Preventing early childhood caries through medical and dental provider education and collaboration

Current Status of Children's Oral Health in Oregon

- Compared to the 2002 Oregon Smile Survey, in 2007[1]:
  - 38% increase in number of children with decay in their permanent teeth
  - 49% increase in the number of children with untreated decay
  - Among low-income children, half have untreated tooth decay
- Only 27% Oregon communities have fluoridated water[2].

1 www.oregon.gov/DHS/ph/oralhealth/docs/smile_2007.pdf
2 http://apps.nccd.cdc.gov/MWF/Index.asp

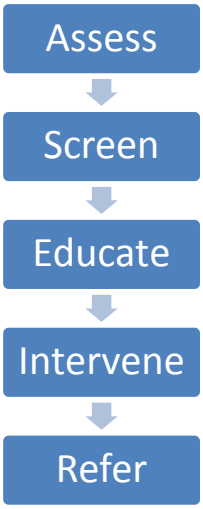
"First Tooth" Project Overview

- In collaboration with the Oral Health Coalition's (OROHC) Early Childhood Cavities Prevention Committee (ECCPC), launched a three-year workforce development project called "First Tooth".
- Purpose of this project is to reduce childhood tooth decay in Oregon by focusing on preventive services for infants and toddlers under age three.
- Project is funded by the Health Resources and Services Administration (HRSA).

"First Tooth" Project Goals

- Expand the oral health workforce in Oregon by utilizing medical and dental providers to deliver early childhood caries prevention services to at-risk children ages birth to three years.
- Develop and launch an online training and resource center for sustainability.
- Facilitate collaborative referral relationships between dentists and primary medical care providers so that all Oregon children have a dental home.

Evidence-Based ECCP



"First Tooth" Curriculum

- Adapted from the Washington Dental Service Foundation.
- Training modules include:
    1. Prevalence & Impact of Oral Disease
    2. Risk Assessment
    3. Oral Health Education & Anticipatory Guidance
    4. Implementation & Workflow

In-Person Training

- In-office CME/CE 1 - 2 hours.
- Includes ***all*** providers and staff.
- Hands-on demonstration and practice of fluoride varnish application.
- Guidelines given to help the provider refer children to a dental home by age one.
- Continued support and technical assistance with implementation, workflow, and clinical instruction.

Web-Based Training

- Online CME/CE 1 - 1.5 hours.
- Separate trainings for medical and dental providers.
- Interactive:
  - Downloadable resources
  - Links to websites
  - Expanded definitions
- Eligible to receive provider tools.
- First Tooth website has resources and materials available to download.

Oral Health Education & Anticipatory Guidance

- Training topics include:
  - Motivational interviewing
  - Caries process & transmission
  - Oral health during pregnancy
  - Diet & feeding
  - Oral hygiene

Dental Care and Pregnancy

Important for the mother

- Reduces bacteria in the mouth
- Dental treatment safe during pregnancy
- Education for mother and baby
- Insurance

Important for the baby

- Less harmful bacteria transmitted
- Mother learns importance of early dental intervention

See Handout : Oral Health During Pregnancy

Diet and Feeding: 0-12 months

- Breastfeeding does not increase the risk for caries
- Hold infant for bottle and breastfeedings
- No bottles at bedtime/nap (or use water only)
- Introduce cup at 6 months, wean bottle at 12-18 months
- Avoid constant use of sippy cup, pacifier
- Introduce appropriate snacks
- Encourage rinsing the mouth out with water

Diet and Feeding: Toddlers

1 – 2 years

- Discontinue bottle feeding at 12-18 months
- Avoid excess juice
- Avoid sweet, sticky snacks – fruit leather, crackers, candy
- Reserve soda, candy and sweets for "special occasion" treats

2 and older

- Choose fresh fruits, vegetables, or whole grain snacks

Good preventive medicine for obesity too!

Used with permission by the Washington Dental Service Foundation

Oral Hygiene

< 1 year

- Clean mouth with cloth or soft toothbrush
- As teeth erupt, use smear of toothpaste 2x/day*

1-6 years

- Brush 2X/day using half-pea-sized amount of fluoridated toothpaste
- Parent/caregiver performs and supervises

> Age 6 years

- Brush 2X/day with pea-sized amount of fluoridated toothpaste

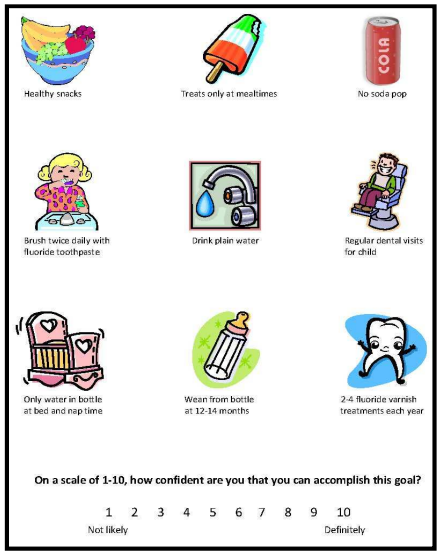
*It is recommended by ASTDD, AAPD and AAP that children at high risk for caries use fluoridated toothpaste when the first tooth erupts.

