribal health centers, some community health centers, and some local health departments.
- For resources see: Overview of Children's Oral Health in Wisconsin: Youth Oral Health Data Collection Report 2001-2002 at: http://www.dhfs.state.wi.us/health/Oral_Health/Reports.htm

**24 MONTHS
PARENT/CAREGIVER
HANDOUT**

Your Child Can Have Healthy Teeth!



Brush baby teeth as soon as they come in:

- Brush every day, especially before bedtime.
- Supervise toddler's oral hygiene technique twice a day.
- Assist your child with brushing twice a day until the child can handle the toothbrush alone (no sooner than four or five years of age).
- Use a smear (pea sized piece) of fluoride tooth paste on the toothbrush.
- Children should be taught to spit out the toothpaste and rinse well after brushing.
- Check your child's teeth periodically for successful plaque removal.

Use a Cup:

- Wean the baby from the bottle to a cup by 12 months of age.
- Don't let children carry a bottle or a trainer cup around.
- Never put baby to bed with a bottle or trainer cup.

Healthy Eating:

- Provide healthy snack choices.
- Offer scheduled snack times between meals.
- Avoid sweets, especially those that can stick to teeth.

Screen for signs of Early Childhood Caries:

- Lift the Lip to check your baby's teeth for signs of Early Childhood Caries (cavities).
- Notify your oral health provider or medical care provider if you have detected signs of Early Childhood Caries (ECC).
- Ask oral and medical providers to "Lift the Lip" to check for signs of Early Childhood Caries during well baby visits.

Appropriate Fluoride

- Assure that your child receives the appropriate dietary and topical fluoride during tooth development; age six months to sixteen years.
- Consult with your medical or oral health care provider for guidance.

Establish a Dental Home

- Establish a dental home for regular oral health examinations and preventive services.
- In addition to private dental practices, dental homes offering oral health examinations and prevention include: dental and dental hygiene educational programs, some tribal health centers, some community health centers and some local health departments.

Remember: Your child's permanent teeth are forming under the gums.

E. Fluoride Varnish Guide

**State of Wisconsin
Department of Health and Family Services**

**Wisconsin Division of Public Health
Oral Health Program**

Integrating Preventive Oral Health into Healthcare Practice

**Fluoride
Varnish
Guide**

**Advantages
Application Protocol
Information for Caregivers**

Adapted from materials developed by the
State of Nevada
Department of Human Resources
Health Division
Bureau of Family Health Services
Maternal and Child Health
April 2000

Fluoride Varnish Advantages

Fluoride varnish:

- Does not require special dental equipment.
- Fluoride varnish ranges in cost from \$.77 to \$4 per application.
- Does not require a professional dental cleaning prior to application.
- Is easy to apply.
- Dries immediately upon contact with saliva.
- Is minimally ingested during and after treatment.
- Enhances re-mineralization of the tooth surface.
- Is safe, taste is well tolerated by infants, young children, and individuals with special needs.
- Is inexpensive.
- Requires minimal training to place.

Fluoride is the single most effective tool we have to prevent dental cavities.

Fluoride Varnish Application Protocol

Introduction

Fluoride varnish is 5% sodium or 22,600 PPM fluoride resin that is applied to the tooth surface as a thin coating to protect it from decay. According to the FDA, fluoride varnish falls under the category of “drugs and devices” that presents minimal risk and is subject to the lowest level of regulation. Fluoride varnish is FDA approved as a cavity liner and is used off-label for dental caries prevention.

Purpose

The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

Indications/ RISK FACTORS

Fluoride varnish application is indicated for infants and children with a moderate or high risk of developing cavities. A child is considered at risk if he/she:

- Has had cavities in the past or has white spot lesions and stained fissures.
- Continues to use the bottle past 12 months of age or sleeps with a bottle containing liquids other than water.
- Breast-feeds on demand at night.
- Has a developmental disability.
- Chronically uses high sugar oral medications.
- Has frequent (three or more times per day) cariogenic snacks.
- Has visible plaque on the teeth.
- Has parents/caregivers who neglect brushing the child's teeth.
- Does not drink water with an optimal amount of fluoride or does not receive proper fluoride supplementation.
- Have family members with a history of caries or untreated decay.
- Has prolonged or ad lib use throughout the day of a bottle or trainer cup containing liquids other than water.
- Passive exposure to tobacco smoke.

Contraindications

- Ulcerative gingivitis and stomatitis
- Do not use on individuals with a known allergy to colophony (colophonium)

Pre-application Instructions

- Remind the parent to give the child something to eat and drink before coming to receive a fluoride application.
- Advise the parent that the child's teeth may become discolored temporarily as fluoride varnish has an orange-brown tinge.
- Inform the parent that the varnish can be brushed off the following day.

