

## **Five Key Oral Health Messages to Share with Pregnant Women and Parents**

Robinn Yu: Welcome, everyone, and thank you for standing by. My name is Robinn Yu and I'm the program assistant for the National Center for Early Childhood Health and Wellness. I'm pleased to welcome you to today's webinar, Five Key Oral Health Messages to Share with Pregnant Women and Parents.

Before we begin the presentation, I do have some announcements for you. All participants will be muted throughout the presentation portion of the webinar. There is a slide presentation being shown through the webinar system. If you have a technical question, please type in the chat box and we'll answer you or message you privately.

There is a lot to cover within the next hour. You may submit your questions at any time by typing it in the chat box on your screen. We will answer some questions right away. For any questions that we do not have time to answer during the webinar, we will address it after the webinar. Immediately following the webinar, you will be directed to the survey feedback. At the end of the survey, you will be able to download a copy of your certificate. The webinar is being recorded, and a link to an archive version of the webinar will be sent out to you — It will be sent to your email. And now I'll turn it over to my colleague, Beth Lowe.

Beth Lowe: Thanks, Robin. Hi, everyone. I'm really delighted to see so many people interested in oral health. The one thing that I want to try to do today with this is to make sure that it's very practical, and in a way that you'll be able to share the information easily with parents. So, if you find that you don't understand anything, which I don't think will be a big issue, just jot it down in the chat box, and we'll definitely address it later on.

So, before we get started, I want to get a little bit of info from you about what you think is the most important oral health message to share with pregnant women and parents. And you can separate them. If it's for pregnant women, just say that's a message for pregnant women. If it's for parents of the children that you serve in your program, you can indicate that. But just give me an idea of what you think some of the most important oral health messages are. And I see lots of people are starting to type. I'm anxious to hear what you're saying.

So, pregnant women, Colleen says that it's safe. Jackie is oral health affects all health, and it's safe and important to go to the dentist from Ina. Those are all great statements. Importance of oral health care while pregnant. Excellent baby teeth are important. Oh, this sounds wonderful. You guys sound like you all are giving all the right messages, and that it's going to be a really easy thing to do to help pregnant women and families with their oral health care. That is really awesome. So, let's go into what the five kinds of key messages. And you will see that, with these — these messages, that they can be a little bit complicated. There's a lot of factors to them.

So, what we're going to do today is explain the importance of limiting food and drinks with added sugar. And I should say natural and added sugar on that. Explain why children should drink water throughout the day. Discuss approaches for brushing twice a day using fluoridated

toothpaste, why an age one dental visit is important, and why good oral health is important during pregnancy, which you've already alluded to already with your comments in the chat box.

So, let's look at the first message, limiting foods and beverages with natural or added sugar. I imagine many of you have seen this equation before, but it's always kind of important to remind people about it. You know, tooth decay is a multifactorial disease. It's caused by bacteria when that bacteria which lives normally in your mouth comes into contact with sugar, and primarily refined sugars. So, you know, all the candies and sweet things that you warn people about, but it also will include refined flours that have refined sugar in them.

So, your crackers and your Goldfish, a variety of different kinds of things that are fed as snacks to young children will have sugar that's readily accessible to that particular bacteria. And the bacteria start to break those sugars down in the mouth. And the byproduct of that consumption of the sugar is an acid. And so when there's an acid present in the mouth, then what that does is it will start to what we call demineralize, or start to pull the minerals out of the tooth surface. And that makes the tooth structure less sound and more resistant, or less resistant to the continued work of the acid.

So, then you end up with tooth decay, which is essentially just a hole in the tooth. So, what we want to do is to try to break up that equation during the day each day. So, one of the things is to really watch how frequently you eat and drink foods with sugar, added and natural sugar. So, what we want to see is we want to see regularly scheduled meals and snacks. So, see where these peaks are on the fewer acid attacks — like, if you ate three meals a day, you would have an acid attack at those three times because you have to have sugar for the body to be able to make it, you know, fuel the body and make it perform well. So, the acid is in the mouth. Each time you have something with sugar, acid is in the mouth for anywhere between 20 to 40 minutes after you consume that item.

