

## Oral Health Anticipatory Guidance for Health Professionals

### Audience: Pregnant Women, Parents, and Caregivers of Infants

#### TAKE HOME MESSAGES FOR CAREGIVERS

- A child's oral health is affected by their caregivers' (parents, siblings, or other persons) oral health.
- Pregnant women, family members, and caregivers should obtain regular dental check-ups and receive necessary treatment before delivery.
- Tooth brushing with a fluoridated toothpaste and daily flossing are the most effective methods to prevent tooth decay and gingivitis (gum disease).

#### ORAL HEALTH AND HYGIENE

- Explain how the bacteria that causes tooth decay is transmitted from parent and caregiver to child.
- Encourage pregnant women, parents and primary caregivers to reduce decay causing bacteria in their mouth.
  - Good oral health (daily brushing and flossing) reduces cavity-causing bacteria passed to the child.
- Discuss how hormonal changes during pregnancy can increase a woman's risk for developing gingivitis. With gingivitis, gums may become inflamed, swollen, sensitive and tend to bleed.
  - An oral hygiene regime will help to prevent pregnancy gingivitis.
- Provide information to pregnant women on reducing damage to teeth from vomiting due to morning sickness.

#### ORAL DEVELOPMENT

- Describe primary tooth developmental patterns.
- Advise that breastfeeding contributes to infant's healthy jaw growth and development.
- Discuss Early Childhood Caries and emphasize the importance of primary teeth for chewing, speaking, jaw development and self-esteem.

#### FLUORIDE ADEQUACY

- Encourage pregnant women to drink fluoridated tap water (if available).
- Encourage pregnant women, caregivers and family members to brush with fluoride toothpaste.

#### ORAL HABITS

- Provide information regarding tobacco/smoking cessation (if needed).

#### DIET AND NUTRITION

- Emphasize eating a healthy diet and limiting number of exposures to sugary snacks and drinks.
- Emphasize that good nutrition during pregnancy supports:
  - The maintenance of strong teeth and healthy gums.
  - The growth and development of the infant including strong teeth.
- Review snack choices and encourage healthy snacks.
- Emphasize that it is the frequency of exposures, not the amount of sugar that affects susceptibility to tooth decay.



Resource adapted by Northern Oral Health Working Group, Saskatchewan - April 2008

References: "12345 first smiles", Healthy Kids, Healthy Teeth Program, Alameda County Department of Health  
 OPEN WIDE: Oral Health Training for Health Professionals—Module 4: What to Do and How to Do It.  
 Bright Futures in Practice: Oral Health Pocket Guide: National Maternal & Child Oral Health Resource Centre  
 Generations of Healthy Smiles - Children's Oral Health Initiative Aide Training Manual, First Nations and Inuit Health Branch, Health Canada

## Oral Health Anticipatory Guidance for Health Professionals Audience: Parents and Caregivers of Infants (Birth to Age 1)

### TAKE HOME MESSAGES FOR CAREGIVERS

- Parents and caregivers' oral health affects child's oral health.
- Daily cleaning of a child's gums and teeth is important to their overall health.
- Primary teeth are important.
- Fluoride varnish will help protect baby teeth.

### ORAL HEALTH AND HYGIENE

- Encourage parents and caregivers to obtain regular dental check-ups and receive treatment if necessary.
- Explain how the bacteria that causes tooth decay is transmitted from parent and caregiver to child.
- Encourage parents and caregivers to become familiar with the normal appearance of the child's teeth and gums using the "Lift the Lip" technique.
- Demonstrate how to clean the infant's gums with a clean facecloth and plain water. Advise to continue to use this method until the back teeth erupt.
- Encourage parents to demonstrate how to clean their child's gums and teeth.
- Encourage parent and caregivers to introduce a child sized cup, without a lid, at six months of age.
- Discuss teething and ways to soothe sore gums, such as chewing on teething rings and facecloths.
- Encourage parents and caregivers to have the child completely weaned from a bottle by age one.
- Refer child for first dental screening/exam as soon as possible after delivery.