Materials

- Infant - sized toothbrush or infant safety brush (for take home)
- Disposable gloves
- Disposable Mask
- Eye Protection
 - Gauze sponges (2 x 2)
 - Fluoride varnish - one to two drops
 - Small disposable fluoride applicator (if not included with the varnish)
 - Paper towels or disposable bibs to place under the child's head (optional)
 - Parent information sheet on procedure

Position the Child

- For an infant:
 - Place the child on the caregiver's lap, facing the caregiver and the child's legs around the caregiver's waist. Position yourself knee-to-knee with the caregiver and gently lower the child's head onto your lap, treating the child from behind the head.
 - Or, place the infant on an exam table and work from behind the head.
- For a young child:
 - Place the child in a prone or sitting position and work from above the head as with an infant.
 - Or, adapt a method that works best for you.



Application

- Using gentle finger pressure, open the child's mouth.
- Gently remove excess saliva or plaque with a gauze sponge.
- Use your fingers and sponges to isolate the dry teeth and keep them dry.
- You will usually be able to isolate a quadrant of teeth at a time, but may have to work with fewer teeth in some children. Infants are easiest because they have only anterior teeth.
- Apply a **thin** layer of the varnish to **all surfaces of the teeth**. Avoid applying varnish on large open cavities.
- Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.



Post-application Instructions

- The child should eat a soft, non-abrasive diet for the rest of the day.
- Do not brush or floss the child's teeth until the next morning.
- It is normal for the teeth to appear dull and yellow until they are brushed.
- Even though the child may fuss, the varnish application is not unpleasant.
- Tell the parent that the teeth will not be white and shiny until the next day.
- Give the parent the information sheet on procedure.

Fluoride Varnish Protocol

- Repeat the application once every three months

Interactions

- Discontinue patient use of other prescriptive fluorides (gels, rinses) for 24 hours.
- Discontinue use of supplements for several days following treatment.

Adverse Reactions

Edematous swelling reported rarely, especially following extensive applications. Do not use on individuals with a known allergy to colophony (colophonium).

Fluoride Varnish Ordering Information

1. **Cavity Shield** (5% NaF in a natural colophonium resin)
 - Available in a unit-dose with a built in applicator.
 - Omni Products at 1-800-445-3386.
2. **Duraphat** (5% NaF in a natural colophonium resin)
 - Colgate Oral Pharmaceuticals at 1-800-225-3756 or 1-800-2-COLGATE.
3. **Durafluor** (5% NaF in a natural colophonium resin)
 - Medicom at 1-800-435-9267.
4. **Fluor-Protector** (0.1% difluorosilane in a polyurethane base)
 - Ivoclar North America-Vivadent at 1-800-327-4688.

Fluoride Varnish Application Checklist

1. Gather supplies: varnish, 2x2 gauze, applicator, container to hold varnish, disposable mouth mirror, toothbrush, dental bib or lap barrier and cold glass of water	
2. Don personal protective equipment: protective eye, gloves, gown and mask	
3. Obtain written parental / guardian permission	
4. Explain procedure to parent / caregiver. Mix varnish.	
5. Instruct parent to hold the child facing towards them with the child's legs around parents hips	
6. Sit in a "knee to knee" position with parent	
7. Place the lap barrier on the operator's lap	
8. Have the parent gently lower the child into the operator's lap	
9. Lift the upper lip and inspect for "white spot lesions"/instruct parent at the same time	
10. Dry the four maxillary (upper) front teeth with gauze	
11. Paint the varnish on the front and back of the maxillary (upper) four front teeth	
12. Dry the remaining teeth	
13. Paint the varnish on the remaining teeth including the occlusal (biting) surfaces	
14. Sit the child up and offer glass of water	
15. Instruct the caregiver / parent to have the child refrain from eating or drinking for 4 hours. If the child must eat offer only soft food and water.	
16. Instruct the caregiver / parent not to brush until the following morning. Inform the caregiver that the teeth will remain an amber color (this will come off when the teeth are brushed).	

**FLUORIDE VARNISH
PARENT/CAREGIVER
HANDOUT**

Fluoride Varnish Information for Caregivers

Why do we recommend putting fluoride varnish on children's teeth?

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain, are unsightly, can cause economic hardships for families, and can prevent children from being able to eat, speak, sleep, and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old.

What is fluoride varnish?

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

Is fluoride varnish safe?

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 25 years. The FDA has approved varnishes for off-label use. Because the clinical evidence of effectiveness and safety is so convincing, the off-label use of these varnishes as caries preventive agents does not involve a risk of liability^{1/2}.

How is it put on the teeth?

The varnish is painted on the teeth. It is quick and easy to apply. It is comfortable to apply, but your child may cry just because babies and children don't like having things put in their mouths, especially by people they don't know! Your child's teeth will be yellow after the fluoride varnish is painted on, but the yellow color will come off when you brush your child's teeth the next morning.

How long does the fluoride last?

The fluoride coating will work best if it is painted on the teeth 3-4 times a year.

Baby Teeth are Important! Don't Delay – Prevent Decay

Remember, do not clean your child's teeth today, and do not give them hard or sticky foods. Start cleaning your child's teeth tomorrow morning. The yellow color will come off when you brush your child's teeth the next morning.

¹ Berlin CM, May DG, Notterman DA. American Academy of Pediatrics Committee on Drugs. Unapproved uses of approved drugs: the physician, the package insert, and the Food and Drug Administration. *Pediatr* 1996-98:143-5.