And then it quickly drops off to where there's no acid present in the mouth. It's just in a neutral state. And then, say, at lunchtime, you get the other acid attack. And then dinnertime, the same thing. So, in that particular situation, based on the 20 to 40 minutes, you're going to be having an acid in your mouth for anywhere between 60 to 120 minutes for the day. Now, if you've snacked frequently, you can see the number of peaks where there's an acid attack. And in this particular example, there's nine acid attacks here. So, with that, you're going to have 180 to 360 minutes, or three to six hours of time when the acid is in the mouth attacking or trying to demineralize the tooth surface. So, that's one of the things that we really want to stress with frequent snacking. And children need to eat a little more frequently because they have smaller stomachs. So, if you added another, like a regularly scheduled snack in between breakfast and lunch and between lunch and dinner, you're still going to be having a lot less acid in the mouth throughout the day than you would if you just let a child graze throughout the day.

So, that's really kind of a key part of helping to prevent tooth decay. It's not just brushing and flossing. We do have to kind of keep an eye on how frequently and what kinds of things that you're eating and drinking. So, another part of that that falls into that whole thing is bedtime routines. You know, there are a lot of parents that — well, not a lot, so many anymore, but there are some where they put their baby to bed with a bottle or a sippy cup containing milk or

juice. Some even do soda. It keeps the baby quiet and soothes the baby, and then the baby falls to sleep. But what ends up happening is, at night, we don't produce as much saliva, which also buffers that acid, as well. And then if the baby has teeth, then the baby will have all that sugar pooling in their mouth. And then you've got the bacteria that's working on that, too. So, as soon as a baby's first tooth comes into the mouth, it is susceptible to tooth decay.

So, one of the other things you want to do is to clean the baby's teeth after the last feeding and before going to sleep. And this is true with toddlers, as well as any other child. The last thing that should touch their teeth before going to bed is their toothbrush. They can have a glass of water, but generally, we like to have them go to bed with really clean teeth and nothing that can cause the tooth decay. The other thing that has also been recommended is to wipe the baby's gums even if the teeth aren't present. And one of the reasons, or the primary reason for this is the child will be a lot more compliant later on when they're a 2- and 3-year-old and having someone working in their mouth or when they go for their first dental visit to have someone working in their mouth. They're kind of conditioned to that, and conditioned to having a nice, clean mouth. Now, the American Academy of Pediatrics has a nice program that kind of helps to set this bedtime routine. And it provides a predictable routine for the bedtime.

So, what it is is brush, book, bed. Some people have added bath before brush, but you know, the first thing you do, it kind of gets them started so the child knows it's time to settle down, it's time to get ready for bed. So, they get their teeth brushed, you read a book before you go to bed.

Oftentimes, let the child pick the book out. Maybe one, maybe two. And then — which helps to promote literacy for young children. And then they go to bed, which will kind of wind them down and get them to go to sleep faster. So, it helps both parents and children. Just in terms of the limiting sweets, or limiting drinks with natural sugar, fruit juice, if a parent decides wants to give their child fruit juice, the AAP, the American Academy of Pediatrics, came out with a relatively new recommendation that they changed the old recommendation that you're now should wait till age one before serving juice to children. And the amounts are pretty small.

Between the ages of 1 to 3, only serve four ounces a day. After three, you can serve no more than six to four ounces. Only use 100 percent fruit juice. Again, that juice from the fruit is — even though it's been put down into a juice, it still has a slightly different kind of sugar than you would with a juice that has added sugar. Since you're starting to wean a child at age one, try to serve juice in a lidless cup. Never serve it in a sippy cup. The reason that that's recommended is because sippy cups children tend to carry around and then sip at will, which, again, going back to our graph where there's the large — the multiple numbers of acid peaks, we really don't want that. So, having them sit at their high chair or table and drink their juice out of a lidless cup is much better than having them run around with a cup, a sippy cup of it. And then, of course, fresh fruit is much healthier than juices. When you're eating fruit, you're getting all of the vitamins and minerals and the fiber, which you wouldn't get with a juice. So, especially the fiber part. So, cutting up the fruit into bite-size pieces so that they're not a choking hazard is important, but it is much better to feed a child, a young child fruit, rather than juice. So, then the other part was once your child is a little — the child is a little older, you know, you want to limit the snacks with added sugar. So, don't reward kids for good behavior using sweets. It's not

a recommended practice. And then stick to water and unflavored milk for drinks during the day. And then comfort or, you know, hug a child with kind words or non-food items like stickers that help to make them feel special, so that it really is trying to avoid the rewarding children with food.

