



The National Training Institute
for Child Care Health Consultants

Healthy Smiles: Caring for Children's Oral Health



- Your name
- Your agency
- Date of training



Introductions

- Please share
 - Your name
 - Your agency or organization
 - One thing you do to promote good oral health for yourself or others



Training Objectives

- Describe major oral health concerns for children
- Explain at least 7 strategies for preventing oral disease, infections, and injuries
- Understand techniques for promoting good oral health in child care



Why focus on oral health?

- Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self esteem (*Healthy People 2010*).
- Left untreated, the pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning (*US GAO 2000*).

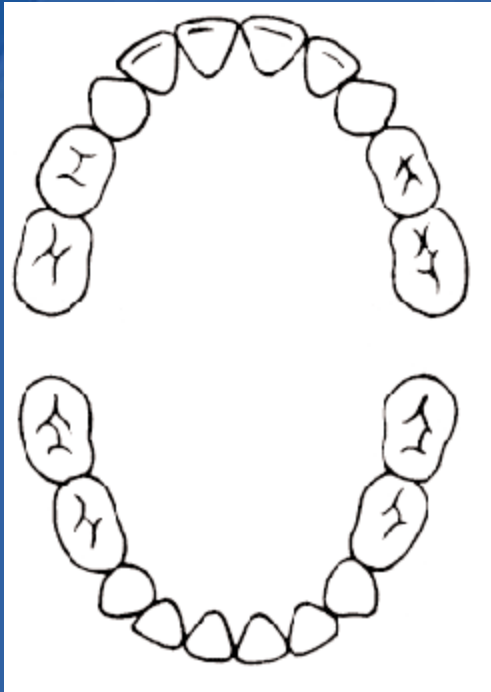


Developmental Stages of Children's Oral Health

- Formation of teeth begins in utero.
- Eruption of primary (baby) teeth begins between 6 and 10 months of age.
- By 2 or 3 years of age, a child will have all 20 primary teeth.
- Permanent teeth begin to erupt at 5 or 6 years of age.
- Last primary molar is shed around 11-13 years of age.



Primary Teeth Eruption Chart



Upper Teeth Erupt

- Central incisor 8-12 mos.
- Lateral incisor 9-13 mos.
- Canine (cuspid) 16-22 mos.
- First molar 13-19 mos.
- Second molar 25-33 mos.

Lower Teeth Erupt

- Second molar 23-31 mos.
- First molar 14-18 mos.
- Canine (cuspid) 17-23 mos.
- Lateral incisor 10-16 mos.
- Central incisor 6-10 mos.



Major Oral Health Problems for Children

1. Dental Caries
2. Early Childhood Caries
3. Periodontal Disease
4. Malocclusions



1. Dental Caries

- Also called tooth decay or cavities
- When a child eats food containing sugars, the bacteria in his/her mouth uses the sugars to produce an acid that dissolves the hard tissues of the teeth (called demineralization).
- Bacteria can then penetrate the soft surface of the teeth and attack the soft tissues inside, leading to cavities.



2. Early Childhood Caries

- Also known as *Baby Bottle Tooth Decay*
- Is early and severe tooth decay in infants and pre-school age children
- Commonly caused by giving a child a bottle containing milk, formula, juice, soda, or any drink with sugar for extended periods of time
- 24-28% of all children experience ECC
- Children in poverty more affected



3. Periodontal Disease

- Includes both gingivitis and periodontitis
- Gingivitis is a disease of the gums (red, swollen gums and bleeding while brushing)
- Periodontitis is a disease of the gums and supporting bone (rare among children)
- Both can be prevented and controlled by brushing and flossing



4. Malocclusion

- Is the improper alignment of the jaws and teeth
- Can be skeletal (jaw does not align with skull) or dental (teeth not aligned properly)
- May be genetically determined, caused by non-nutritive sucking habits, or the result of tooth shifts after premature tooth loss



Key Prevention Strategies

- Cleaning teeth and gums
- Good nutrition
- Regular dental visits
- Use of fluoride
- Use of sealants
- Injury Prevention



Cleaning Teeth and Gums

Cleaning Teeth and Gums of Infants and Children

| | |
|----------------------|--|
| Infants | Caregivers should wipe gums with clean, damp cloth |
| Before age 2 | Caregivers should brush for the child |
| At about age 3 | Children should <i>begin</i> to learn to brush their own teeth |
| By age 4 | Children should brush their own teeth |
| At least until age 6 | Caregivers should continue to ensure that teeth are thoroughly cleaned |



Good Nutrition

- Provide a healthy, balanced diet consisting of a variety of foods.
- Avoid sweets, including soda and other sugary liquids. When sweets are eaten, include them with a meal rather than as a snack.
- At snack time, limit sticky, starchy foods (raisins, crackers, bananas) that cling to teeth.
- After snacking, brush or rinse with water.
- Avoid snacking before bedtime or naptime.
- Limit the frequency of snacks.



