



Bright Futures Oral Health in Early Childhood

Early Childhood (1-4 years)

Health professionals should select the information in this section that is most appropriate, using clinical judgment to decide what is timely and relevant for each individual child and family.

Family Preparation

To help prepare families for oral health supervision visits, health professionals can provide parents with a list of topics to discuss at the next visit. Topics may include the following:

- Changes in the teeth and the mouth
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking, cooking, or formula preparation
- Fluoride use (fluoridated toothpaste, fluoride supplements)
- Use of bottle or cup by child
- Feeding and eating practices
- Non-nutritive sucking (pacifier, thumb, finger)
- Illnesses or infections
- Medications
- Injuries to the teeth or the mouth
- Use of tobacco by parents

Interview Questions

Following are examples of questions that health professionals may use. In addition to asking these or other interview questions, discuss any issues or concerns the family has.

- Do you help Lynne with brushing her teeth? How has this been going?
- Does Jon's brother have fillings? Have you had any problems with your own teeth?
- Are you using fluoridated toothpaste on Benita's teeth?
- Does Benita drink from a cup? Does she take a bottle?
- How often does Marcos snack? What does he usually eat?
- Does Marie use a pacifier? Does she suck her thumb or finger?
- What would you do if Kevin knocked out one of his teeth?
- Has Carlos been to the dentist? Does he have a dental home? If not, have you made an appointment for his first dental visit?
- When was Tracy's last visit to a health professional? Is it time for her next health supervision visit?

Risk Assessment

Use the tables shown on pages 68–75[¶] to assess the child's risk and protective factors for oral health issues.

Screening

Visually inspect the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth (see pages 11–13).[¶]

Examination

The first oral examination should occur within 6 months of the eruption of the first primary tooth, and no later than age 12 months. Thereafter the child should be seen according to a schedule recommended by the dentist, based on the child's individual needs and susceptibility to disease.

[¶] Bright Futures Oral Health Pocket Guide
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>

Anticipatory Guidance

Discuss with parents or other intimate caregivers:

Oral Hygiene

- If the child has not yet been to a dentist, making an appointment for the child's first dental visit, thereby establishing a dental home.
- After the initial dental visit, making the next appointment for the child according to the schedule recommended by the dentist, based on the child's individual needs or susceptibility to disease.
- For children with special health care needs, making appointments for more frequent dental visits based on the child's individual needs or susceptibility to disease. Obtaining special oral health equipment (e.g., a mouth prop) to brush the child's teeth.
- For children under age 2, brushing the teeth with plain water twice a day (after breakfast and before bed). For children at increased risk for tooth decay, consulting with a dentist or physician about brushing the teeth with a pea-sized amount (small smear) of fluoridated toothpaste.
- For children ages 2 and above, brushing the teeth with no more than a pea-sized amount (small smear) of fluoridated toothpaste twice a day (after breakfast and before bed). Making sure the child spits out the toothpaste after brushing, but does not rinse with water. The small amount of fluoridated toothpaste that remains in the mouth helps prevent tooth decay.
- For effective plaque removal, making sure that a parent brushes the child's teeth.
- Because brushing requires good fine motor control, young children cannot clean their teeth without parental help. After children acquire fine motor skills (e.g., the ability to tie their shoelaces), typically by age 7 or 8, they can clean their teeth effectively but should be supervised by a parent.
- Becoming familiar with the normal appearance of your child's gums and teeth so that problems can be identified if they occur (see Tooth Eruption Chart on pages 78–79).[¶] Checking the child's gums and teeth about once a month.
- Giving the child fluoride supplements only as prescribed by a dentist or physician, based on the risk of developing tooth decay and the known level of fluoride in the child's drinking water (see Systemic Fluoride Supplements: Recommended Dosage on page 84).[¶]
- Discussing with a dentist or other qualified health professional the need to apply fluoride topically (via varnishes, gels, foams), which renews the high levels of fluoride in the outer layer of the tooth enamel. Topical fluoride may be especially effective for children at high risk for tooth decay because they have a history of decay, are not exposed to fluoridated water, snack frequently on foods containing sugar, or have a medical problem that decreases their resistance to decay.
- Discussing with a dentist or other qualified health professional the need to apply dental sealants (thin plastic coatings applied to pits and fissures on the chewing surfaces of the teeth) to prevent tooth decay by creating a physical barrier against dental plaque. Dental sealants should be applied shortly after the teeth erupt.
- If the child has sore gums caused by tooth eruption, giving the child a clean teething ring, cool spoon, or cold wet washcloth. Other options include giving the child a chilled teething ring or

simply rubbing the child's gums with a clean finger.