You know, I know a lot of folks have used M&Ms or other sweets when they're trying to potty train a child. You know, these are not great habits to get into. Plus, you're putting your child at much greater risk for developing tooth decay and developing a sweet tooth, which would develop into tooth decay problems. So, let's do a poll here, Robin. Here's a list of drinks. Yeah, everything else is fine. Yeah, here's a list of drinks that you can check the drinks that do not contain natural or added sugar in it. See how we do with that. Now, the only drink that's on this list that does not contain natural or added sugar is water. Milk has a sugar called lactose. It's not as readily available to the bacteria, which is one of the reasons that it's harder for the bacteria to break that sugar down, which is one of the reasons we like to have children drink milk. But all of the others have either natural or added sugar.

And these are drinks that can be avoided as snacks or whatever. Okay, let's close this. Okay, so the next message, message number two is to drink water throughout the day. This is a good message for everybody, just not children. There's a lot of benefits to drinking water. Moving nutrients through the body, getting rid of body waste, promoting healthy weight, strengthening your teeth, because if you live in a community that has fluoridated water, that will incorporate itself into the children's developing tooth, permanent tooth structure, and help to make the teeth stronger and more resistant [Inaudible]. It's a way to rinse out and clean your mouth. It fights dry mouth, and it does not contain sugar. I think it's one of the only drinks out there that doesn't contain sugar. And I mentioned this before. We should only be having water in the sippy cup.

They think that, they've discovered that, you know, there was a big increase, or a significant increase in young, young children having tooth decay. And some of it was attributed primarily to juice, because parents are thinking that they're giving their child a really healthy drink, and in reality the child has got a sippy cup and they're walking around with this juice that's loaded with sugar. So, that's one of the reasons that we suggest only water in a sippy cup. And it shouldn't be used at nap or bedtime, unless, again, it only has water in it. And then there are different varieties of ways to help encourage children to drink water. We did a brush-up on oral health issue on that a while ago. And basically what it says is, to make it fun, some of the ways that you can do that are with funny straws or using favorite cups or letting a child pick out their own water bottle. Speaking of water bottles, keep it portable so that you can carry it with you so it's available whenever the child is thirsty. You can flavor it with non-sugared items, so things like fruit with strawberries. You can use vegetables, like cucumbers, and even herbs, like mint. You can get some interesting shaped ice cube trays.

And in my house, we have stars and hearts. And I think we even have dolphins. And the other thing you can do is kind of combine the flavor and ice it, and also freeze fruit and have that be either your ice cube or have it frozen in ice, like blueberries or something like that. Make it available. I know a lot of Head Start programs, especially when the kids are outside, they might have a water station. Those can be made at home just by having a pitcher of water on a stool or

a chair so a child can get a drink. Water is a lot easier to clean up than all the other sticky juices and other things. And then, of course, model it. You know, be sure and encourage parents to drink water. Let the child see the parent drinking water, as well. So, those are good ways to encourage water drinking at home.

Okay, let's talk about message number three, brushing with fluoride toothpaste twice a day. Okay, we've got another poll, Robinn. How many bacteria are on each tooth of a person who practices good oral hygiene? Now, this may be a guess for a lot of people, but — so we're doing the 1,000 to 100,000. So, most people are saying a million to 100 million bac — or 10 million bacteria. Leave it open just a little tiny bit longer. And okay. Now remember, this is on each tooth. This isn't in the whole mouth. This is on each tooth. Okay, let's close the poll. We've got about — oh, some people have changed their answers. So, the answer is 1,000 to 100,000 bacteria. That's on how much is on each tooth of a person who practices good oral hygiene every day. So, that's brushing at least twice a day with fluoridated toothpaste and flossing once a day. Now, the interesting thing is, for people who don't practice good oral hygiene, it's 100 million to a billion bacteria. And the average person — and that's per tooth. And the average person has between 32 and 28 teeth in their mouth. So, you're getting about anywhere between 28 to 32 billion bacteria in your mouth if you don't take care of your mouth every day.