### ORAL DEVELOPMENT

- Advise that breastfeeding contributes to infant's healthy jaw growth and development.
- Describe primary tooth eruption patterns.
- Discuss Early Childhood Caries and emphasize the importance of primary teeth for chewing, speaking, jaw development and self-esteem.

### FLUORIDE ADEQUACY

- Refer child to dental professional to consider topical fluoride needs (e.g. tooth-paste, fluoride varnish).
- Encourage drinking of fluoridated tap water (if available).

### ORAL HABITS

- Review pacifier safety and bottle use.
- Provide information regarding tobacco/smoking cessation (if needed).

### DIET AND NUTRITION

- Encourage breastfeeding as best way to ensure proper nutrition.
- If breast fed, supplemental liquids should be consumed using a lidless cup.
- Remind parents and caregivers never to put child to bed with a bottle with anything other than water in it or allow bottle feeding 'at will'.
- Emphasize that it is the frequency of exposures, not the amount of sugar that affects susceptibility to tooth decay.



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## Oral Health Anticipatory Guidance for Health Professionals

### Audience: Parents and Caregivers of Children (Age 1 - 2 Years Old)

#### TAKE HOME MESSAGES FOR CAREGIVERS

- Parents and caregivers' oral health affects child's oral health.
- Parents and caregivers need to brush their child's teeth daily.
- Child should be completely weaned from a bottle and using a lidless cup.
- Fluoride varnish will help protect baby teeth.

#### ORAL HEALTH AND HYGIENE

- Explain how the bacteria that causes tooth decay is transmitted from parent and caregiver to child.
- Encourage parents and caregivers to obtain regular dental check-ups and receive treatment if necessary.
- Encourage parents and caregivers to schedule child's first dental appointment if child has not already had first oral screening/examination.
- Encourage parents and caregivers to become familiar with the normal appearance of the child's teeth and gums using the "Lift the Lip" technique.
- Review parent's and caregiver's role in brushing toddler's teeth and establishing good oral health habits.
- Demonstrate how to brush the infant's teeth, with plain water, using a soft-bristled toothbrush.
- Encourage parents to demonstrate how to brush their child's teeth.
- Discuss teething and ways to soothe sore gums, such as chewing on teething rings and facecloths.

#### ORAL DEVELOPMENT

- Emphasize importance of baby teeth for chewing, speaking, jaw growth and development as well as self-esteem.
- Discuss Early Childhood Caries and how it impacts facial growth and development through space loss for permanent (adult) teeth.
- Describe how long term use of "sippy" cups can affect jaw shape.

#### FLUORIDE ADEQUACY

- Refer child to dental professional to consider topical fluoride needs (e.g. fluoride varnish programs).
- Encourage drinking of fluoridated tap water (if available).

#### ORAL HABITS

- Encourage weaning of non-nutritive sucking habits, beginning at two years old.
- Provide information regarding tobacco/smoking cessation (if needed).

#### DIET AND NUTRITION

- Remind parents and caregivers never to put child to bed with a bottle with anything other than water in it or allow bottle feeding 'at will.'
- Emphasize that it is the frequency of exposures, not the amount of sugar that affects susceptibility to tooth decay.
- Discuss healthy diet and oral health.
- Review snack choices and encourage healthy snacks.



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## Oral Health Anticipatory Guidance for Health Professionals

### Audience: Parents and Caregivers of Children (Age 3 – 5 Years Old)

#### TAKE HOME MESSAGES FOR CAREGIVERS

- Parents and caregivers need to brush and floss their child's teeth daily.
- Parents, caregivers and children should obtain regular dental check-ups and receive treatment if necessary.
- Tooth brushing with a fluoridated toothpaste and daily flossing are the most effective methods to prevent tooth decay.
- Chose nutritious, low sugar snacks.

