

DID YOU KNOW



Dental disease is the most common chronic childhood disease, 5 times more common than asthma.



More than 40% of children have tooth decay by the time they reach kindergarten.



Tooth decay is preventable. Early oral health assessment can help prevent future cavities.

early education & prevention can help avoid a lifetime of dental problems

start right

early childhood oral health guide

educating parents: you can make the difference

Optimal oral health for infants and children can be achieved through an effective partnership between families, oral health and other health professionals, and through parent educators in the community, such as *Parents as Teachers*, *Head Start* and *WIC*.



Parental knowledge is essential to create a good foundation for children's oral health. As someone who educates parents and caregivers, you can help families "Start Right" by giving their babies a great start in oral health!

We hope you'll share the information in this guide, in conjunction with the Start Right brochure, to help you educate families about the importance of their child's good oral health and early decay prevention.

Cavities may still be the single most common childhood disease; however parents easily can play a pivotal role in prevention. This means, you too, as a parent educator, can have a pivotal role!

Cavities, an infectious disease caused by acid-forming bacteria found in dental plaque, destroy the tooth's structure. Young children, ages one through six, are more susceptible to develop cavities because their primary teeth have thinner enamel. This enamel is a prime target for cavity causing bacteria. Cavities grow a lot faster in baby teeth, and toothaches can occur early on because the tooth nerves are larger in infants.

MOMMY & ME mom's oral health can affect baby

Did you know a mother's teeth and gum health can affect her baby's health? For this reason, make good oral health a priority even before the baby is born!

The National Institutes of Health reports that as many as 18% of the 250,000 premature, low-birthweight infants born in the U.S. may be the result of their mother's inflammatory gum disease.

Studies show pregnant women with severe gum disease have 7 times the risk of delivering a low-birthweight baby. These pregnancy complications may be partially preventable through a mother's improved oral health during pregnancy.

CONTINUED ON NEXT PAGE

What an expectant mom should know:

- About half of women experience pregnancy gingivitis. This can cause swelling, bleeding, and redness or tenderness in the gum tissue, making toothbrushing and flossing uncomfortable.
- A more advanced oral health condition called periodontal disease may affect the health of your baby.
- Science shows that mothers with active decay problems, gum problems, or both will transmit the bad bacteria to the baby and make the baby more susceptible to decay.

Keeping mom's mouth healthy:

- During pregnancy, get your mouth in optimum health.
- Tell your dentist if you are pregnant so your oral health can be monitored closely.
- Have decayed teeth repaired and treat gum disease.
- Brush teeth at least twice daily with fluoride toothpaste, and floss daily.
- Drink plenty of water and eat nutritious meals and snacks.
- Chew gum with xylitol as the main ingredient (such as *Carefree Koolerz*). This has been shown to reduce decay-causing bacteria in the mouth.
- Decay reduction can mean better prenatal health and a reduction in the transmission of bacteria from mother to child. (See about strep mutans, below right.)

...Women will put the needs of their children before themselves...if they know that their oral health is affecting the health of their unborn children, they tend to take that very seriously.

Dr. Kimberly Jones-Rudolph
FROM ADA.ORG NEWS RELEASE
ADA, March of Dimes spread the word on pregnancy, oral health and premature births

oral health screenings

looking at a child's teeth & understanding what you might see

Parents should check a child's teeth at least monthly for changes and to detect early signs of decay.

healthy mouth

- No obvious dental problems
- Uniform white tooth surfaces
- Pink firm gums

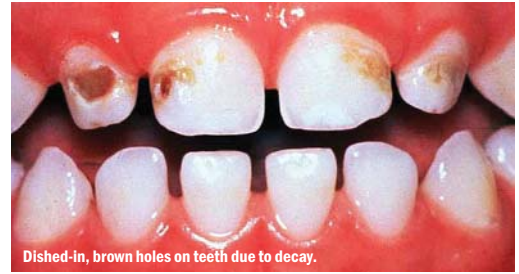
Necessary care: Daily oral health care and routine dental appointments by age 1 and thereafter.



moderate decay

- Brown or black discolorations
- Broken teeth and teeth that are wearing down
- Child's teeth may be sensitive to hot or cold

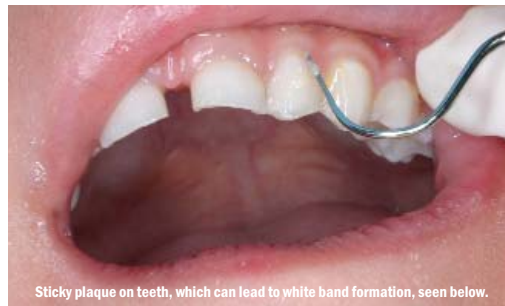
Necessary care: Seeing a dentist now can prevent the tooth nerves from becoming infected.



mild decay

- Early signs of cavities appear as lesions
- Lesions can appear white, opaque or chalky
- Lesions appear as bands along the gum line