So, don't practice good oral hygiene. So, that's just a little food for thought. A couple of folks have told me that it is good ammunition for them to share with their children. So, hopefully, we've put that to good use in the past. Let's go on to the next. So, when you brush with fluoride twice a day, the important thing to remember is fluoride prevents tooth decay. And the toothpaste of the fluoridated toothpaste works in three different ways. One of the things that it can do is it can repair very early stages of tooth decay. So, when you've got what we call white spot lesions, where the tooth has decalcified or a lot of the minerals have come out of it, it will appear white and chalky on the tooth surface. And that can be repaired by having fluoride added back into that — that tooth surface.

The other thing that it does is it interferes with that bacteria's ability to multiply. So, remember those 10 to 100 million to a billion bacteria? It will interfere with that, because the bacteria takes about 24 hours to start to multiply itself. And then it also interferes with the bacteria's ability to make acid. So, it really does work effectively in three ways. Always use a soft bristle brush made for children. There are brushes made for infants and then there are brushes made for toddlers, like the photos here show brushes that were made for toddlers. The infant brushes are even smaller than that. And then for children under age three, use a smear or a rice-sized amount of toothpaste. And that is the photo on the left. And generally, the best way to do that is to take your toothbrush or the toothpaste tube, very, very slightly pinch it so that just a tiny amount of toothpaste comes up from the top, and then brush it horizontally across the tip of the brush. That'll give you about the right amount of toothpaste to use for a child under age 3.

And then for children ages 3 to 6, you use a pea-sized amount of fluoridated toothpaste. And that's a good picture to show the amount there. And then you can brush in gentle circles on every surface twice a day. So, the key with that is to have an adult brush the child's teeth. And of course, because children don't have this manual dexterity to be able to clean their teeth effectively. And I'll show you a couple of positions that you can put a child in to brush their

teeth, depending on how cooperative the child is. But generally, children shouldn't be brushing their own teeth until they're about ages 7 or 8. We say that when they can tie, but so many shoes are Velcro now, that we're you know, kind of going more to the age — the age around. The other thing though too is a child is also going to be really independent, especially your two and your 3-year-olds. So, they're going to want to do it, which is fine.

It's good to let them brush their own teeth. But then you can come in, or the parent can come in afterwards and make sure that the parent tells the child they're going to get the spots that the child might have missed. So, here are some of the different positions you can have. You can have your child stand and you stand behind them. Or put your child in your lap and have them rest their head against your shoulder. Another is to lay a child in your lap. And then this last picture here on the right is our non-compliant child who fusses and wiggles. And this mother has wrapped him up. She's sitting on the floor, which you can't really see. But she's sitting on the floor with him lying his head on her lap and she has her legs crossed across his chest to hold his arms in place. And generally, no fuss. But then once it's done, because it doesn't hurt or anything, they're up and happy and fine.

The other thing is to make sure to follow a pattern when brushing so that you and or the parent will make sure that you get all of the teeth brushed. And so a lot of times they do all the outside, starting on the top right going around to the top left, then going down to the bottom left and all the way to the right, and then doing the insides that way. And then don't forget the chewing surfaces of the teeth because the back molars actually can have some deep pits and fissures and grooves that need to be cleaned out. And then gently brush the child's tongue. This is a really good way to address any kind of bad breath. I know my daughter was telling me that my grandson was having really bad breath. And I'm like, well, why don't you try brushing his tongue? And she called me a couple of days later and said, that really did the trick. So, that's a really good way to keep your breath fresh, as well.

So, let's talk about getting an oral health visit by age one. So, the American Dental Association, the American Academy of Pediatrics, and the American Academy of Pediatric Dentistry all recommend that a child see their dentist by age 1. Because remember, we talked about a little bit earlier as soon as the first tooth comes into the child's mouth, it's susceptible to tooth decay. And as a hygienist, I've seen many 2-year-olds with what we call bombed out teeth. It looks just like teeth are just shells of themselves. And so that's the kind of thing that we want to avoid. So, when the child goes to their first dental visit, usually they're relatively short. They're pretty easy. There might be some crying. But it's a great opportunity for the dentist to check to see if everything looks normal and if there's any early signs of oral health problems. And if a child cries, then oftentimes their mouths are open and it's a lot easier to see.