#### ORAL HEALTH AND HYGIENE

- Encourage parents, caregivers and children to maintain good oral health and receive necessary dental treatment.
- Discuss parents and caregivers continued responsibility to help children under age eight to brush and floss their teeth.
- Demonstrate how to brush the child's teeth, with plain water, using a soft-bristled toothbrush.
- Encourage parents to demonstrate how to brush their child's teeth.
- Encourage parents and caregivers to become familiar with the normal appearance of the child's teeth and gums using the "Lift the Lip" technique.
- Encourage parents to demonstrate how to check their child's teeth.
- Encourage parents and caregivers to consider dental sealants for their child's primary and first permanent molars.

#### ORAL DEVELOPMENT

- Emphasize importance of primary teeth for chewing, speaking, jaw growth and development, as well as self-esteem.
- Discuss and review how the permanent teeth will be erupting at approximately age six.

#### FLUORIDE ADEQUACY

- Encourage participation in fluoride varnish programs.
- Refer parent and child to dental professional to discuss topical fluoride needs (e.g. toothpaste, fluoride varnish).
- Encourage drinking of fluoridated tap water (if available).

#### ORAL HABITS

- Discuss consequences of digit sucking and prolonged non-nutritive sucking (e.g. pacifier) and begin professional intervention if necessary.
- Provide information regarding tobacco/smoking cessation (if needed).
- Describe how long term use of "sippy" cups can affect jaw shape.

#### DIET AND NUTRITION

- Review and encourage healthy diet.
- Review snacking choices.
- Emphasize that it is the frequency of exposures, not the amount of sugar that affects susceptibility to tooth decay.
- Emphasize that child should be drinking exclusively from a lidless cup.



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## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Oral Health as a Component of General Health

Dental decay is one of the most common diseases of childhood affecting 60 percent of 5 to 17 year-olds (nationally). A rapid form of the disease affects pre-school aged children and impacts on their lives in terms of pain\*, poor sleep patterns and poor eating habits. It can be a contributing factor to a condition coined “failure to thrive” in which children exhibit low weight and height for their age.<sup>1</sup>

Oral health is a very important component of general health. Research has shown that poor oral health negatively affects development and learning for children, as well as dietary nutrition, communication, self-esteem, social relations, and activities of daily living.<sup>2</sup> Research also suggests that poor oral health in childhood may lead to poor oral health as an adult. In adults, linkages have been established citing periodontal disease as a contributing factor for:

- cardiovascular disease,
- aspiration pneumonia in the elderly and other respiratory diseases.<sup>3</sup>

There is also evidence which supports the concept that periodontal disease can contribute to poorer glycemic control in people with diabetes.<sup>4</sup> In addition, research is being done to determine linkages between periodontal disease and pre-term, low birth weight babies. In many cases, available treatment resources are insufficient to meet the current needs of the population.<sup>4</sup> In addition, the high demand for dental treatment, to be provided under general anaesthetic, has resulted in extensive waiting lists.

Treatment focuses on the current disease state. Transmitted bacteria causes oral disease; preventative approaches will reduce transmission and initiation of oral disease. Anticipatory guidance, delivered by health professionals, is an upstream approach and an essential component of best practices for optimal health.

\* Pain and infection lead to behavioral changes and decrease quality of life. Children do not necessarily complain of pain but adapt their eating and sleeping habits in response to pain. Young children are not articulate enough to specify that a tooth is hurting or the increase in pain may be so gradual it becomes ‘normal’. Parents may not realize the child has a toothache if the child is prone to earaches, is teething in other areas of the mouth or has symptoms of a cold.

1. Oral disorders, systemic health, well being and the quality of life; A summary of recent research evidence. Dr. David Locker and Dr. David Matear; Community Health Services Research Unit, University of Toronto
2. Oral Health Indicators and Determinants for Population Health Surveys; Dr. David Locker, Community Dental Health Services Research Unit, University of Toronto; November 2001; (page 12)
3. A Canadian Oral Health Strategy; Federal, Provincial and Territorial Dental Directors; 2004; page 39
4. Report on the Oral Health Survey of First Nation and Inuit Children in Canada: Health Canada; 1996-1997, page 4.