See Recommendations for Fluoride Usage

Provider Tools

- Each practice, site or clinic that completes the First Tooth training is eligible to receive one free medical provider toolkit or a dental kit.
- Supporting materials include:
  - Fluoride varnish starter applications (toolkit)
  - Baby & toddler toothbrushes (toolkit)
  - Parent/caregiver education & materials
  - Provider pocket guide
  - Oral health flip chart
  - Implementation & workflow tips
  - Billing procedures

Example of Provider Tools



Educational Posters

It Can Be Done

- ECC prevention services can be incorporated into the well-child visit, immunization schedule, nutrition screening, or a regular appointment.
- Collaboration with partners on applying fluoride varnish will be needed.
  - Medical or dental staff within the health department: physicians, nurses, immunization staff
  - Private medical or dental providers willing to volunteer
  - Dental Care Organizations (DCOs)

Baby Days

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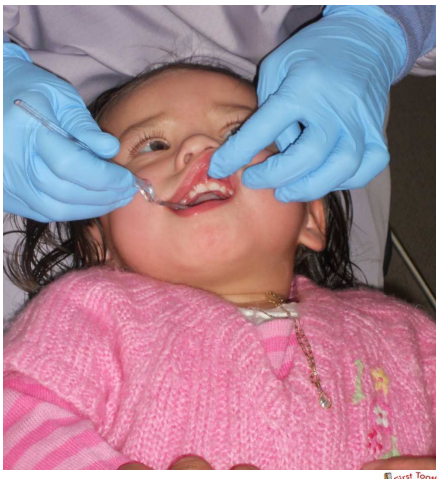
Baby Days



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WIC Training at Douglas County

- Received a modified First Tooth training.
- Partnership with Advantage Dental DCO.
  - Supplying and applying the fluoride varnish
- Incorporated into the recertification process.
  - Oral health education
  - Oral Exam
  - Fluoride varnish application

Next Steps

- Poster dissemination
- Promotion of First Tooth
- Scheduling Trainings

Any Questions?

"First Tooth" Training & Technical Assistance Contacts

Karen Hall, RDH, LAP
Training & Technical Assistance
503-998-1342
khall@vgmhc.org

Shanie Mason, MPH, CHES
Oral Health Manager
OHA Oral Health Program
971-673-0338
shanie.m.mason@state.or.us

Amy Umphlett, MPH
Grant Coordinator
OHA Oral Health Program
971-673-1564
amy.m.umphlett@state.or.us

Preventing early childhood caries through medical and dental provider education and collaboration

Oregon Health Authority

OREGON ORAL HEALTH COALITION
ROHC

Early childhood caries (ECC) is a significant public health concern and tooth decay is the most common chronic disease of childhood, affecting five times more children than asthma. According to the 2007 Oregon Smile Survey, 59.3% of 1st graders in Oregon have or had a cavity.[1] In spite of its high prevalence, tooth decay is a preventable disease. In response, the Oregon Oral Health Program in collaboration with the Oregon Oral Health Coalition's (OROHC) Early Childhood Cavities Prevention Committee (ECCP) has launched a three-year workforce development project called "First Tooth". The goal of the project is to reduce early childhood caries in Oregon by training medical and dental providers to implement preventive oral health services for infants and toddlers ages three and under.

"First Tooth" offers a no-cost training for dental and medical communities to assess the oral health of infants and toddlers. Both the American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend an oral health risk assessment, including a visual screening, anticipatory guidance, preventive strategies and the establishment of a dental home by age 1. "First Tooth" training topics include the prevalence and impact of oral disease, risk assessment, culturally appropriate anticipatory guidance, fluoride varnish application, implementation, workflow tips and access to dental care. Research studies show that application of fluoride varnish can reduce tooth decay between 30% - 69% in primary teeth of high-risk children.[2] "First Tooth" also provides on-site support and helps to foster collaboration between dental and medical providers to expand access to early childhood caries preventions services in their communities.

The "First Tooth" training includes:

- In-office continuing education over lunch, in-service trainings or evenings, approximately 1 - 2 hours depending on needs
- Training for *all* providers and staff on how oral health preventive services can easily be integrated into their current services
- Hands-on practice of fluoride varnish application
- Culturally appropriate handouts, exam/waiting room posters and anticipatory guidance that can be shared with parents and caregivers
- Guidelines to help the medical provider refer children to a dental home by age one
- Continued support and technical assistance with project staff on systems-based implementation, workflow and clinical instruction

"First Tooth" is a two phase project. In Phase I the curriculum, training tools, delivery and technical assistance were piloted and tested. Currently in year two and Phase II, the project is expanding outreach and training statewide. A comprehensive, web-based oral health resource and training site has been developed. Please visit www.healthoregon.org/firsttooth for more information.

