



Bright Futures Oral Health in Middle Childhood

Middle Childhood (5-10 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. As the child becomes more mature, ask the child questions directly. Topics may include the following:

- Changes in the teeth and the mouth
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking or cooking
- Fluoride use (fluoridated toothpaste, fluoride supplements)
- Dental sealant use
- Eating practices
- Non-nutritive sucking (pacifier, thumb, finger)
- Illnesses or infections
- Medications
- Physical activity and sport participation
- Injuries to the teeth or the mouth
- Use of tobacco by parents or child

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. As the child becomes more mature, ask the child questions directly.

To parent:

- How often does Sarah brush or floss her teeth? Do you think it helps?
- Is Jee brushing and flossing his teeth without being reminded?
- Has Andrea lost any teeth yet?
- Does Mark ever comment about his teeth and how they look?
- How often does Selena see the dentist? Does she have a dental home?
- Is your water fluoridated? Do you have any questions about fluoride supplements, fluoride varnish, or dental sealants?
- Does your child with special health care needs require more assistance or special equipment when brushing her teeth?
- Does Justin snack at school? After school?
- What types of snacks are available for Justin to eat?
- Does the school have vending machines? If so, do they offer healthy beverage choices such as water or milk?
- Do you and your family members wear safety belts in a car?
- Does Mary participate in physical activities and sports that could potentially result in injuries to the mouth? Does she wear protective gear (e.g., mouth guard, face protector, helmet)?
- Do you understand what to do if Jon knocks out one of his teeth?
- When was Elisa's last visit to a health professional? Is it time for her next health supervision visit?

To child:

- How often and when do you brush your teeth? Floss? Do you think it helps?

- Do you think your teeth look okay?
- Do any of your teeth hurt?
- How many teeth have you lost?
- When was the last time you went to the dentist?
- Do you snack at school? After school? What do you eat?
- Do you wear a safety belt in a vehicle?
- Do you wear a helmet when riding a bicycle?
- What sports do you play? Do you wear protective mouth gear when you participate in contact sports?
- What do you think about smoking? Spit tobacco? Did you smoke any cigarettes in the last month? Use spit tobacco? How often?

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 child should be seen according to a schedule recommended by the dentist, based on the child’s individual needs and susceptibility to disease.

Anticipatory Guidance

Discuss with parents (as child becomes more mature, direct discussion toward the child):

Oral Hygiene

- Scheduling a dental visit for the child according to the schedule recommended by the child’s 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. Providing more assistance with brushing the child’s teeth, if needed, and obtaining special oral health equipment (e.g., a mouth prop) to complete the task.
- Ensuring that the child brushes his or her teeth twice a day (after breakfast and before bed) with no more than a pea-sized amount (small smear) of fluoridated toothpaste and that the child flosses daily. 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. Because effective plaque removal 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 you can identify problems 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,

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

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, shortly after the teeth erupt.
- Discussing with a dentist the need to schedule a visit to the orthodontist to have the child evaluated for braces.

Nutrition

- Serving healthy foods such as fruit, vegetables, grain products (especially whole grain), and dairy products (milk, cheese, cottage cheese, and unsweetened yogurt) for meals and snacks. Limit eating (grazing) in between.
- 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 dried fruit, 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.
- 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).
- If the school has vending machines, encouraging the child to choose 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

Although most children discontinue nonnutritive sucking behaviors on their own before the permanent teeth begin to erupt, some continue beyond that stage. If the child regularly engages in non-nutritive sucking behaviors, gently intervene to help the child stop. These methods are presented in the order in which they should be attempted:

- Talking with the child. Discussing the problems caused by the habit. Sometimes this alone is enough to make the child stop sucking.
- Using reminder therapy. This approach is appropriate for children who want to stop sucking but need some help. An adhesive bandage secured with waterproof tape on the finger or thumb can remind the child not to suck. A mitten or sock placed on the hand at night can also be effective. Stress to the child that this is a reminder, not a punishment.
- Using a reward system. Under this system, the child, a parent, and the health professional agree that the child will discontinue the habit within a

specified time period and will then receive a reward. The reward must be motivating to the child. Charting small successes may help (e.g., placing colored stars on a calendar for each day the child does not suck a pacifier or his or her finger or thumb).

- Physically interrupting the habit. If none of the preceding methods are successful, and the child truly wants to stop the habit, two other methods can be tried: (1) The child's arm can be loosely wrapped in an elastic bandage during the night to prevent flexing the arm and inserting the thumb or fingers into the mouth. Stress to the parent that the bandage should not be wrapped tightly. (2) A dentist can place an appliance in the mouth that interferes with sucking.

Injury Prevention

- Learning how to prevent oral injuries and handle oral emergencies, especially the loss or fracture of a tooth.
- If a permanent tooth is knocked out, the parent or other adult should (1) find the avulsed (lost) tooth, (2) hold it by the crown (top part) only, not the root, (3) rinse it under cold water gently if the root is dirty, but do not scrub, (4) reinsert it into the socket quickly, making sure that the front of the tooth is facing you, and (5) take the child to the dentist immediately. If it is not possible to replace the tooth, place the tooth in a container of cold milk or in a cold wet cloth and take the child and the tooth to a dentist immediately.
- Because of the danger of damaging the underlying permanent teeth, never attempt 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.
- If a tooth is fractured or chipped, the parent or other adult should (1) rinse the child's mouth with water, (2) apply cold compresses to the cheek to reduce swelling, and (3) take the child to the dentist immediately.
- Using an appropriate car safety seat in the back seat of the vehicle at all times. Children should ride in a forward-facing car safety seat until they reach the weight or height limit of the seat, after which they should ride in a belt-positioning booster seat with a lap and shoulder belt. Children should ride in a booster seat until the vehicle's safety belt fits properly without a booster seat— when the shoulder belt lies across the chest, not the neck or the throat, the lap belt is low and snug across the thighs, not the stomach, and the child is tall enough to reach the vehicle seat back with the legs bent at the knees and feet hanging down.
- Being aware that the risk of injury is higher during periods of rapid growth.
- Ensuring that the child wears protective gear when participating in physical activities or sports that could potentially result in injuries to the mouth, such as biking, riding a scooter, skateboarding, in-line skating, or playing baseball, soccer, or lacrosse.
- Teaching the child about injury prevention, including the need to wear protective gear such as a mouth guard, a face protector, and a helmet.
- Providing the child's caregivers with the dentist's emergency phone contacts, and ensuring that the caregivers know how to handle oral emergencies.

Substance Use

Teaching parents and children about the dangers of cigarette smoking or using spit tobacco.

Outcomes

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