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Medical Model for Oral Health

##### The purpose of the teeth is:

- Prepare food for digestion
- Masticate the food for proper swallowing/entry to the digestive track
- Manage entry of nutrition into the body
- Take the first step in digestion

##### Nutritional impact on teeth:

- Nutrition affects tooth development and timing of eruption
- Impact on the environment and the risk of ECC (Early Childhood Caries)

##### Teeth mark the timing for feeding development:

- Suck
- Munch and rotary chew with lateralization
- Teeth have an impact on nutrition-reduced meat intake.

#### Dental Caries and Obesity

##### Common denominator:

- Excess juice
- Excess sweets
- Indulgence attitude including lack of tooth brushing, baby bottle usage

##### CFG Conclusions:

- Health and nutrition are related.
- Teeth like bone are dependent upon good nutrition in development phases and continued good nutrition.
- Poorly formed teeth such as those with enamel hypoplasia, are at increased risk of developing dental caries.
  - Hypoplastic development:
    - Preterm infants
    - Malnutrition in the prenatal period
    - Micronutrient deficiencies
- Dental caries may be in a dual relationship with malnutrition.

A dental caries study reviewed children from 2 - 6 years old with ECC (4+ teeth). The nutritional parameters were measured and blood work was reviewed. The following information was published:

- Only 66% were normal weights
- 18% were underweight
- Fat mass low in 23%
- 51% had serum albumin below 38g/dl
- 77% had ferritin levels below normal

The results suggest that children suffering from severe tooth decay demonstrate borderline and or low nourishment.



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Importance of Oral Health During Pregnancy

Pregnant women, parents, family members and caregivers can reduce decay causing bacteria in their mouth and reduce transmission by:

- Attending regular dental check-ups and receiving all necessary dental treatment. Dental treatment can be provided at any time during the pregnancy. However the woman may be more physically comfortable in the dental chair during the second trimester.
- Brushing teeth thoroughly twice a day, with a pea-sized amount of fluoride toothpaste and flossing daily.

#### Factors Affecting Oral Health During Pregnancy

**Hormonal changes** during pregnancy can increase a woman's risk for developing gingivitis. With gingivitis, gums may become inflamed, swollen, sensitive and tend to bleed.

- An oral hygiene regime will help to prevent pregnancy gingivitis.

**Pregnancy diabetes** has a dual relationship with oral health.

- Diabetics are more prone to develop oral infections, which in turn are more difficult to treat.
- Oral infections impact the body's ability to regulate insulin.
- Oral infections impact food choices.

**Nutrition and oral health** are also in a dual relationship.

- Ability to chew food depends upon tooth status (decayed, abscessed).
- Tooth status affects food choices, usually to less healthy choices.
- Food choices during pregnancy affect the growth and development of the child, including healthy bones and teeth.

**Nausea and vomiting** impact nutrition and oral health. To reduce damage to teeth from vomiting provide the following information:

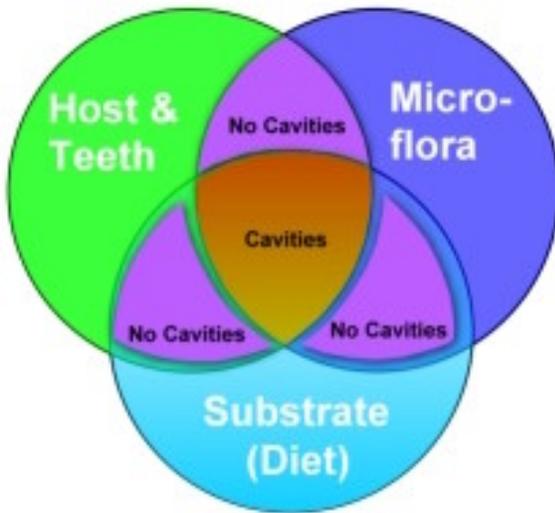
- After vomiting, use a teaspoon of baking soda in a cup of water as a rinse to neutralize stomach acids.
- **Wait 30 minutes** before brushing.
- Brushing with fluoridated toothpaste will reduce damage caused by vomiting.
- Brush and floss when not feeling nauseated.



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### What is Tooth Decay?



Tooth decay is an active process of tooth destruction resulting from interactions between teeth, food and bacteria.