Nutrition

- Avoiding sharing utensils (e.g., spoons) or orally cleaning a pacifier or a bottle nipple. This practice helps prevent transmission of bacteria that cause tooth decay from the parent, especially the mother, to the child via saliva.
- Continuing to encourage the child to drink from a cup. Weaning the child from the bottle by age 12 to 14 months.
- Not putting the child to sleep with a bottle or sippy cup or allowing frequent and prolonged bottle feedings or use of sippy cups containing beverages high in sugar (e.g., fruit drinks, soda, fruit juice), milk, or formula during the day or at night to prevent sugary fluids from pooling around the teeth, which can increase the child's risk for tooth decay.
- Serving age-appropriate healthy foods during planned meals and snacks, and limiting eating (grazing) in between.
- Serving fruit, vegetables, grain products (especially whole grain), and dairy products (milk, cheese, cottage cheese, and unsweetened yogurt).
- Serving foods containing sugar at mealtimes only (not between meals), and limiting the amount. Frequent consumption of foods high in sugar, such as candy, cookies, cake, sweetened beverages (e.g., fruit drinks, soda), and fruit juice, increases the risk for tooth decay.
- In addition, frequent consumption of foods that easily adhere to the tooth surface, such as fruit-roll-ups and candy, increases the risk for tooth decay. When checking for sugar, looking beyond the sugar bowl and candy dish. A variety of foods contain one or more types of sugar, and all types of sugars can promote tooth decay.

- Encouraging the child to eat fruit rather than drink fruit juice.
- Serving the child juice in a cup, and limiting the child's consumption of juice to 4 to 6 oz per day. Serving 100 percent fruit juice or reconstituted juice.
- If the child drinks beverages between meals, encouraging the child to drink water or milk rather than fruit juice or sweetened beverages (e.g., fruit drinks, soda).
- Drinking fluoridated water (via a community fluoridated water source) to prevent tooth decay; for families that prefer bottled water, drinking a brand in which fluoride is added at a concentration of approximately 0.7 to 1.2 mg/L (ppm) is recommended.

Non-Nutritive Sucking

Sucking is a natural reflex for children. Most children require some amount of additional sucking beyond that needed for nourishment. This type of sucking, known as non-nutritive sucking, provides emotional benefits, enabling the child to calm himself/herself and focus attention. If parents choose to have their child suck a pacifier, health professionals can advise them to take certain safety precautions. The following precautions are recommended:

- Never attaching a pacifier to a ribbon or string around the child's neck.
- Making sure the pacifier is of sturdy, one-piece construction and that the material is flexible, firm, and not brittle.
- Keeping the pacifier clean.
- Not dipping a pacifier in sweetened foods (e.g., sugar, honey, syrup) to encourage sucking.
- Never orally cleaning a pacifier before giving it to a child.

Injury Prevention

- Being aware that injuries to the head, face, and mouth are common among children.
- Learning how to prevent oral injuries and how to handle oral emergencies. Because of the danger of damaging the underlying permanent teeth, never attempting to reinsert an avulsed (lost) primary tooth. It is impossible to relocate the tooth accurately, and there is danger of pushing it too far into the soft alveolar bone.
- Using an appropriate car safety seat in the back seat of the vehicle at all times.
- Children should ride rear facing until they weigh at least 20 lbs; it is preferable if they ride rear facing to the highest weight and height allowed by the car safety seat. Children who weigh at least 20 lbs should ride in a forward-facing car safety seat (unless their rear-facing car safety accommodates a higher weight); most forward-facing seats have a weight limit of 40 lbs, but a few have higher weight limits. After a child reaches the weight or height limit of the forward-facing car safety seat, the child should ride in a belt-positioning booster seat with a lap and shoulder belt.
- Not placing a child of any age in a shopping cart. Instead, consider using a stroller or a backpack or frontpack while shopping with a child.
- Using safety locks on cabinets. Keeping all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place.
- Keeping pet food and dishes out of reach. Not permitting the child to approach the pet while it is eating.
- Keeping appliances and dangling telephone, electric, blind, and drapery cords out of reach.
- Locking doors or using safety gates at the top and bottom of stairs, and using safety locks and safety devices on windows above the ground floor.
- Supervising the child on the stairs and when climbing on and off furniture.
- Not giving toys small enough to be placed in the mouth. Making sure that toys do not have parts that can become detached. Keeping toys with small parts or sharp edges out of reach.
- Making sure that playgrounds are carefully maintained and that equipment is in good condition. All playground equipment should be surrounded by a soft surface (e.g., fine, loose sand; wood chips; wood mulch) or by rubber mats manufactured for this use.
- Supervising the child on playground equipment. Making sure children play only on developmentally appropriate equipment.
- Making sure that toys are soft (e.g., balls not made with leather or hard materials).
- Ensuring that the child wears a bicycle helmet, even on a tricycle.
- Providing the child’s caregivers with the dentist’s emergency phone contacts, and ensuring that the caregivers know how to handle all emergencies.

Outcomes

- Parents and child are under the care of an oral health professional.
- Parents are informed of oral development issues.
- Parents understand and practice good oral hygiene, feeding, and eating behaviors.
- Parents establish a safe environment and practice safety behaviors.
- Child has no oral disease or injury.

Source: “Bright Futures Oral Health Pocket Guide” by the National Maternal and Child Oral Health Resource Center
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>