² Cote CJ, Kauffman RE, Troendle GJ, Lambert GH. Is the "therapeutic orphan" about to be adopted? (commentary). *Pediatr* 1996;98:118-22.

F. Resources

Web Links to Early Childhood Oral Health Resources

Section 2: Early Childhood Caries Prevention

AAP Policy Statement, May 2003, Oral Health Risk Assessment Timing and Establishment of the Dental Home

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/5/1113>

Bright Futures in Practice: Oral Health

<http://www.brightfutures.org/oralhealth/about.html>

Caries Risk Assessment and Prevention: Strategies for Head Start, Early Head Start and W.I.C., Michael J. Kanellis, DDS, MS Associate Professor, Dept. of Pediatric Dentistry The University of Iowa College of Dentistry

<http://www.mchoralhealth.org/PDFs/HSPartnersKanellis.pdf>

Children's Dental Health Project

<http://www.cdhp.org>

National Guideline Clearinghouse, Agency for Health Care Quality and Research Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States

http://www.guideline.gov/summary/summary.aspx?doc_id=2919&nbr=2145&string=fluoride

Oral Health in America: A Report of the Surgeon General

<http://www.nidcr.nih.gov/NewsAndReports/ReportsPresentation/CallToPromoteOralHealth.htm>

Oral Management of Pediatric Patients for Non-Dental Professionals

<http://www.iowapediatricdentistry.com/>

Pediatric Dental Disease: A Critical Marker for Children's Overall Health

<http://www.mchoralhealth.org/PDFs/criticalmarker.pdf>

Pediatric Oral Health Management

<http://www.mchoralhealth.org/PediatricOH/index.htm>

Synopsis of Fluoride Varnish

<http://www.brooks.af.mil/dis/HOT/fluoridevarnish.htm>

2. Children with Special Health Care Needs

Practical Oral Care for People with Disabilities

<http://www.nohic.nidcr.nih.gov/poc/Index.aspx>

Please use your letterhead.

(Date)

Dear Parent or Guardian:

The (*Head Start, Health Department or Clinic*) is pleased to offer the Wisconsin Department of Health and Family Services “Early Childhood Cavity Prevention Program” to families. As you know, a healthy mouth is part of total health and wellness.

Early Childhood Cavities (ECC) is a severe form of tooth decay found in infants and toddlers. ECC begins when cavity-causing bacteria is passed from parent or caregiver to baby and combines with sugar found in formula, milk, juice, or sweetened drinks, forming cavity-causing acid. This action causes loss of the tooth enamel (demineralization) leading to tooth decay. The condition can affect children's health by limiting their ability to obtain nutrition, affecting their energy level and their ability to concentrate in the learning process. ECC is easier to prevent than treat.

The Early Childhood Cavity Prevention Program includes dental screenings, education, fluoride varnish application and referral for any necessary dental problems. The screening does not take the place of regular dental checkups. Fluoride varnish is safe and easy to apply. It acts to slow the effects of sugar and bacterial action on the teeth by protecting them from demineralization of the enamel.

With your consent, a dentist, medical doctor, or advanced practice nurse prescriber will screen your child's teeth to check for tooth decay, other dental problems, and prescribe fluoride varnish. A prescription for fluoride varnishes will allow a trained medical or oral health care provider such as a registered dental hygienist, nurse or medical assistant to apply the fluoride varnish up to three times a year per child.

A copy of the screening and prescription form will be kept in your child's health record. Results of your child's screening will be added to those of other children for a program report, however, no names will be used in reporting.

Please be assured that the program will be carried out in a confidential and healthy manner. The medical or oral health care provider will follow all guidelines to prevent the spread of disease set by the Centers for Disease Control and Prevention (CDC) for this type of procedure.

Please complete and sign the attached form. This will allow your child to participate in the “Early Childhood Cavity Prevention Program”. Please return the form tomorrow.

If you have any questions about the “Early Childhood Cavity Prevention Program”, please contact your program coordinator at _____ or via e-mail at _____.

Sincerely,

Early Childhood Cavity Prevention Coordinator

“EARLY CHILDHOOD CAVITY PREVENTION” PROGRAM

Please read the attached letter prior to completing this form.

Child's Last Name Child's First Name Date of Birth (Month/Day/Year)

I understand that fluoride varnish helps to protect teeth from cavities. Fluoride varnish may be applied to my child's teeth up to three or four times per year. My child's teeth may look yellow for 24 hours. After fluoride varnish application, I should not give my child crunchy foods for one day. The oral screening is not a complete dental exam.

- Yes, I give permission for my child to participate in the Early Childhood Cavity Prevention Program
 No, I do not give my permission to participate in the Early Childhood Cavity Prevention Program

() ()

Home Telephone Number - Parent or Guardian Work Telephone Number – Parent or Guardian

SIGNATURE – Parent or Guardian Date Signed

If your child is enrolled in a Head Start that participates in this program please complete the section below. Please return the form to your child's classroom tomorrow.

Teacher Name Room

Integrating Preventive Oral Health into Healthcare Practice

Participant Roster

Site: _____

Date: _____

	Name, Initials, Contact Information (E-mail)	Job Title / Agency	ECC	MCOH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