For tooth decay to develop the following must be present:

- Teeth (host)
- Sugar (substrate/diet)
- Plaque (microflora/bacteria)

Other factors:

- Time - the length of time an individual waits to brush and floss after eating.
- Frequency - the more often an individual consumes high carbohydrate foods.

#### Bacteria that Cause Tooth Decay are Transmittable

The bacteria that causes tooth decay is infectious and can be easily transmitted from one person to another.

- First transmission of the bacteria takes place between 6 months to 30 months of age.
- The primary source of the bacteria is typically from the mother; other intimate caregivers and siblings are secondary sources of transmission.
- The higher the bacterial load in a parent or caregiver's mouth, such as untreated dental disease (cavities), the increased incidence of dental disease in their children. These children are at higher risk of developing oral diseases earlier in life.

#### Decay Causing Bacteria are Transmitted Through Saliva

Infection occurs when parents/caregivers:

- Allow infant to put their fingers in their parent/caregiver's mouth and then back into their own mouth.
- Share forks and spoons with the infant.
- Allowing infant to drink from someone else's cup or bottle.
- Allow family members to share toothbrushes or store toothbrushes where they may touch other toothbrushes.
- Pre-chew and/or temperature test foods with their own mouth or taste infant's food.

All of the above behaviors are acceptable as long as the parent/caregiver's mouth is clean and healthy. Parents and caregivers need to make sure their own mouth is healthy so they do not pass on decay-causing bacteria to their children.



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Prevention of Tooth Decay

Use of fluorides, including tooth brushing with fluoride toothpaste is the most effective way to prevent dental decay. Note: Parents or caregivers of young children should brush and floss their children's teeth until they are able to do it properly (usually age eight or nine).

#### Risk Factors for Dental Disease in Children:

- Poor oral hygiene in child, parent or guardian.
- Untreated dental disease in parent or primary caregivers. Risk decreases to low during the first year after all necessary dental treatment is completed and a good oral hygiene regime is maintained.
- Prolonged bottle usage with any liquid other than plain water.
- Frequent snacking on high sugar or sticky snacks (candy, raisins, fruit leather, etc.).

Dental disease in childhood is considered an indicator of future oral health status.

#### Guidelines on Preventive Dental Care/Fluorides:

(Recommended by Medical Service Branch, Health Canada October 25, 1996)

Age of Child	Regimen	Delivery
Note: A child must know how to spit before using toothpaste, which is usually between the age of three and six.		
0 - 3 years	Brush without toothpaste or clean with a cloth twice a day.	Parent/caregiver at home
3 - 6 years	Brush with a pea-sized amount of fluoridated toothpaste twice a day.	Parent/caregiver at home and/or school programs
6 - adult	Brush with a pea-sized amount of fluoridated toothpaste twice a day.	At home and/or school programs

#### Fluoride Varnish

Fluoride varnish can be safely applied as soon as teeth start to erupt. A dental professional should assess the need for fluoride varnish based on current risk factors for the infant or child and reassess annually.



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References: Generations of Healthy Smiles - Children's Oral Health Initiative Aide Training Manual, First Nations and Inuit Health Branch, Health Canada

## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

## Suggested Positions for Providing Oral Care to Children

### Cleaning an Infant's Teeth

Begin an oral hygiene regime even before the teeth erupt:

- Lay the child down on the floor or couch, with his/her head on your lap.
- Wrap a clean facecloth, moistened with plain water around your index finger.
- Gently wipe all gum surfaces and erupting teeth.
- Introduce a small soft bristled toothbrush when the molars erupt.

### Brushing a Toddler's Teeth

- Lay the child down on the floor or couch, with his/her head on the parent's/caregiver's lap.
- Use a soft toothbrush, placing bristles at an angle where the gums and teeth meet. Using gentle circular strokes, brush all tooth surfaces including the inside, outside and chewing surfaces.
- Move the child's head to access different sections of their mouth.