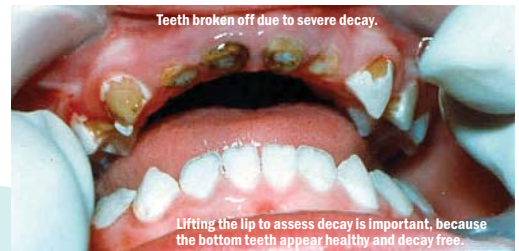
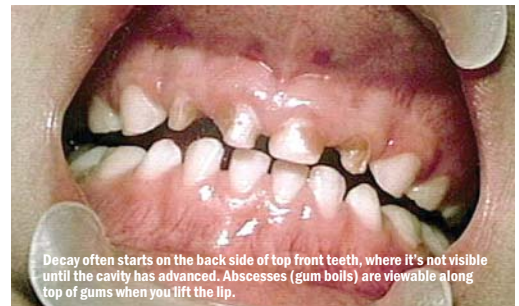
Necessary care: Seeing a dentist now can prevent these cavities from getting worse.



severe decay

- Multiple large cavities
- Cavities often accompanied by gum abscesses
- Pain may not be present if nerve is already damaged

Necessary care: Seeing a dentist now can prevent damage to the unerupted permanent (adult) teeth



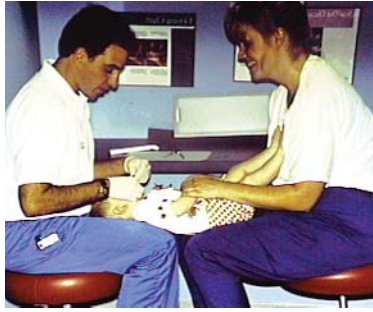
what in the world are strep mutans?

(and why moms should care)

Tooth decay is basically an infectious disease. When baby teeth first erupt, they can be occupied by *Streptococcus mutans*, the predominant bacteria of dental plaque. This bacterium converts sugars and carbohydrates in the mouth to acid, which dissolves and weakens the tooth enamel, equaling tooth decay. Babies mainly pick up the "Strep" mutans germ from their mothers through saliva sharing activities (sharing utensils and blowing on hot food, for example). The most vulnerable time for infection is between 6 and 31 months. Mothers with high levels of Strep mutans, due to poor oral hygiene, are most likely to infect their children. That's why an infant's good oral health starts with mom!

checking a child's teeth

Use one of these positions to look at teeth



- For checking teeth, a small flashlight works as a good light source.
- For cooperation, let the child help if possible by holding the flashlight or another object.
- Be patient with the child. Explain what you are doing while you screen, such as, "I am going to look in your mouth to count your teeth."
- Some ideas? Count the child's fingers before you count the child's teeth. You can also tickle a child to get him or her to open the mouth and be more cooperative.
- Be creative! There's lots of things you can do to make it fun for the child and easier for you.

- Get in a position where you can see inside the child's mouth, especially the back of the teeth.
- Two suggestions include sitting on the floor with the child in your lap (above left), or sitting knee-to-knee with a partner (above right), with the child across both laps.
- These positions work well because an adult can hold the child's hands if necessary for better cooperation.
- Gently lower child's head into your lap.
- Lift the lip and quickly assess child's oral condition.



5 ways to prevent early childhood cavities



At-risk indicators

Early childhood decay relates to poor eating habits, poor oral hygiene and saliva-sharing activities (where decay-causing bacteria can be transferred). Other indicators of high-risk for decay include:

- Previous Decay
- Mother has/had much decay
- Siblings have/had much decay
- Not enough fluoride
- No routine dental care
- Bottle/nursing after 14 months
- Sippy cup use with sugary liquids
- Low-income family

when to refer a child for dental consultation

- White or brown spots
- Dental pain or infection
- Discolored tooth
- Other dental problems
- Holes in the back teeth
- Fractured, loose or lost tooth
- Swollen or bleeding gums

1 it's not the bottle, it's the beverage

Don't allow your infant or toddler to fall asleep with a bottle or sip cup filled with anything but water. As long as your infant is taking the bottle or nursing, wipe the gums and teeth after each feeding.

2 limit drinking between meals

Around age 1, wean your infant from the bottle and teach drinking from a regular cup. Make milk and juice available at meal and snack time only, so a child isn't "sipping" on these throughout the day. Give child water in between meals and snacks.

3 provide better nutrition choices

It's not just what kids drink, but what they eat! Many popular snacks, such as fruit roll-ups and gummy fruit snacks contain extra sugar that coats the teeth. Even dried fruits, with natural sugars, can get stuck in and between tooth surfaces, making teeth harder to clean.

4 create good oral hygiene habits

As soon as baby teeth appear, begin brushing teeth gently with a child-size, soft toothbrush and water or a training toothpaste (one that doesn't contain fluoride). Brush your child's teeth at least twice daily, especially before bedtime.

5 set a good example

Children will imitate what they see. That's why it's important for parents to make oral hygiene a priority. Brush and floss teeth daily and schedule regular dental visits for you and your child.