Usually what they do is they use a knee-to-knee exam process, where you can see that the dentist has the child's head on his lap. And then the mother has the bulk of the child's body on her lap with the child's legs wrapped around the mom's waist. And then she can actually hold the child's arms down to keep them from grabbing at things. You're encouraged to bring toys, blankets, favorite things that help make them comfortable. And then during the appointment, the dentist might talk about what the fluoride needs are. They'll ask the family what kind of water they're drinking. Are there any oral health habits like thumb sucking or pacifier use that

the parent might be concerned about? They'll teach how to clean the child's teeth. They could provide some preventive care, like fluoride varnish. And one of the other great benefits of an age one dental visit is you're getting the child accustomed to going to another place and having someone look inside their mouths. You can generally expect the 2-year-olds to be more uncooperative, I would say. Or pre-cooperative is what we call it.

And so that tends to be more where the crying is. But often, as soon as a child's done, they're back in their mom's lap. And generally the crying stops pretty much immediately. So, I know that locating oral health professionals can be kind of a challenge, especially for families who are enrolled in the Medicaid program. So, there's a variety of different kinds of places that you can look for in your area to see if any of these types of practices are available — different kinds of community free clinics, mobile dental programs. There are still a number of private practices who will see Medicaid-eligible children. And we're noticing that more legislatures are starting to approve dental therapy in the state. And these are a mid-level provider who can diagnose for tooth decay and provide restorative care. They often have a relationship with a dentist, or they all have relationships with the dentist that they work under their supervision. So, if you live in any of these states, you might want to take a look at these and see if any of these oral health professionals are available to you.

The other thing too is on the insuredkidsnow.gov site, there is a Find the Dentist Wiki there that you can identify your state or your zip code. And then it should tell you what dentists are available in the area that provide oral health care to folks who are on either a sliding fee scale or on Medicaid. And then we also did a "Brush Up on Oral Health" issue on finding oral health care in September of 2017. And that is up on ECLKC as well. So, you can take a look at that on ECLKC. So, let's talk about oral health during pregnancy then. I was just checking to see if there were any questions. But it doesn't look like any questions have come in. So, I'm hoping that we'll save those for the other. But I'm also seeing a lot of good suggestions as well. So, this is terrific. So, let's do another poll. Robin, you want to pull that one up?

So, the question is — this is a true false question. Babies take calcium from their mother's teeth during pregnancy. Is that true or is that false? Wow, we got a fast response on this one. Lots and lots of trues, a few falses. Let's close the poll. Actually, babies do not take calcium from their mothers teeth. In fact, it usually comes from their mother's bones. And it generally only happens if the mother has an inadequate calcium intake during her pregnancy. And then the calcium loss is quickly made up in the bones after the feeding is stopped. So, the answer to this is false. Babies do not take calcium from their mother's teeth during pregnancy. So, let's quit that poll. So, oral health care in pregnancy is actually very, very important because a woman's oral health is important to her overall health. And overall health is important to a healthy pregnancy. So, there's limited information.

There may be a correlation between poor oral health— particularly gum disease and adverse birth outcomes. But the research that's out there hasn't made a definitive causal link to that. So, we can't say that gum disease during pregnancy can cause low-term or preterm births. But if a woman doesn't have periodontal disease or gum disease, her mouth is healthy. Her body is healthier. So, it helps to keep her with a more healthy pregnancy. And our big concern is that mothers who have untreated or active tooth decay or don't take good care of their teeth can

pass the bacteria that causes tooth decay from the mother to the baby. Remember, that statistic about the number of bacteria per teeth in a mouth of someone who doesn't take care of their teeth — between 100 million to 1 billion per tooth. That's a lot easier to transfer that amount of bacteria from one person to another than it is if you have much smaller amounts like the 1,000 to 100,000 bacteria if you are taking good care of your teeth. So, that's one of the reasons that we really care about it. The other thing is, the earlier a baby acquires that bacteria, the chances of them developing tooth decay in their baby and their permanent teeth increases significantly. So, we want to avoid tooth decay in the primary teeth altogether because primary teeth are really important for growth and development because they can eat healthy foods for speech. Teeth are a key part of speech development or a healthy smile, their appearances. Children can be kind of ruthless once you get in there into school.