### Brushing an Older Child's Teeth

- As the child gets older, allow him or her practice on their own. Parents are still required to brush the child's teeth until the child is able to print their name - proper brushing requires a level of dexterity similar to that required by printing.
- Standing near the sink, positioned behind the child, gently support their head and neck as they tilt their head back.
- Toothpaste can be introduced if the child can spit.
- Use only a pea-sized amount of fluoridated toothpaste.
- Use a soft toothbrush, placing bristles at an angle where the gums and teeth meet. With gentle circular strokes, brush all tooth surfaces including the inside, outside and chewing surfaces.
- Move the child's head to access different sections of their mouth.

### Flossing a Toddler/Older Child's Teeth

- Use the same positioning techniques as above, floss daily to remove plaque and food and plaque from between the teeth where the toothbrush cannot reach.



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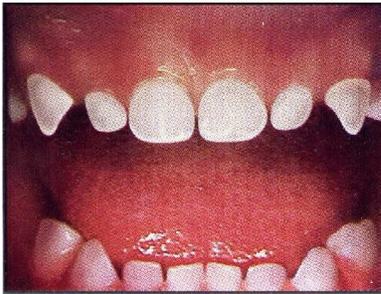
Bright Futures in Practice: Oral Health Pocket Guide: National Maternal & Child Oral Health Resource Centre

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### Oral Health Anticipatory Guidance

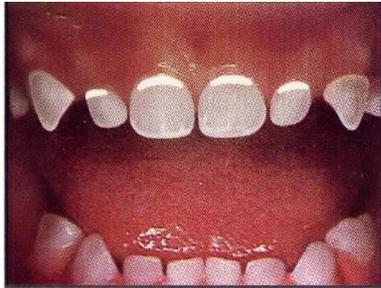
#### Lift the Lip

Parents and caregivers need to be taught to 'Lift the Lip' when cleaning the baby's and child's mouth. The upper lip needs to be lifted up and away from the teeth allowing a full view of the upper front teeth. Teeth should be wiped with a cloth or toothbrush to remove any plaque or debris to provide a clear view of the teeth. Demonstrate how to "Lift the Lip" and then have the parent or caregiver demonstrate their technique to ensure they understand the technique.



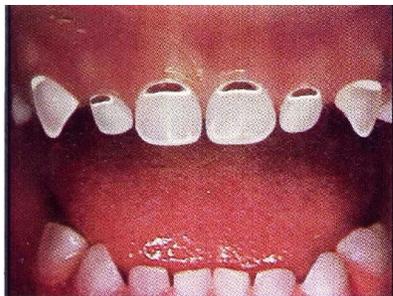
#### Cavity Free

- Demonstrate "Lift the Lip" to parents/caregivers.
- Provide age appropriate anticipatory guidance.
- Refer to oral health professional for preventive services.



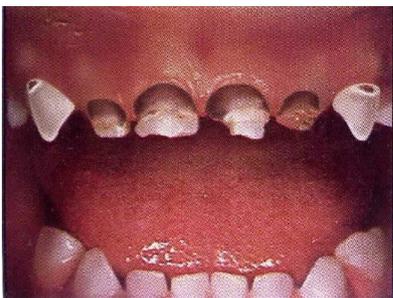
#### Early Decay (Decalcification) - White spots or lines close to gum line.

- Demonstrate "Lift the Lip" to parents/caregivers.
- Provide age appropriate anticipatory guidance.
- Refer to oral health professional for preventive services.



#### Visible Decay

- Demonstrate "Lift the Lip" to parents/caregivers.
- Provide age appropriate anticipatory guidance.
- Refer to oral health professional for preventive and treatment services.



#### Rampant Decay

- Demonstrate "Lift the Lip" to parents/caregivers.
- Provide age appropriate anticipatory guidance.
- Referral may be indicated for antibiotics/analgesics.
- Refer to oral health professional for preventive and treatment services.