Regular Dental Visits

- AAP suggests that every child receive an oral health risk assessment by 6 months of age.
- The AAPD and AAP recommend that children have their first dental appointment and establish a dental home within 6 months after the eruption of the first tooth and no later than 12 months of age.
- Frequency of subsequent dental check-ups are based on a caries risk assessment and may vary with each child.



Use of Fluoride

- Can be received systemically and/or topically
- Systemically
 - Fluoridated drinking **water**
 - Fluoride supplements (tablets or drops)
- Topically
 - Fluoridated water, **toothpastes**, mouthwashes, and treatments applied by a dental professional



Fluoride Varnish

- Is a high concentration topical fluoride that is painted directly onto the teeth
- Can be applied as soon as first teeth appear
- Adheres and is absorbed over a 24-hour period, then wears away
- Application recommended every three to six months



Use of Sealants

- Sealants are thin plastic coatings applied to the chewing surfaces of the molars by a dental professional.
- They create a physical barrier protecting the grooves and pits of the molars where food and plaque stick.
- Sealants should be applied when permanent molars erupt around six years of age.



Injury Prevention

- Common injuries include crown fractures, tooth loss from sockets, and fractures of the jaw and alveolar.
- Young children are most likely to suffer from falls, damaging incisors or front teeth.



Preventing Tooth Damage

- Maintain appropriate staff-to-child ratios to ensure appropriate supervision.
- Remove low furniture with sharp edges or install bumper guards.
- Place infants and toddlers in properly installed safety seats when in a motor vehicle.
- Place baby gates at the top and bottom of stairs.



Preventing Tooth Damage (continued)

- Make playground safety a priority. Children on bikes must wear helmets and safety pads.
- Put safety mechanisms on windows and cabinet doors.
- Place a safety belt on children sitting in high chairs.
- Provide mouth guards for sports.



Oral Health Match-Up

- Move into small groups.
- Each group gets one set of cards.
- Work with the others in your group to match each word with the appropriate description.
- Take 3-5 minutes to work on this.



Incorporating Oral Hygiene in the Child Care Routine

- Brushing can take place in the child care classroom setting, with children seated on the floor or at tables.
- It is not necessary for children to brush near a sink. A small amount of toothpaste should be distributed to each child on wax paper or in paper cups to prevent cross-contamination (University of Iowa, 2004).
- Brushing in a large group provides an opportunity for children to model behavior of teachers and other children, and provides the staff the best opportunity to supervise the children.
- Children three years of age and above should brush their own teeth in a classroom setting.



Basic Brushing Technique

- Place the head of the toothbrush beside the teeth at a 45-degree angle toward the gum line.
- Brush the front (cheek side) of each tooth, top and bottom, using gentle circular scrubbing motions.
- Brush the backs (tongue side) the same way, top and bottom.
- Scrubbing back and forth, gently brush the chewing surfaces of the teeth.
- Brush the insides of the front teeth. Use the front tip of the brush and move it up and down.
- Finally, brush the tongue by rolling the toothbrush back to front, or by gently scrubbing back and forth. This may tickle the child at first, but with practice it will become easy.
- No need to rinse after brushing.

(Lucille Packard Foundation for Children's Health, 2010)

Storing Children's Toothbrushes



- Each toothbrush should be clearly marked with a child's name. No sharing of toothbrushes.
- Toothbrushes should air-dry and stored so they are not in contact with one another. Store tooth brushes with bristles up.
- If a toothbrush should become contaminated through contact with another brush or child, it should be discarded.
- Brushes should be replaced every three months.
- Tooth brushing should be supervised by an adult to ensure that toothbrushes are handled properly.



Dental Emergencies

These injuries need immediate attention:

- Dislodged teeth
- Chipped or loosened teeth
- Teeth pushed through gums
- Toothache
- Tissue injuries
- Broken or dislocated jaw

Dental Emergencies (continued)



- In the event of a dislodged tooth, no attempt should be made to reinsert a primary tooth since this may cause damage to the permanent tooth. Permanent teeth should be reinserted into their sockets within 20-30 minutes for optimal results (NMCOHRC, 2003b). The dislodged tooth should be kept moist in cold milk and transported with the child to the dentist.
- In the case of chipped teeth, teeth pushed through gums, or toothache, the child should be seen by a dentist for evaluation and treatment.
- When injuries occur such as soft tissue tears, tongue lacerations, and puncture wounds, the immediate stoppage of bleeding is essential to prevent infection and promote healing.
- In the case of a broken or dislocated jaw, the child should be taken to the emergency room immediately.