And there are a number of children that become withdrawn if they have silver teeth or missing teeth earlier than everybody else does, or have active decay. And the other most important reason is that the primary teeth hold the space open for the permanent teeth that come in at different intervals in the child's life — so like the molars that they have in their back teeth, like their first baby molars and their second baby molars. They're going to be keeping those teeth until they're anywhere between 12 and 14 years old. And so we want to have those teeth in there to hold the space for the permanent teeth underneath them to come up. So, one of the primary issues that women have during pregnancy is mainly with their gums.

They can have some issues with tooth decay. Again, it depends on how frequently they're eating throughout the day, what kinds of snacks they're eating. We'll go into that in a little bit. But the gum tissue is really responsive to the bacteria. The hormonal changes make your gums much more responsive to the bacteria that is around the teeth.

So, when you have a healthy mouth, you want to see really tight pink gums. People who are African-American or from southern climates can have some melanin in their gum tissue. That looks that's just fine. But what you want to do is see tight gums that have knife-like edges. They go up high in between the teeth. You can see that this almost looks up here like there's a little bit of the dimpling that's on an orange. This is called stippling. That means the gums are really, really healthy. Now, when you get pregnancy gingivitis — this is a mild case of it. You can see how the gum tissue isn't quite so tight and adheres to the tooth surface. You still see a little bit of stippling up in here. The gum tissue up there is pretty healthy. But see it's much redder. And if you brush your teeth with gums like that, they're going to bleed. Bleeding is always a sign that you're not cleaning well enough. And it's not a reason to stop brushing. In fact, you should be trying to be doing a better job of it. And then if it continues — and you can get gingivitis whether you're pregnant or not. So, if you become pregnant and you have gingivitis, you can rapidly move to something like this where it's more moderate.

You can see the redness is going up higher on the gums. You're starting to get some deposits on the teeth. And here, you're seeing the gums start to bulge a little bit. That's the swelling. These will definitely bleed. This person needs a really good cleaning. And then the severe — we call this periodontitis, or gum disease. And the severe version of it is you can see it's all flattened. And the gum tissue is all flattened out between the teeth. Down here, you can see that there's a lot more deposits down there, as well.

And so this is the part that we want to avoid because this is where people can start to lose teeth. The teeth become mobile because this infection is going down into the bone and you start to lose bone when you're in a situation like that. So, some of those wives tales about losing a tooth for each child — that comes from this kind of thing. They may not have had the best oral hygiene in the world, and the pregnancy has exacerbated the gum disease a little bit. So, like everybody is really glad to see is that one of the messages is that receiving oral health care during pregnancy is safe. The American College of Obstetrics and Gynecology, the American Dental Association, a number of federal agencies all got together about five or six years ago and looked at the research, looked at the science, and put together a consensus statement that indicated that having dental care during pregnancy is safe. And that includes getting x-rays, any kind of pain medication, and local anesthesia or Novocain can do that.

And there is a variety of different kinds of medications that you can take during pregnancy, but it's always important to check with your OBGYN first. The other thing is it's important to get the oral health care that's needed before the baby is born. Once the baby's born, you've got a whole new ball of wax there. You're not going to have a lot of time. So, it's important to have all your ducks in order on your own health or the woman's own health before the baby's born. And then at the visit, tell the dentist that you're pregnant and have the women tell the dental practice when their due date is. One of the reasons they like to know the due date is because if there's any work to be done, probably the most comfortable time to have it done is during the second trimester. It can be done anytime during the pregnancy. But that's when pregnant women are most comfortable. Generally, through the morning sickness phase, if they have morning sickness, and then in the last trimester it can be really uncomfortable to be lying on your back on a chair in the dental practice. So, it's generally done during that second trimester for the comfort of the pregnant woman. So, some of the resources. Let's talk about some of those. Now, each message that I gave you today— we've developed a hands-on activity instruction that you could use in parent education sessions.

