

EARLY HEAD START TIP SHEET

No. 18

Infant/Toddler Oral Health Care, May 2004

Why does EHS address oral health care for infants and young children?

Response:

It is important that the oral health needs of infants and young children be addressed as early as possible and as a part of well child care, since dental disease in young children is preventable. By the time a child reaches the age of entry into preschool Head Start, it is often too late for prevention of tooth decay in these children. Families and staff are then left with the difficult task of locating immediate treatment.

A healthy mouth and oral motor function are necessary for normal speech development and eating food. When faced with oral problems or diseases, particularly tooth decay in primary teeth, children may have long-term health and developmental consequences. Pain, resulting from untreated tooth decay and chronic infection, interfere with children's ability to eat, sleep, learn and play. Many oral diseases, including tooth decay are preventable. Professional risk assessment to detect problems, provision of anticipatory guidance to parents, referral of children in need of services for care and appropriate use of fluoride and other preventive measures by children and their families can prevent the onset or progression of tooth decay or other oral diseases.

Good oral health is promoted by:

- **Prenatal oral health.** Infant oral health begins during the prenatal stage of development. It is important for program staff to review the pregnant female's oral health status and dental history and to counsel her about:
 - 1) Formation of primary teeth during pregnancy;
 - 2) Recent research that suggests a link between maternal gum disease, premature births, and low birth-weight babies;
 - 3) The potential to transmit bacteria that causes dental decay from her mouth to her baby's mouth; and
 - 4) Importance of and proper care of primary teeth for oral health and general health.
- **Infant oral care.** Even before the first tooth appears, gently cleaning the baby's mouth by using a damp, clean washcloth or gauze pad after feedings helps remove bacteria and allows the baby to get used to the cleaning process. As soon as teeth emerge, they are exposed to decay-causing bacteria and liquids or food. A soft bristled infant toothbrush may be substituted for the cloth or gauze. It is recommended that parents and caregivers consult with a dental health professional on the use of a fluoridated toothpaste for young children at risk for tooth decay. When fluoride toothpaste is recommended, a pea sized amount/tiny smear of fluoridated toothpaste should be placed on the toothbrush and the brushing should include supervising that the child does not swallow excessive amounts of fluoride. Children should have their teeth brushed at least twice each day, especially after meals or snacks and at bed time.
- **Good dietary habits.** Diet and nutrition also are key factors in children's oral health and overall health. It is important for programs to evaluate menu plans to ensure they incorporate nutritious foods that are low in sugars and are developmentally appropriate for infants and

young children. Feeding policies may consider providing meals and snacks at scheduled times versus providing snacks or frequent feedings throughout the day. Frequency of eating, rather than quantity of sugar consumed each day increases the child's risk for developing tooth decay.

To decrease the likelihood of early childhood caries, previously called baby-bottle tooth decay, Head Start Program Performance Standard 1304.23(c)(5) states that babies are not laid down to sleep with a bottle. A child should not be put to bed with a bottle or tippy cup containing milk, formula, juice, or any other liquid that contains sugar. The upper front teeth are usually the first to be affected, but the decay process can quickly damage other teeth.

- **Evaluation of fluoride status.** Fluoride is the most effective agent to prevent tooth decay. It can be added to community water supplies, as needed, and occurs naturally in some areas. However, a number of communities needing additional fluoride have not added it to their water. In addition, some wells may not contain enough fluoride to prevent tooth decay. Children on well water need to have the well tested for fluoride prior to use of fluoride supplements to ensure the water has the correct amount of fluoride. Early Head Start staff and parents should be aware that purchased bottled water usually does not contain enough fluoride to prevent tooth decay. Fluoride supplements, which can only be prescribed by a physician or dentist, should be utilized in fluoride deficient areas. Programs should include information in their community assessment to determine the fluoride status of their water supply and families' current use of fluorides.
- **Use of antimicrobials and topical fluorides, when appropriate.** Fluoride in toothpaste or varnish can be applied topically to young children's teeth. Varnishes can be quickly and easily applied by health professionals at the Early Head Start site or in a clinical setting. Other products, such as chlorhexidine rinses (prescription only) or mints or gum containing xylitol, can be used by parents or other caregivers to reduce their level of decay-causing bacteria.
- **Dental visits.** Numerous national dental, medical, and public health organizations, including the American Academy of Pediatrics, recommend that children receive their first oral examination by age one. Early Head Start programs should help families find a dental home for the child's subsequent check-ups at intervals based on a risk assessment and determined by an oral health professional. Many families and Early Head Start programs find it difficult to access oral health care for infants and young children for a number of reasons. Some families may have to travel several hours to obtain dental care for their children. Some dentists are unwilling or have not been trained to provide care for infants and young children, or do not participate in their states' Medicaid or Children's Health Insurance Program. Many states are attempting to correct this situation by training oral health professionals and non-oral health professionals, including physicians, nurses, and dietitians.