We wish to thank past and present members of the OROHC ECCP committee and "First Tooth" advisory board for their time and expertise. We also appreciate the helpful assistance of our colleagues in other states where similar programs are already in place.

[1] Oregon Health Authority, Oral Health Unit. 2007 Oregon Smile Survey. http://public.health.oregon.gov/PreventionWellness/oralhealth/Documents/smile_2007.pdf

[2] Association of State and Territorial Dental Directors (ASTDD). Fluoride Varnish Policy Statement. 2010, February 1. http://www.astdd.org/docs/FluorideVarnishPolicyStatement(ECFebruary12010).pdf

"First Tooth" Advisory Board Members

Rickland Asai, DDS Former President Oregon Dental Association	Karen Hall, RDH, LAP "First Tooth" Trainer and Technical Assistance Virginia Garcia Memorial Health Center
Kristen L. Becker, MS, MPH, Research Analyst Office of Family Health OHA-Public Health Division	Joseph T. Ichter, DrPH, MHA Assistant Professor, Family Medicine Director, Oregon Locum Tenens Cooperative
Lisa Bozzetti, DDS Dental Director Virginia Garcia Memorial Health Center	Kristi Jacobo Dental Program Policy Analyst Oregon Health Authority - Division of Medical Assistance Programs
Bonnie Bruerd, DrPH Health Policy Consultant Northwest Tribal Dental Support Center	Deborah Loy Government Programs Director Capitol Dental Care
Mary Davidson MPH, RDH Dental Hygienist/Program Planner La Clinica del Cariño, Western Regional Examining Board (WREB), North East Regional Board (NERB)	Shanie Mason, MPH, CHES Oral Health Program Manager OHA-Public Health Division
Steven R. Duffin, DDS Dentist Shoreview Dental	Peggy Sue Parker, RN, BSN, CCM Quality Improvement Coordinator CareOregon
Gordon Empey, DMD, MPH Dental Health Consultant OHA-Oral Health Program	Sue Sanzi-Schaedel, RDH, MPH Board Member, Friends of Creston Children's Dental Clinic Volunteer
Jake Felix, MD Oral Health Initiative, Coordinator Oregon Pediatric Society	Tracie Smith-McCarthy Administrative Support Oral Health Program OHA- Public Health Division
Beryl B. Fletcher Director of Professional Affairs Oregon Dental Association	Amy Umphlett, MPH First Tooth Grant Coordinator Oral Health Program OHA- Public Health Division

Project Contacts:

Amy Umphlett, MPH, Oral Health Program, "First Tooth" Project Coordinator, 971-673-1564 or amy.m.umphlett@state.or.us

Shanie Mason, MPH, CHES, Oral Health Program Manager 971-673-0338 or shanie.m.mason@state.or.us

Karen Hall, RDH, LAP, Virginia Garcia Memorial Health Center, Training & Technical Assistance 503-998-1342 or khall@vgmhc.org

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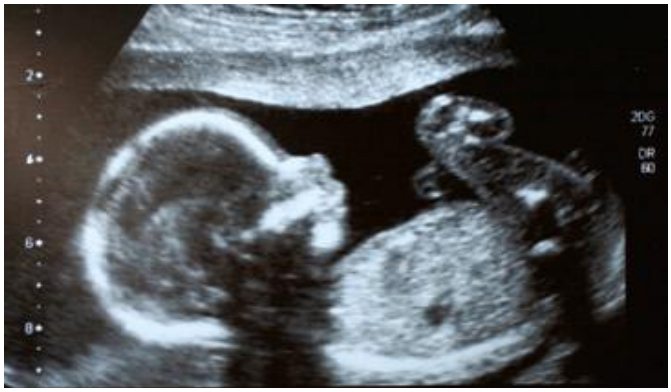


Guidelines for Oral Health Care in Pregnancy

- Dental care is safe and essential during pregnancy
- Pregnancy is not a reason to defer routine dental care or treatment
- Diagnostic measures, including needed dental x-rays, can be undertaken safely
- Scaling and root planing to control periodontal disease can be undertaken safely; avoid using metronidazole in the first trimester
- Treatment for acute infection or sources of sepsis should be provided at any stage of pregnancy. A number of antibiotics are safe for use
- Treatment, including root-canal therapy and tooth extraction, can be undertaken safely
- Needed diagnosis, preventive care, and treatment can be provided throughout pregnancy; if in doubt, coordinate with the woman's prenatal medical provider
- Emergency care should be provided at any time during pregnancy
- Delay in necessary treatment could cause unforeseen harm to the mother and possibly to the fetus
- For many women, treatment of oral disease during pregnancy is particularly important because health and dental health insurance may be available only during pregnancy or up to two months post-partum