Or a health fair, like if you wanted to just work with pregnant women on messages for pregnant women, or health messages. We have a bingo game that you can use. It's an educational bingo game, if you want to do something about promoting or drinking water throughout the day. There's a variety of different — we set up a water station where you can make flavored water. And the folks who do it, you know — we have a variety of different kinds of things that they can flavor the water with. And you can see from this photo up here on the drink water throughout the day that there are multiple different items that are going in there. We also have a demonstration on what happens during the tooth decay process that has been really highly liked. They've been liked a lot. It's using an anti — I'm blanking on the word. Like an antacid kind of thing. And then you put it in water, which simulates saliva.

And then if you put baking soda in it, then it causes it to bubble up. So, that kind of demonstrates the acid that's formed after the sugar is ingested in the mouth. And then we also have in the colored water that's basically colored vinegar. That will do the same thing. You'll get the same reaction. So, you can see the acid being produced. And then as you talk about a little bit more, okay, it's time. Let's take another drink of soda. And it will do this for a long period of time so you can reinforce that each time that they're seeing that bubbling, that's the acid that's being produced and it's being regenerated each time you do it.

On the age 1 dental visit, we've used — we've used the puppet to kind of just demonstrate what happens during the visit. You don't have to use a puppet with teeth. There's a variety of — you can use dolls. You can use other stuffed animals, just to show the positioning and the kinds of things that you're going to use. With the fluoride toothpaste, we're showing different positions that you can use. In this one they also put the right amount of toothpaste for a 2-year-old and the right amount of paste toothpaste for a 4-year-old on a child's toothbrush.

And then, for each one of these, we have instructions for the parent education so it provides a description with the materials that are needed. And then it talks about the steps and what you can talk about which we don't have. It's on the other side of this particular document. So, those are available in the files for download. You can download instructions for each of those stations. I have the photos, the bingo games, some of the things that you can use to set those stations up. If you want to email me, I can send those to you. If you want just one or all of them, let me know and we can get them sent. I can email them back to you because you've actually gone through the training now for each of these different steps.

So, then there's a variety of different resources that we have. Pretty much all of these are available in Spanish as well as in English. The brush up on oral health tip sheets are tip sheets designed for Head Start staff that would cover a variety of topics. They generally follow a formula where they talk about why the topic is important, maybe give some background information about it, and then offer tips that you can use either to help parents or pregnant women. And some of the topics go from anywhere from teething to brushing to — we've done this for seven years, so it's a really wide variety of topics on there.

So, these are all available on ECLKC. We also have a checklist for child care staff for best practices for oral health. That's a handout. It's kind of a quick checklist that you can use to see if your program is addressing these different issues. It's short — a couple of pages long. And it's done. It's this one here. It's done by ages, so if you have an early Head Start program, you can just check the birth to age 1, and age 1 to age 2 and 3. There is also another form called Getting to Know Me. And that is a best practice, or information for your child's dental office. And it's just kind of a quick thing that you can encourage parents to fill out before they take their child for their first dental visit to give the dental practice an idea of the kinds of things that are going on in the home. But not so much in the home, but about the child. Little tips that the practice can use, or information that the practice can use to help comfort a child if they get upset. What kinds of things does the child like if they're tired or upset? You know, that kind of thing — just to help the practice with getting to know the child a little bit better and being able to adapt their approach to the child to best meet the needs of the child and the parent.

And there's also a section on there if the parents have any questions that they can fill that out. And this is especially helpful if you've got a parent that might be a little intimidated by visiting a dental practice or whatever. Oh, I see a lot of emails coming in here. And then the other one is our oral health form. This can be used as a case management and or a way to assess whether a child is up-to-date on their periodic — the periodicity schedule for oral health. It's a form that can be adapted for each Head Start program so you can put in your programs name, address, phone number on the top of it. And then it can be shared with the dental practices that the children in your program see and have them fill it out and sign it. And that way you get some

kind of documentation that the child has been seen by a health provider. Some other additional resources that are available on ECLKC. The only one that's not available in Spanish is the tooth brushing at the table video, which I understand that we may be dubbing it later on next year.