To learn more about oral health visit www.modental.org or contact the Missouri Dental Association at 573-634-3436 or info@modental.org.

what about fluoride?

Fluoride is a mineral that occurs naturally in all water sources, even the oceans. It is important for children's dental health because the right amount of fluoride causes formation of tooth enamel that is much more resistant to decay. Research has shown that fluoride reduces cavities in both children and adults and also helps repair the early stages of tooth decay even before the decay becomes visible. Fluoride is like any other nutrient; it is safe and effective when used appropriately.



There are two forms of fluoride: systemic and topical. Children age 0 to 3 most commonly get fluoride systemically, that is, through fluoridated water or through fluoride supplements. This is because topical fluoride (most commonly in the form of fluoride-containing toothpaste) is not recommended until around age 3, or when children are able to spit. (Another topical form is a fluoride mouthrinse, but this is not recommended for children under six years of age because they may swallow the rinse.)

Because the Start Right information is geared to children age 0 to 3 years, the following information focuses on recommendations about systemic fluoride sources.

A parent's first exposure to considering fluoride often happens in the pediatrician's office, when asked if the family's drinking water is fluoridated or if a supplement is needed for the child.

Consumption of fluoridated municipal (tap) water is the best source for most children to prevent excessive tooth decay while avoiding excessive fluoride ingestion. However, much of Missouri's landscape is rural, where community water sources and private wells may not be fluoridated. Although levels of fluoride can be naturally present in well water, it may not be enough to meet the recommended amount.

Generally speaking, if the local water supply is fluoridated, no supplemental fluoride is needed to help the developing teeth. Fluoridated toothpaste is still beneficial for the teeth as long as it's not being swallowed.

For children whose home water is not naturally fluoridated, before fluoride supplementation is considered, parents should take into account fluoride from other sources. This is called the halo effect. Although a child's home water may not be fluoridated, it may be at the childcare location, grandparent's home or pre-school. Processed foods and drinks may have fluoride because of the water source.

If bottled water is your child's main source of drinking water, it may be missing the decay-preventative benefits of fluoride. While fluoride content of bottle water varies greatly, the vast majority of bottled waters do not contain optimal fluoride levels.

Studies show there are no known adverse health effects to fluoride ingestion in low levels. However, excessive fluoride exposure can be just as bad for the teeth as insufficient amounts. Fluorosis is the condition caused by excess fluoride exposure. It produces a chalky, cloudy or opaque appearance of the tooth enamel.

In summary, the amount of fluoride in water varies with each community and with different sources of drinking water. Consult with a dentist or pediatrician for fluoride recommendations based on your child's circumstances.

did you know



Does a spoonful of sugar really help the medicine go down? Apparently so, as many child oral medications, including antibiotics and pain relievers, contain up to 50% sugar! Ask for sugar free medications and make sure to clean the child's teeth after giving medicine. Studies also have shown that kids with asthma are more prone to developing cavities. Breathing treatments cause the mouth to dry out, which makes plaque stick on teeth for a longer period of time. Wipe the teeth or give water after a breathing treatment to help remove plaque that can cause cavities.



When giving a child oral medications with a dropper, a good way to rinse the mouth of the sugars in the medicine is to refill the dropper with water a few times and have the child swallow water.

what to do in case of tooth injury

There's bound to be bumps and bruises in infancy, especially as babies begin to walk. Sometimes the mouth can become injured, resulting in bleeding gums, a darkened tooth or even a loosened or knocked out tooth. Here's what to do:

Gums Bleed: This may be simply the gums bleeding from abrasion, or it could indicate a tooth has been loosened. What to do: Give a children's pain reliever to reduce inflammation (such as Ibuprofen). Watch for signs of an abscess (gum boil/blister) next to the injury, such as fever and swollen, tender gums. A dental X-ray can make sure the underlying root is healthy.

Loosened Tooth: A dislodged baby tooth may need to be placed back into position if it interferes with the child's bite. A loose baby tooth should tighten up again. What to do: Give a children's pain reliever to reduce inflammation (such as Ibuprofen). A dental X-ray can make sure the underlying root is healthy.

Knocked Out Tooth: A knocked out baby tooth should not be replaced in the socket. This is because the baby tooth will not heal properly and will cause problems later when the permanent tooth erupts. What to do: Give a children's pain reliever to reduce inflammation (such as Ibuprofen) and consult the child's dentist. Space maintainers are available for cosmetic purposes only and are not necessary when a front tooth has come out early.

Darkened Tooth: A dark tooth indicates previous trauma that caused the tooth to bruise on the inside. A dark tooth does not necessarily mean the nerve has died. What to do: The tooth will need to be watched by a dentist, with periodic X-rays, to make sure the tooth stays healthy.

learn more at www.modental.org

Click on the "Start Right" link from the homepage

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THE CHARITABLE SUBSIDIARY OF THE MISSOURI DENTAL ASSOCIATION

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