Medical Conditions and Dental Treatment Considerations

Hypertensive Disorders and Pregnancy
Hypertensive disorders, including chronic or preexisting hypertension and the development of hypertension during pregnancy, occur in 12–22% of pregnant women. Oral health professionals should be aware of hypertensive disorders because of increased risk of bleeding during procedures. Consult with the woman's prenatal care provider before initiating dental procedures in women with uncontrolled severe hypertension (blood pressure values greater than or equal to 160/110mm Hg).

Diabetes and Pregnancy
Gestational diabetes occurs in 2–5% of pregnant women in the U.S. It is usually diagnosed after 24 weeks of gestation. Any inflammation process, including acute and chronic periodontal infection, can make diabetes control more difficult. Poorly controlled diabetes is associated with adverse pregnancy outcomes such as preeclampsia, congenital anomalies, and large-for gestational age newborns. Meticulous control to avoid or minimize dental infection is important for pregnant women with diabetes. Controlling all sources of acute or chronic inflammation helps control diabetes.

Heparin and Pregnancy
A small number of pregnant women with the diagnosis of thrombophilia (a blood disorder) may be receiving daily injections of heparin to improve pregnancy outcome. Heparin increases the risk for bleeding complications during dental procedures. Dental providers should consult with the woman's prenatal medical provider prior to dental treatment.

Risk of Aspiration and Positioning During Pregnancy
Pregnant women have delayed gastric emptying and are considered to always have a "full stomach." Thus, they are at increased risk for aspiration. Maintaining a semi-seated position or positioning with a pillow helps avoid nausea or aspiration and can make the woman feel more comfortable.

First Tooth
Oregon Oral Health Coalition

Guidelines for Treatment in Pregnancy

Indications	Radiographs	Analgesics (with FDA category*)	Local Anesthetic (with FDA category*)	Amalgam placement or removal	Nitrious Oxide	Anesthesia	Antibiotics & Anti-Invectives (with FDA category*)
anytime during pregnancy	Diagnostic x-rays are safe during pregnancy Use neck (thyroid collar) and abdomen shield	Acetaminophen (B) Meperidine (B) Morphine (B) Codeine (C) Acetaminophen + Codeine (C) Acetaminophen + (Hydrocodone (C) e.g. Vicodin Acetaminophen + Oxycodone (C) e.g. Percocet	Lidocaine with epinephrine (2%) (B), considered safe during pregnancy Mepivacaine (3%) (C), use if benefit outweighs possible risk to fetus	No evidence that the type of mercury released from existing fillings harms the fetus Use rubber dam and high-speed evacuation to reduce mercury vapor inhalation	30% nitrous oxide can be used when topical or local anesthetics are inadequate Pregnant women require lower levels of nitrous oxide to achieve sedation		Penicillin (B) Amoxicillin (B) Cephalosporins (B) Clindamycin (B) Erythromycin not in estolate form (B) Quinolones (C) Clarithromycin (C) As prophylaxis for dental surgery: use same criteria for all people at risk for bacteremia

1st Trimester (1-13 weeks)	Spontaneous pregnancy loss occurs in 10-15% of all clinically-recognized pregnancies in the first trimester. Most losses are due to chromosome abnormalities. Yet, women may prefer to wait until the second trimester (14th week) for dental care.						**AVOID:** Metronidazole (B)
2nd Trimester (14-27 weeks)							
3rd Trimester (28-40 weeks)		**NEVER USE** Ibuprofen or Indomethacin					**AVOID:** Sulfonamides (C)

NEVER & CAUTIONS		**NEVER USE** Aspirin unless prescribed by the prenatal care provider Caution: Consult with prenatal care provider before recommending Ibuprofen (B) or Naprosyn (B) during the 1st and 2nd trimesters				Caution: **CONSULT** with prenatal care provider if using anesthesia other than a local block e.g. IV sedation or GA	**NEVER USE** Tetracycline (D) Erythromycin in estolate form

***Cat B:** No evidence of risk in humans; either animal studies show risk (human findings do not) or, if no adequate human studies done, animal findings negative.

***Cat C:** Human studies are lacking and animal studies are either positive for fetal risk or lacking as well; potential benefits may justify the potential risk.

***Cat D:** Positive evidence of risk. investigational or post marketing data show risk to fetus. Nevertheless, potential benefits may outweigh the risk.

Consult with the patient's prenatal care provider with questions and concerns about the use of any medication.