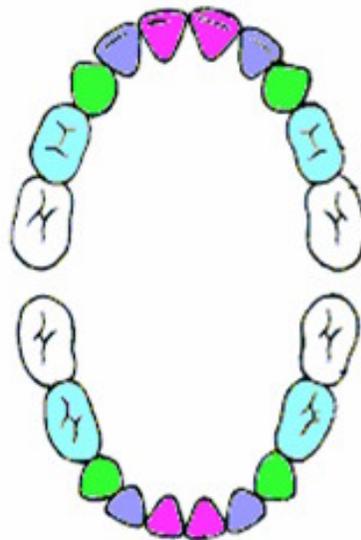
## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

## Tooth Eruption Schedules

### Primary (Baby) Teeth

- Start to form during the sixth week of pregnancy.
- Are the first set of teeth to appear in the mouth.
- The first tooth usually erupts between six and nine months of age.
- A full set of 20 primary teeth should be present in the mouth by the time the child is three years old.

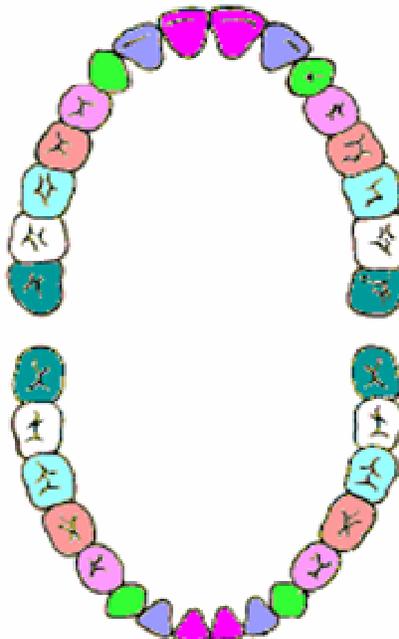


UPPER TEETH		
	<u>Erupt</u>	<u>Shed</u>
Central Incisor	8-12 mo	6-7 yr
Lateral Incisor	9-13 mo	7-8 yr
Canine (Cuspid)	16-22 mo	10-12 yr
First Molar	13-19 mo	9-11 yr
Second Molar	25-33 mo	10-12 yr

LOWER TEETH		
	<u>Erupt</u>	<u>Shed</u>
Second Molar	23-31 mo	10-12 yr
First Molar	14-18 mo	9-11 yr
Canine (Cuspid)	17-23 mo	9-12 yr
Lateral Incisor	10-16 mo	7-8 yr
Central Incisor	6-10 mo	6-7 yr

### Permanent (Adult) Teeth

- Permanent teeth start to form during the sixteenth week of pregnancy.
- Permanent teeth begin to come into the mouth at about age six, loosening the primary teeth and forcing them to fall out.
- The first permanent molar, which appears at the back of the mouth, erupts at approximately age six.
- An adult's mouth has up to 32 permanent teeth.



UPPER TEETH		<u>Erupt</u>
Central Incisor		7-8 yr
Lateral Incisor		8-9 yr
Canine (Cuspid)		11-12 yr
First Bicuspids		10-11 yr
Second Bicuspids		10-12 yr
First Molar		6-7 yr
Second Molar		12-13 yr
Third Molar		17-21 yr

LOWER TEETH		<u>Erupt</u>
Third Molar		17-21 yr
Second Molar		11-13 yr
First Molar		6-7 yr
Second Bicuspids		11-12 yr
First Bicuspids		10-12 yr
Canine (Cuspid)		9-10 yr
Lateral Incisor		7-8 yr
Central Incisor		6-7 yr



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Infant Oral Health

Promote daily cleaning of the infant's mouth as part of daily hygiene regime (eyes, ears etc.).

Parents and caregivers need to brush their own teeth everyday and visit their dental professional so their mouth will be healthy. This prevents the passing of a high bacterial load from parent or caregiver to the infant.

Encourage breast feeding as best way to ensure proper nutrition. Breastfeeding:

- Exercises the infant's mouth muscles and helps the jaw to grow normally.
  - Properly formed mouths help infants to have straight teeth and reduces the risk of problems with snoring and breathing while sleeping.
- Children should be laid on their back after feeding so that milk will be swallowed rather than staying in the mouth where it can put newly erupted teeth at risk for decay.