Questions to Consider for Planning and Programming:

- How is the Health Services Advisory Committee working with the local medical/dental community regarding such topics as onset and frequency of dental visits, access (including transportation, reimbursement), provision of oral health screening and examinations, prevention of early childhood caries, appropriate fluoride recommendations, as well as appropriate menu planning?
- How has the program partnered with pediatricians and other health professionals to provide oral health screenings during well-child visits?
- How are parents educated about the importance of good oral health?

- What are the policies regarding proper cleaning of infants and young children's mouths?
- How does the program promote good dietary habits that prevent oral diseases?
- What training opportunities around oral health issues are available to staff?
- What does the community assessment report about the fluoride content of the community's water supply(s)? Are families drinking public water, private well water, or bottled water? How does the program work with local medical/dental community to provide fluoride supplements and topical fluorides if needed?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.20(a)(1)(ii) Determining child health status. In collaboration with the parents and as quickly as possible, but no later than 90 calendar days from the child's entry into the program, grantee and delegate agencies must obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health.
- 1304.20(c)(3)(i)-(ii) Dental follow up and treatment must include:
 - (i) Fluoride supplements and topical fluoride treatments as recommended by dental communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and
 - (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.
- 1304.23(b)(3) Staff must promote effective dental hygiene among children in conjunction with meals.
- 1304.23(c)(5) Infants are held while being fed and are not laid down to sleep with a bottle.

Resources:

American Academy of Pediatric Dentistry (AAPD). www.aapd.org

Children's Dental Health Project. **"Keeping Health in Head Start: Lessons Learned from Dental Care."** 2003.

<http://www.cdhp.org/system/files/5.%20Keeping%20Health%20in%20Head%20Start%20Lessons%20Learned%20from%20Dental%20Care.pdf> (accessed August 14, 2010).

Dental Care for Infants and Women. Oregon Health and Science University (OHSU) Health Information. <http://www.ohsu.edu/xd/health/health-information/topic-by-id.cfm?ContentTypeId=85&ContentId=P00887> (accessed August 14, 2010).

Head Start Bulletin, 71: Head Start and Partners Forum on Oral Health. DHHS/ACF/ACYF/HSB. 2001.

Infant Problems of the Teeth and Mouth. OHSU Health Information.

<http://www.ohsu.edu/xd/health/health-information/topic-by-id.cfm?ContentTypeId=90&ContentId=P01859> (accessed August 14, 2010).

National Maternal and Child Oral Health Resource Center (OHRC). DHHS/Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB). <http://www.mchoralhealth.org/knwpathoralhealth.html>

- **Head Start.** <http://www.mchoralhealth.org/HeadStart/index.html>

Oral Health Bibliography. 2002.

<http://www.nd.edu/~jwarlick/documents/OralHealthBibliography.pdf> (accessed August 5, 2010).

Oral Health in America: A Report of the Surgeon General. May 2000.

<http://www.surgeongeneral.gov/library/oralhealth/> (accessed August 14, 2010).

Oral Health Educational Tools and Resources. Healthy Schools! Healthy Kids! Oral Health Initiative. 2002. www.health.state.ri.us/disease/primarycare/oralhealth/tools_resources.pdf (accessed August 14, 2010).

Oral Health Resources. DHHS/Centers for Disease Control and Prevention (CDC).

www.cdc.gov/oralhealth/

Policy Statement: Oral Health Risk Assessment Timing and Establishment of a Dental

Home. AAPD. <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;111/5/1113.pdf> (accessed August 14, 2010).

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.