These recommendations have been reviewed with dentists and prenatal care providers—obstetricians, family doctors, nurse practitioners—throughout Oregon. We believe they represent the standard of care in Oregon. if you have questions about individual patients, contact that patient's care provider directly.

Produced with support from the Northwest Center to Reduce Oral Health Disparities (NIH/NIDCR U54 DE019346), School of Dentistry, University of Washington.
SUGGESTED CITATION: Northwest Center to Reduce Oral Health Disparities, 2009. Guidelines for Oral Health Care in Pregnancy. Seattle, WA: School of Dentistry, University of Washington.

Source material for this document includes *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. New York, NY: New York State Department of Health, 2006.

ACOG GUIDELINES FOR DENTAL CARE IN PREGNANCY: Caries, poor dentition, and periodontal disease may be associated with an increased risk for preterm delivery. it is very important that pregnant women continue usual dental care in pregnancy. This dental care includes routine brushing and flossing, scheduled cleanings, and any medically needed dental work. Many dentists will require a note from the obstetrician stating that dental care requiring local anesthesia, antibiotics, or narcotic analgesia is not contraindicated in pregnancy. The dentist should be aware that pregnant women's gums do bleed more easily.
Found in *Guidelines for Perinatal Care*, Sixth Edition, pp 123-124; http://www.acog.org/publications/guidelinesForPerinatalCare/gpc-83.pdf Copyright October 2007 by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists

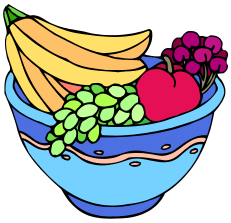
EXPLORE-OFFER-EXPLORE

The goal of Motivational Interviewing (MI) is to establish rapport with the parent/caregivers and then discuss a "menu of options" for infant oral health and caries preventive behavior. The menu of options can be used to direct the parent/caregiver toward areas of risk, to give information and to support autonomy. MI focuses on techniques such as:

- Open-ended questioning
- Affirmations
- Reinforcement of self-efficacy
- Reflective listening
- Summarizing

	Ask what the parent/caregiver:	**Suggestions**
EXPLORE	• Already knows • Has heard • Has already tried • Would like to know	• What areas would you like to explore? • What do you know about fluoride? • What are some of the things that make it hard for you accomplish this goal?
OFFER	• Ask permission • Offer information • Be brief, give one or two simple facts	• Would you like me to provide you with more information on this subject? • It's recommended that children visit the dentist when the first tooth erupts or by age one.
EXPLORE	• Find out what the participant knows or thinks about the advice you offered	• What do you think about this? • How could you see yourself using this information?

<u>Restrictive Language:</u>
Words and phrases to avoid when providing advice include, "you should", "you need to", "you really can't", "you've got to", "you must", etc.



Healthy snacks

Treats only at mealtimes

No soda pop

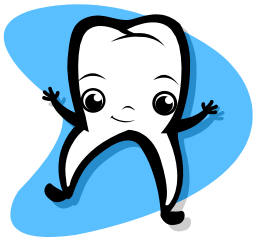
Brush twice daily with fluoride toothpaste

Drink plain water

Regular dental visits for child

Only water in bottle at bed and nap time

Wean from bottle at 12-14 months

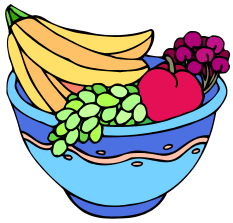


2-4 fluoride varnish treatments each year

On a scale of 1-10, how confident are you that you can accomplish this goal?

1 2 3 4 5 6 7 8 9 10

Not likely Definitely



Refrigerios saludables

Dulces sólo durante las comidas

Eliminar los refrescos

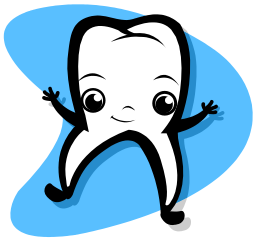
Cepillar los dientes dos veces al día con pasta dental con flúor

Beber agua pura

Llevar al niño al dentista regularmente

Poner sólo agua en el biberón antes de dormir a la noche o a la siesta

Dejar el biberón entre los 12 y los 14 meses



2 a 4 tratamientos de barniz de fluoruro por año

En una escala del 1 al 10, ¿cuán seguro está de poder alcanzar estos objetivos?