So, there may be a Spanish one available, but not for a little while yet. But then there are two hand outs — one for health managers and one for families. And these are just basically top 10 things that you should know about oral health. And then for the Head Start staff, and then things that parents can do to help their child with oral health at home. Now the other resource I want to make sure that you all know about is the dental hygienist liaison. That is a project that we have. It's a collaboration that we have with the American Dental Hygienist Association. And each state has a dental hygienist who volunteers. And they provide a communication link between the National Center on Early Childhood Health and Wellness and Head Start. They tend to do their work more at the state level. But they can also know of a lot of resources that are available at local levels, or can find people who would know of resources available at local levels. For example, we had a question that came in from a program in Texas of a young boy who their dentist had decided he was not compliant enough and that he wasn't going to treat that child.

And so they were looking for a practice that could treat it — essentially, treat a child with special needs. And so I contacted the DHL in Texas — the dental hygiene liaison in Texas. And she lives in Midland— this child was in the Dallas area which is a pretty far distance. But she knew of another hygienist in the Dallas Fort Worth area that was able to help that particular family out. So, they have these networks set up within their professional ranks, and then within the state ranks so that they're able to try to help programs out with specific needs. They promote educational services, and provide evidence based preventive information to Head Start programs. They have done a number of state regional presentations. And they are always using the same kind of messages so that we get a consistent message to Head Start programs, as well as to parents. So, they're able to share those resources.

The tip sheet is on the web links down here. It's the dental hygiene liaison project. And if you want to find out who your DHL is, at the bottom of that project description is a link to where the DHL roster is held, or is posted. So, you can check in there or you can also send an email to Steve Schuman at [health@ecetta.info](mailto:health@ecetta.info) And Steve will help you find your DHL as well. So, that's pretty much what I have for my five key messages.

Oh, I didn't leave a whole lot of time for questions. But I can take a few. Let's see. Can we make the slides available to download? Actually, the one thing that we're going to do with these slides is to develop a facilitator's guide. So, that you'll make the slides available, but will also have a dialogue that you can use to give your presentation along with all of the other resources that go with it. So, we can make these available. It might be a little while yet, but we're working on it. Pauline Jones asks how long is acid in the mouth? Each time you eat, anytime between 20 to 40 minutes is generally how long it's in the mouth. If you eat something in that 20 to 40 minutes, then the whole process starts all over again. So, it's going to be another 20 to 40 minutes. So, again, that's why we really worry or care about how frequently people eat things.

Is there a difference between bottle feeding and sippy cup that can cause dental concerns? This is from Alma. Essentially, the concerns are essentially the same. Eating frequently, letting a

child carry a bottle around, it's just the same as letting a child carry a sippy cup around. That's why they recommend holding a child when you feed them a bottle so that you're able to take it away from them when they're finished, so that they're not carrying it around and sipping on it at will. Even though the sugar doesn't break down in milk as quickly as it does with other sugared drinks, it still can cause tooth decay if you are having it in your mouth constantly. Same thing with the sippy cup.

There are people who have put juice in bottles, soda in bottles. If you're okay with having a child carry a bottle around, make sure it just has water in it. But it really is the concern over putting a child at greater risk for developing tooth decay. Oh, what are the benefits of brushing at the table? One of my favorite subjects. Actually, it's a lot more organized. It's much less messy. And it also reduces the chances of having cross contamination with the brushes. If you take a look at the video, it was done in a Head Start program and in the Baltimore area. It was taken there. And these children have been doing this for a little while. It takes about two weeks for the kids to really get it down. But you can see that they all sit, they brush together. They watched their teacher. Their teacher can model the tooth brushing. She also tells them when to move to a new spot so that they get all of the teeth brushed.

She also can help children who might have difficulty with some of the dexterity. So, it really provides a lot of benefits over brushing at the sink, which takes a lot longer because children have to brush one at a time to eliminate a possibility for cross contamination. The possibility is still high, especially if they are spitting into the sink and it's all over the sink. And the next child comes out without the sink being cleaned. So, it's just much more organized and much more orderly. All right. I think that's it. Yeah. That's all the time we have for questions.

Well, I thank you, again, for being on the call. I see that a lot of people are sending in their emails. So, I'll get your list. And we'll go through all the other questions that we might have missed and respond to those as we can. But thanks again for staying on everyone. This was really wonderful.