

# SNOHOMISH COUNTY CHILD HEALTH NOTES: ORAL HEALTH

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by: Infant Toddler Early Intervention Program and Children with Special Health Care Needs  
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## ORAL HEALTH FOR CHILDREN – EARLY CHILDHOOD CARIES

### WHAT IS ORAL HEALTH AND WHY IS IT IMPORTANT?

Oral health refers to the condition of the entire craniofacial complex. It includes problems from dental caries to complex conditions such as cleft lip and palate. Healthy teeth with surrounding bones and tissues are necessary for normal speech and nutritional intake across the lifespan. Dental appearance and function can impact quality of life and self esteem.

### WHAT IS EARLY CHILDHOOD CARIES (ECC)?

Early childhood caries, formerly “nursing bottle caries” – a misnomer, is an infectious disease caused primarily by *Streptococcus mutans*. Despite significant improvements in prevention, treatment, and dental science, ECC remains a common and often serious concern with possible long term health and developmental consequences. ECC is a bacterial disease that is preventable. Usually mother or another close adult passes the infection to the child although the exact mechanism of transmission is unclear. Adults with untreated caries or high colonization of *S. mutans* are more likely to infect their child. Bacterial growth and acid production are heightened during feeding, particularly at night when saliva flow is lower. Enamel is thinner in primary teeth than in permanent teeth and erupting tooth surfaces are readily colonized, leading to a greater risk of decay in early childhood. Children with enamel hypoplasia are at additional increased risk for ECC. Children with ECC are at risk for poor growth and have higher rates of caries in their permanent dentition.

### WHY ADDRESS ORAL HEALTH BEFORE THE AGE OF 2 YEARS?

It is optimal to begin to discuss infant oral health at the **prenatal** visit. Maternal oral health may be a predictor of offspring’s oral health and interventions for the mother may be necessary to prevent transmission of *S. mutans*. Infant and toddler dental care is the foundation for a lifetime of good oral health. Early oral health supervision includes:

- Proper infant tooth cleaning
- Good dietary habits (attend to snacking habits and avoid cariogenic foods)
- Evaluation of fluoride status
- Use of topical fluorides, where appropriate
- Visit to the dentist within 6 months of first tooth eruption for high risk children

“You’re not healthy without good oral health.” -- Former Surgeon General C. Everett Koop

“Tooth decay is the most common chronic disease of childhood; it is five times more frequent than asthma, for example. Twenty million children - 25% of persons under age 19 - suffer 80% of all tooth decay. For an estimated 4-5 million of these children, tooth decay interferes with routine activities.”

-- The Reforming States Group.

### WHO IS AT HIGHER RISK FOR EARLY CHILDHOOD CARIES?

- Infants whose mothers or siblings have multiple caries
- Infants who:
  - sleep with a bottle containing cariogenic substances
  - snack frequently at breast or bottle, use the bottle past 12 months of age
  - if older, snack on cariogenic foods (e.g. sweet liquids, candy, cookies)
- Young children who already have had caries
- Children with developmental or oromotor dysfunction – due to increased exposure to cariogenic factors as a result of decreased ability to clean food off the teeth or out of the oral cavity and/or decreased salivary flow
- Children with GE reflux – due to increased risk of erosive effects of regurgitated fluids
- Children on certain medications (e.g. anticholinergics and sedative-antihistaminic-antiemetic drugs) - due to side effects such as decreased saliva flow or gum hypertrophy and/or due to sugar content and consistency of liquid medications

## WHAT MIGHT YOU DO IN YOUR OFFICE PRACTICE?

As a primary health care provider, you can positively impact children's oral health. Well-child visits afford you an excellent opportunity to talk with parents and children to encourage good oral health habits. **PERFORM ORAL SCREENING EXAMINATION AT EVERY VISIT.**

### ORAL HEALTH ANTICIPATORY GUIDANCE

- Prenatal**
- Review mother's dental history; refer mother for dental care, if needed.
  - Review importance of primary teeth - they help maintain good nutrition by permitting proper chewing, allow good pronunciation and speech habits, guide eruption of permanent teeth, improve appearance & self-esteem.
- 2 - 4 Months**
- Review feeding practices, cariogenic foods, sleeping patterns – avoid bottles in bed.
  - Provide tooth cleaning instruction.
- 6 Months**
- Introduce fluoride supplements (as appropriate), toothbrush and toothpaste use.
  - Provide anticipatory guidance on the use of feeder cup, and giving sweets with meals, and other feeding practices.
  - If appropriate, plan for fluoride varnish application, and review importance of primary teeth if not previously done.
- 12 Months**
- Review diet, feeding patterns (including weaning from bottle), and oral hygiene measures. **Practice** cleaning teeth.
  - Assess risk for decay. If appropriate, plan for fluoride varnish application.
  - Refer high risk children for dental visit within 6 months of eruption of first tooth; assist family in referral, including making a statement of concerns and medical history available to dentist.
- Through 36 Months** – Review fluoride status. Review diet, snacking, and feeding practices. Review dental hygiene measures.

### Further Information:

#### Resources:

- American Academy of Pediatric Dentistry <http://aapd.org>
- The Natl. Maternal and Child Oral Health Resource Ctr. [www.ncemch.org/oralhealth](http://www.ncemch.org/oralhealth)
- *Oral Health in America: A Report of the Surgeon General* [www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/](http://www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/)

#### References/Management Guidelines:

- *Bright Futures in Practice: Oral Health.* [www.brightfutures.org](http://www.brightfutures.org)
- *Early Childhood Caries: A Team Approach to Prevention and Treatment.* Milgrom P and Weinstein P, University of Washington, 1999. (Available from School of Dentistry, Department of Continuing Education, Box 357137, Seattle, WA 98195-7137; 206-543-5448)

### FAMILY RESOURCES:

- Snohomish County: Dental Resource Line 425-339-5219
- Community Health Center of Snohomish County
  - Colby Dental, Everett 425-551-1000
  - Lynnwood Dental 425-835-5204
- SeaMar Dental Clinic - Marysville 360-657-3091



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