

# Child Health Notes

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

Distributed by the Lewis County Interagency Coordinating Council (ICC) and Parent to Parent.

Contributors: UW Center on Human Development and Disability and Washington State Department of Health



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

-- The Reforming States Group.

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Infant Toddler  
Early Intervention  
Program (ITEIP)



## ORAL HEALTH FOR CHILDREN – EARLY CHILDHOOD CARIES

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

Healthy teeth with surrounding bones and tissues are necessary for normal speech and nutritional intake across the lifespan. Dental appearance and function can impact quality of life and self esteem.

### EARLY CHILDHOOD CARIES

Early childhood caries (ECC) is reported by the Centers for Disease Control and Prevention to be one of the most prevalent infectious disease of children in the US. Dental caries is 5 times more common than asthma and it is estimated that 40% of children have tooth decay before they reach kindergarten. Children with ECC are at risk for poor growth and have higher rates of caries in their permanent dentition.

ECC is an infectious, bacterial disease caused by an overgrowth of organisms that are part of the normal oral flora. *Streptococcus mutans* and *Lactobacillus* are two principle organisms considered responsible for caries. Usually mother, or another close adult, passes the infection to the child by shared utensils (a shared spoon, cleaning a dropped pacifier with their mouth, etc.). Adults with untreated caries or high colonization of *S. mutans* are more likely to infect their child. High caries rates tend to run in families.

Bacterial growth and acid production are heightened during feeding, particularly at night when saliva flow is lower. Enamel is thinner in primary teeth than in permanent teeth and erupting tooth surfaces are readily colonized, leading to a greater risk of decay in early childhood. Children with enamel hypoplasia are at additional increased risk for ECC.

### ORAL HEALTH PREVENTION – PRIMARY HEALTH CARE PROVIDER ROLE

ECC is preventable. Prevention begins with early identification of children at greater risk for caries. Primary health care providers are more likely to encounter mothers and infants than dentists, and thus you have a role in early oral health supervision. Consider taking an oral health history from parents, or other care providers, including history of adult caries, dental hygiene practices and dental care utilization, and dietary practices.

#### Early infant and toddler oral health supervision includes:

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

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

- Infants whose mothers or siblings have multiple caries
- Infants in families of lower socioeconomic status

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Infants who:

- sleep with a bottle containing cariogenic substances
- snack frequently at breast or bottle, use the bottle past 12 months of age
- if older, snack on cariogenic foods (e.g. sweet liquids, candy, cookies)



Children with developmental or oro motor dysfunction – due to increased exposure to cariogenic factors as a result of decreased ability to clean food off the teeth or out of the oral cavity and/or decreased salivary flow

Children with GE reflux – due to increased risk of erosive effects of regurgitated fluids

**\*\*Cariogenic: producing or promoting the development of tooth decay**

## Local Dental Providers

**Provider:**

ABCD Program  
Valley View Dental  
Valley View Dental

**Location and phone number:**

711 Harrison Ave. (360)736-9178  
2690 NE Kresky Ave. Chehalis (360) 330-9595  
102 A West Lake Ave. Morton (360) 496-5101

### FURTHER INFORMATION:

**Resources:**

American Academy of Pediatric Dentistry

<http://aapd.org>

AAPD Caries Risk Assessment Tool

The National Maternal and Child Oral Health Resource Center

[www.aapd.org/media/Policies\\_Guidelines/P\\_CariesRiskAssess.pdf](http://www.aapd.org/media/Policies_Guidelines/P_CariesRiskAssess.pdf)

Oral Health in America: A Report of the Surgeon General

Bright Futures in Practice: Oral Health

WA State Dept. of Health: Oral Health Program

[www.ncemch.org/oralhealth](http://www.ncemch.org/oralhealth)

[www.surgeongeneral.gov/library/oralhealth/](http://www.surgeongeneral.gov/library/oralhealth/)

[http://brightfutures.aapd.org/practice\\_guides\\_and\\_other\\_resources.html](http://brightfutures.aapd.org/practice_guides_and_other_resources.html)

[www.doh.wa.gov/cfh/oral\\_health/](http://www.doh.wa.gov/cfh/oral_health/)

### Washington State Local Health Jurisdictions

Oral Health Program Coordinators

[www.doh.wa.gov/cfh/Oral\\_Health/Documents/ohcoor.pdf](http://www.doh.wa.gov/cfh/Oral_Health/Documents/ohcoor.pdf)

### LOCAL RESOURCES FOR DEVELOPMENTAL SCREENING AND ASSESSMENT:

**For children under age three:**

In any Lewis County School District  
In Centralia or Chehalis School District only

**Contact:**

In-tot Developmental Center 748-4359 or 1-888-548-4359  
Growing Together 748-2277 or Student Support 807-7245

**For children age three and older:**

Within Centralia Chehalis School Districts  
Outside Centralia Chehalis School Districts

**Contact:**

Local school district  
Lewis County Special Education Coop 748-3384 or local elementary school

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