1 2 3 4 5 6 7 8 9 10

No es probable Definitivamente

GIVE YOUR TEETH A CHANCE

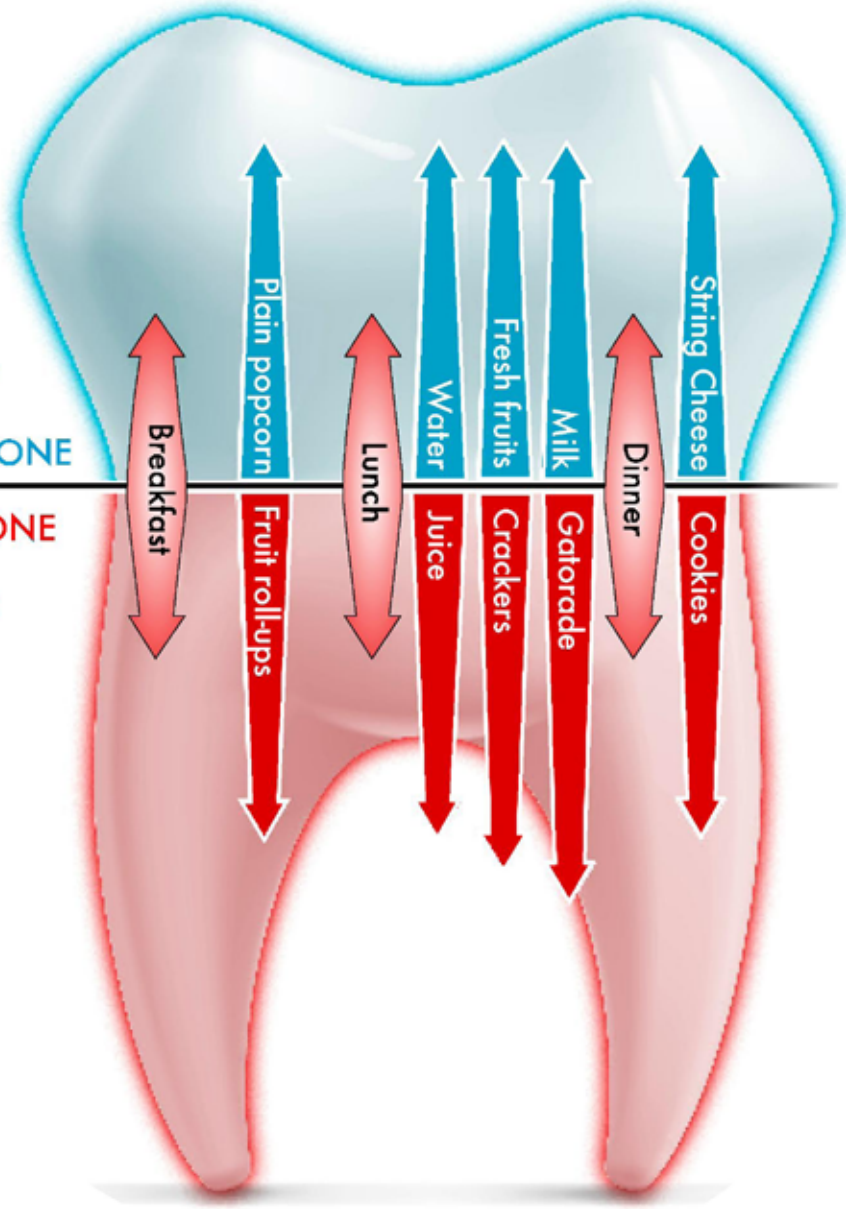
Snack Smart

HEALTHY SNACKS
Water
Fresh Fruits
Nuts
String Cheese
Fresh Vegetables
Regular Milk
Plain Popcorn
Cold Cut Meats
Cottage Cheese

HEALTHY ZONE

CAVITY ZONE

CAVITY CAUSING SNACKS
Juice
Soda
Candies
Cookies
Fruit Snacks
Gatorade
Crackers
Dried Fruit Snacks



UNIVERSITY *of* WASHINGTON

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Use this poster to educate your patients about the difference between good and bad snacks.

Recommendations for Fluoride Usage

Providers should consider several factors when deciding how much fluoride a child should consume. Such factors include the child's age, the fluoride concentration of the child's primary sources of drinking water, and the child's caries risk assessment.

Fluoride Use Recommendations

Types of Fluoride		Child's Risk Status		
		Low Risk	Moderate Risk	High Risk
Systemic Fluoride	Fluoridated Water	YES	YES	YES
OR				
	Fluoride Tablets/Drops	NO	NO	YES
AND				
Topical Fluoride	Fluoridated Toothpaste	YES Ages 1+	YES Ages 1+	YES First Tooth
AND				
	Fluoride Varnish	NO	YES	YES

Fluoridated Toothpaste Recommendations

Infant	Child Ages 1-6	Child Ages 6+
Clean the infant's mouth with a cloth or soft toothbrush during the first year. As teeth begin to break through the gums, use a smear of non-fluoridated toothpaste twice a day.  For a child with high risk of tooth decay, the American Dental Association, American Academy of Pediatric Dentistry, and American Academy of Pediatrics recommend that children use fluoridated toothpaste when the first tooth erupts.	Brush child's teeth twice daily with a half-pea sized amount of fluoridated toothpaste. 	Increase the amount of fluoridated toothpaste to a pea-sized amount and brush twice daily. 
Remember that young children do not have the ability to brush their teeth effectively. Children should be taught to spit out toothpaste and not swallow excess toothpaste after brushing.		