Oral Health of Children with Special Needs (CSN)

- The incidence of untreated oral disease is almost twice as high in children with special needs than in their peers without special health care needs (NMCOHRC, 2006).
- Factors to consider in meeting the oral health needs of children with special needs are:
 - Physical limitations
 - Medications
 - Communication limitations
 - Psychological obstacles
 - Decreased saliva
 - Inability to clean teeth
 - Variations in teeth and jaw structures
 - Difficulty in chewing or swallowing



Access to Dental Care

- For every child in the United States without health insurance, there are 2.6 children without dental insurance, for a total of 12 million children without dental insurance coverage (Children's Defense Fund (CDF), 2010).
- Children without insurance are 2.5 times less likely to have dental care, and three times as likely to have unmet dental care needs than children with public or private insurance (CDF, 2010).

Access to Dental Care (continued)



- Children from families with low income are nearly twice as likely to experience tooth decay than children from families with higher incomes (CDF, 2010).
- Other reasons children may not receive dental care include
 - low numbers of dentists accepting Medicaid patients,
 - lack of experience among general dentists in treating children,
 - lack of pediatric dentists,
 - long waiting periods for appointments,
 - extensive travel time to appointments in rural areas, and
 - families' lack of awareness about dental care needs (C.S Mott Children's Hospital National Poll on Children's Health, 2009; Jones, Tinanoff, Edelstein, Schneider, DeBerry-Summer, Kanda et al, 2000).



Sources of Payment for Dental Care

- Medicaid – Coverage is federally mandated for all children under age 21, but availability of services varies from state to state.
- State Children’s Health Insurance Programs (SCHIP) – Most states include dental services.
- Community Sponsored Programs – Some clinics, dental societies, nonprofit organizations, churches, dental schools, and private practitioners provide free or lower cost dental services to families in need.



Action Items for the CCHC

Policy

- Ensure that the child care facility has oral health policies that include daily toothbrushing and techniques for preventing early childhood caries.
- Ensure that nutrition policies promote good nutrition for oral health and limit sticky, sugary snacks.
- Ensure that your program has emergency contact information about each child's dentist, health care provider, parent/guardian, and medical/dental insurance.



Action Items for the CCHC

Education

- Educate staff and parents/guardians about children's oral health, including
 - the causes and signs of major oral health concerns for children,
 - the benefits of early and continuous dental visits, as well as the use of fluoride and sealants, and
 - how to respond to oral health emergencies.



Action Items for the CCHC

Resource and Referral

- Conduct a community assessment to identify low-cost dental care for children.
- Check for dentists in the community who might be willing to be on call should a dental emergency occur or who might be willing to answer oral health questions that arise in the child care setting.
- Take steps in the local community to educate dental professionals about removing physical barriers and adding needed accommodations for children with special needs.



Resources

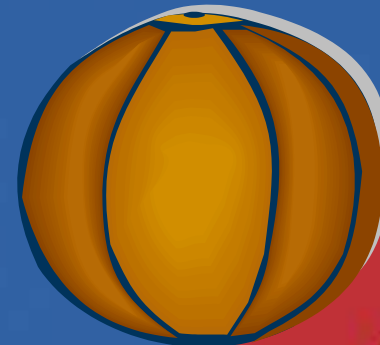
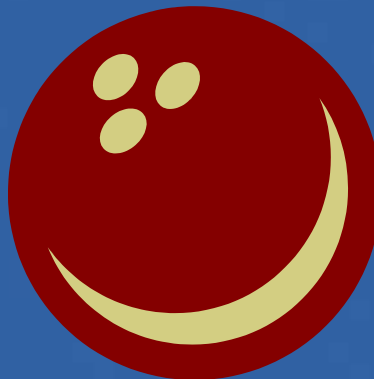
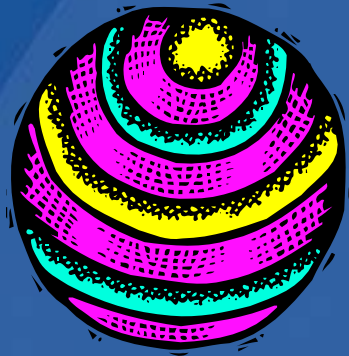
- The National Maternal and Child Health Oral Health Resource Center – www.mchoralhealth.org
- State Dental Director - _____
- Medicaid/SCHIP Dental Contacts – www.cms.hhs.gov/medicaiddentalcoverage/downloads/dentalcontacts.pdf
- For a list of health centers in your area: www.findahealthcenter.hrsa.gov
- American Association of Pediatric Dentistry – www.aapd.org



Review Training Objectives

- Describe major oral health concerns for children
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Learning Assessment Ball Toss





- Thanks for being here and sharing your ideas.
- Enjoy the rest of your day!