#### Healthy Primary (baby) Teeth are Important!

Primary teeth:

- Improve overall health.
- Are required for mastication of food - poor oral status impacts food choices.
- Maintain space in the mouth until the permanent (adult) teeth erupt.
- Are the foundation for normal facial growth and development.
- Assist the child in learning to speak.
- Impact self esteem.

#### Teething

Teething can start as early as 3 to 4 months or as late as 12 to 14 months of age. Chilled teething rings (not frozen) or chilled wet facecloths (moistened with water) given to a child to chew on will ease teething discomfort. Parents can also rub the gums with a facecloth, a clean finger or the back of a spoon.

Advise parents regarding the appropriate use of over the counter teething remedies.

What to avoid:

- Teething gels: The effect of teething gels only lasts for a few seconds. Using too much gel can numb an infant's throat, causing choking.
- Teething biscuits: Biscuits are a potential choking hazard and they often have a high sugar content, leading to tooth decay.
- Raw vegetables and other foods can cause choking if pieces break off.



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### **Soother/Pacifier Use**

The use of soothers (pacifiers) should be avoided until breastfeeding is well established and the infant has had time to establish good sucking muscles (approximately 6 – 8 weeks old).

- Soother should never be dipped in sugar, honey or anything sweet.
- Soothers need to be age and size appropriate.
- Soothers need to be checked often for small rips and tears as pieces may break off the soother creating a choking hazard. The soother should be discarded if any defects are found. Tears and rips are more likely to occur once teeth are erupted.

Checking a soother: Grasp the rubber tip in one hand and the handle in the other. Pull or stretch the rubber. Inspect for tears and cracks, including where the rubber is attached to the body of the soother. Discard the soother:

- When rips or tears are found.
- That is sticky and/or cracking due to age.
- After a child has recovered from any illness including colds.

#### **Scheduling of the First Dental Visit**

The Canadian Dental Association recommends a child's first oral examination should be scheduled at one year of age.

Where public health dental programming\* is available the first oral health screening or examination should be scheduled as soon as possible after delivery.

Many jurisdictions are facilitating one or more of the following: fluoride varnish programs; sealant programs; school based fluoride rinse programs and facility (school, Headstart etc.) based daily brushing programs. Please check with local agencies to determine what services are available and where parents can access them.

\* public health dental programming refers to :

Children's Oral Health Initiative, Health Canada  
Provincially funded children's programs  
First Nations dental programs



## Background Information for Health Professionals

### Oral Health Anticipatory Guidance

#### Introduction of a Cup

Lidless cups can be introduced by 6 months of age, by age one children should be drinking exclusively from a lidless cup.

- Cups with lids have been shown to damage the teeth as much as a bottle, especially those that require a sucking motion to provide liquids.
- Cups with lids having valves to prevent spillage require specific cleaning procedures which parents may be unaware of. Bacteria can proliferate in the valve.

Alternate methods to assist the infant to sleep without a bottle include:

- Rocking the baby to sleep.
- Providing a favorite toy or blanket for the baby to cuddle.

If the child is using a bottle at night, recommend slowly reducing the amount of pure juice or milk in a bottle to plain water. Children may be upset for a couple of days of bottle removal but will, if encouraged, be 'grown up' by using the cup. The fussing of removal of the night bottle will probably last a few days but toothaches last much longer.

#### Injury Prevention

- As children become more active, their risk of oral injury increases. Encourage parents/ caregivers to keep **emergency numbers** posted. Ensure **parents/ caregivers are aware** that child should not be allowed to sleep, walk or crawl with any objects (bottles, cups) in the mouth.

Some of the methods to protect the head, face and teeth from injury include:

- Utilize **restraint systems** such as car seat and seat belts to prevent and reduce trauma in the event of a motor vehicle collision.
- Install **socket covers** to prevent accidental shock and burns to the lips, tongue and mouth.
- Install **child-proof cabinet locks** to protect toddlers and young children from injury from the contents of cupboards.
- Install **baby gates** placed at both the top and the bottom of stairs can prevent falls.
- Utilize **helmets and protective mouth gear** when participating in sports or other activities (biking, hockey, etc.).

