



Doctor's Guide to Oral Health Communication

As a provider, you are in a unique position to provide consistent oral health information to families that can help prevent dental caries and optimize children's oral health.

Oral health is a critical aspect of overall health.

Poor oral health has been shown to be associated with heart disease, stroke, diabetes, and low-birth-weight or premature babies. Routine oral health care is safe during pregnancy and recommended to help mothers prevent and reduce the passage of caries-causing bacteria to their infants.

Good oral health begins at birth.

Establishment of a dental home by age 1 is an important goal of the child's medical home

Baby teeth matter. The health of primary (baby) teeth impacts the health of secondary teeth.

Dental caries is the number 1 chronic disease in children, 5 times more common than asthma.

Early intervention and preventive care can significantly reduce the impact of this disease.

Dental caries can lead to pain and infection, as well as problems with growth, development, learning, and self-esteem.

Healthy teeth are an important part of children's healthy development.

Oral Health Guidelines

Oral health anticipatory guidance/risk assessment is part of each health maintenance visit.

BRUSHING/FLOSSING

- ✓ Tooth brushing should begin with toothpaste¹ as soon as teeth erupt.
- ✓ In children 2 and older, brush with a pea-size amount of fluoridated toothpaste two times per day.
- ✓ Children should not rinse with water after brushing as the topical effects of fluoride are important for caries prevention.
- ✓ Children should be assisted with tooth brushing until age 7 or 8.
- ✓ Replace toothbrushes when bristles appear worn (usually after 3-6 months).
- ✓ Toothbrushes or other oral items (such as pacifiers or spoons) should not be shared.
- ✓ Flossing should start when teeth touch one another.

¹ Check with your dental provider for recommendations about use of fluoridated toothpaste in children under 2.

DENTAL VISITS

- ✓ **Parents should schedule the first dental visit within six months after the eruption of the first tooth or by age 1.**
- ✓ Dental visits should be a part of routine health care. Dental providers will perform an oral health risk assessment and determine the frequency of dental visits after age 1.²

FLUORIDE

- ✓ Children should drink fluoridated water whenever possible.
- ✓ The fluoride needs of children should be addressed by a medical or dental provider starting at age 6 months.
- ✓ Children in non-fluoridated areas should have an oral health risk assessment to determine need for both topical and systemic fluoride supplementation. Supplements may be offered to high-risk children who do not have access to systemic fluoride through age 16. Fluoride varnish should be offered to moderate- and high-risk children by medical and dental providers at least twice a year.

NUTRITION

- ✓ Parents should limit nighttime feedings after first tooth eruption. If nighttime feedings occur, wipe teeth after feeding.
- ✓ After age 1, bottles and cups should not be taken to bed. If needed, bring only water to bed.
- ✓ The best drinks for children older than age 1 are plain milk at mealtime and water between meals. Juice, soda and other sugar-sweetened drinks are not recommended. If parents ask about juice consumption, advise them to limit juice to no more than 4 oz. once a day at mealtime.
- ✓ Snacking should be limited in frequency. Grazing on snacks throughout the day produces an acid bath that dissolves tooth enamel and results in dental caries.
- ✓ Encourage fruits and vegetables at snacks and meals. Avoid sticky foods such as candy, dried fruit, fruit snacks, and raisins.

MEDICATION

- ✓ Rinse and/or brush teeth after children take chewable or syrup-based medications since many medications have high sugar contents.



These oral health guidelines have been reviewed by AAPD and found to be consistent with the current science related to oral care for children.

Thank you for communicating these important messages to families.

² Head Start programs follow the EPSDT guidelines in their state.

See <http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-w-all.pdf>