Resources for Fluoride Usage Recommendations

Dental Fluorosis

Dental fluorosis affects the permanent teeth and occurs when a child gets too much fluoride for the child's size and weight during the years of tooth development. Too much fluoride can result in defects in tooth enamel. This can happen by:

- Taking more of a fluoride supplement than the amount prescribed
- Taking a fluoride supplement when there is already an optimal amount of fluoride in the drinking water
- Continually swallowing fluoridated toothpaste because it tastes good
- Using too much toothpaste and swallowing it instead of spitting it out

Research Articles

American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. *J Am Dent Assoc*. 2006 Aug;137(8):1151-9.

Berg J, Gerweck C, Hujoel PP, et al. Evidence-based clinical recommendations regarding fluoride intake from reconstituted infant formula and enamel fluorosis: a report of the American Dental Association Council on Scientific Affairs. *J Am Dent Assoc*. 2011 Jan;142(1):79-87.

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Do L, Spencer A. Risk-benefit balance in the use of fluoride among young children. *J Dent Res*. 2007;86(8):723-728.

Marinho V, Higgins J, Logan S, Sheiham A. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database Syst Rev*. 2002;(3):CD002279.

Rozier RG, Adair S, Graham F, et al. Evidence-based clinical recommendations on the prescription of dietary fluoride supplements for caries prevention: a report of the American Dental Association Council on Scientific Affairs. *J Am Dent Assoc*. 2010 Dec;141(12):1480-9.

Shulman J, Wells L. Acute Fluoride Toxicity from ingesting home-use dental products in children, birth to 6 years of age. *J Public Health Dent*. 1997;57(3):150-158.

Weintraub J, Ramos-Gomez F, Jue B, et al. Fluoride varnish efficacy in preventing early childhood caries. *J Dent Res*. 2006;85(2):172-176.

Websites

American Dental Association (ADA), www.ada.org

American Academy of Pediatric Dentistry (AAPD), www.aapd.org

American Academy of Pediatrics (AAP), www.aap.org

Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/OralHealth/

- My Water's Fluoride, http://apps.nccd.cdc.gov/MWF/Index.asp
- Other Fluoride Products: Fluoride Supplementation, http://www.cdc.gov/fluoridation/other.htm#2

Ways to comfort your baby at bedtime:

Your child may cry or fight giving up the bedtime bottle. The following can help:

- ♥ Give a clean pacifier.
- ♥ Hold or rock your child.
- ♥ Sing or play music.
- ♥ Use a musical toy.
- ♥ Give a back rub.
- ♥ Read to your baby.
- ♥ Give a favorite blanket or toy.

These can also help make weaning easier when you and your baby are ready.

Remember, you are making these changes out of love.

What one thing will you do to make sure your child's teeth are healthy?

Adapted from
Idaho Department of Health & Welfare
WIC and Dental Health Programs

Printed by
Oregon Department of Human Services, Oral Health Program
Form #DHS 8751 (1/2008)

For alternate format requests, please call 971-673-0040.

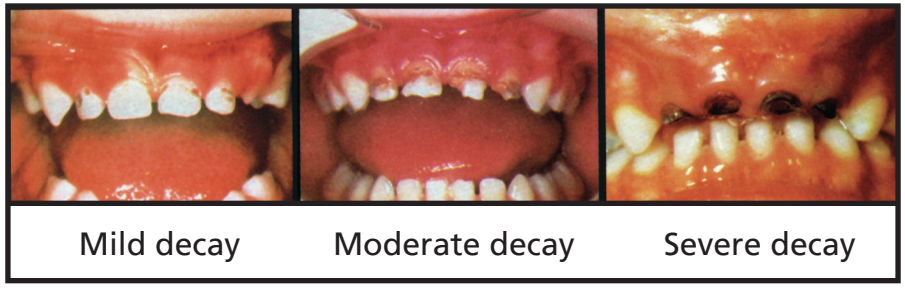
Keep your baby smiling...

Prevent early childhood cavities

Does your child:

- ❑ Go to bed with a bottle filled with milk, formula, or a sweetened drink?
- ❑ Sleep all night at the breast?
- ❑ Drink from a bottle throughout the day?
- ❑ Use a pacifier dipped in sugar or honey?

If your child does one or more of the above, he or she could get early childhood cavities.



Mild decay | Moderate decay | Severe decay

Early childhood cavities happen when liquids that contain sugar are left in a baby's mouth for a long time. Even breast milk and formula contain sugar.

Baby teeth are important. When they are decayed, a child may have pain, eating and speech problems, and a poor self-image. If baby teeth are lost too early, the permanent teeth may come in crowded or out of line.

Start early to protect your child's teeth

1. Put your baby to bed without a bottle.*
2. After your baby's first tooth appears, don't let him or her sleep all night at the breast. Instead, place your baby on his or her back after nursing.
3. Begin teaching your baby to drink from a cup around 6 months of age. Offer water, breastmilk or formula. Juice is not recommended during a baby's first year.

4. Avoid soda pop and other sweet drinks.
5. Don't let your child drink from a bottle all day long.
6. Wean your baby from the bottle by 1 year of age.
7. Clean your baby's teeth and gums with a clean washcloth or a small, soft toothbrush at bedtime.
8. Check with your doctor or dentist to make sure your child is getting enough fluoride each day. Fluoride protects teeth from decay.

* If your baby must have a bottle to sleep, fill it with plain water. You may need to gradually dilute the bottle contents until only water is offered.

You can prevent early childhood cavities and keep your baby smiling!

After Your Baby Is Born

After your baby is born, it is important for you to keep brushing with toothpaste. You also need to floss, eat healthy foods, and get dental care. When your mouth is healthy, your baby is more likely to have a healthy mouth, too.

Care for Your Baby's Gums and Teeth

- Breast milk is best! Breastfeed your baby for 6 months or longer if you can.
- Germs can pass from your mouth to your baby's mouth. Use a different spoon to taste your baby's food. Clean your baby's pacifier with water. Do not use your mouth to clean it.
- Clean your baby's gums after every feeding even before her first teeth come in. Use a clean, damp washcloth or a toothbrush with soft bristles and a small head made for babies.
- When your baby gets his first tooth (usually around 6 to 10 months), begin brushing his teeth with toothpaste with fluoride twice a day. Use a small smear of toothpaste.
- Do not put your baby to sleep with a bottle filled with breast milk, formula, juice, or sugary drinks like fruit-flavored drinks or pop (soda).
- Take your baby to the dentist by the time she is 1 year old to have her teeth and gums checked.

Resources

Finding a Dentist

- http://www.aapd.org/finddentist
- http://www.ada.org/ada/findadentist/advancedsearch.aspx
- http://www.knowyourteeth.com/findadentist

Finding Low-Cost Dental Care

- http://www.nidcr.nih.gov/FindingDentalCare/ReducedCost/FLCDC.htm

Finding Health Insurance Coverage

- http://www.coverageforall.org

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National Maternal and Child Oral Health Resource Center
Georgetown University
Phone: (202) 784-9771
E-mail: OHRCinfo@georgetown.edu
Website: http://www.mchoralhealth.org

National Maternal & Child Oral Health Resource Center

Two Healthy Smiles

Tips to Keep You and Your Baby Healthy

Taking care of your mouth while you are pregnant is important for you and your baby. Brushing, flossing, eating healthy foods, and getting dental checkups and treatment will help keep you and your baby healthy.

Changes to your body when you are pregnant can make your gums sore, puffy, and red if you do not brush and floss every day. This problem is called gingivitis (gin-gih-vi-tis). If gingivitis is not treated, it may lead to periodontal (pear-ee-oh-don-tuhl) disease. This disease can cause tooth loss.

After your baby is born, take care of your baby's gums and teeth too.

Give your baby a healthy start! Here are tips to keep you and your baby's teeth and gums healthy.

While You Are Pregnant

Brush and Floss

- To prevent or control tooth decay, brush your teeth with a soft toothbrush and toothpaste with fluoride (floor-ide) twice a day.
- Floss once a day before bedtime.
- If you cannot brush your teeth because you feel sick, rinse your mouth with water or a mouth rinse that has fluoride.
- If you vomit, rinse your mouth with water.

Eat Healthy Foods

- Eat fruits, vegetables, whole-grain products like bread or crackers, and dairy products like milk, yogurt, or cheese. Lean meats, fish, chicken, eggs, beans, and nuts are also good choices. Eat foods that have sugar at mealtimes only.
- Drink water or low-fat milk instead of juice, fruit-flavored drinks, or pop (soda).
- Drink water at least a few times a day, especially between meals and snacks.
- Eat fewer sweets like candy, cookies, or cake. Drink fewer sugary drinks like fruit-flavored drinks or pop (soda). Eat sweets or drink sugary drinks at mealtimes only.
- Look for products, like chewing gum or mints, that contain xylitol (zy-lih-tohl).

Get Dental Care

- Get a dental checkup. It is safe to have dental care when you are pregnant. Do not put it off until after you have the baby.
- Tell the dental office staff that you are pregnant and your due date. This will help the dental team keep you comfortable.
- The dental team may recommend rinses with fluoride or chewing gum with xylitol, which can help reduce bacteria that can cause tooth decay and gingivitis.
- Talk to your doctor if you need help getting dental care or making an appointment.