

DENTAL PROBLEMS

(381)

PARTICIPANT TYPE	ALL
HIGH RISK	NO

RISK DESCRIPTION

Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, including but not limited to:

Condition	Participant Categories
Presence of early childhood caries (also known as nursing or baby bottle caries), smooth surface decay of the maxillary anterior and the primary molars	Infants and Children
Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality	Pregnant Women Breastfeeding Women Delivered Women Children
Gingivitis of pregnancy	Pregnant Women

ASK ABOUT:

- Infants and Children:
 - Decay history and current oral health status of parents and siblings
 - Non-nutritive sucking habits
 - Status of weaning from the bottle
 - Access to snacks and beverages containing simple carbohydrates and sticky carbohydrates (e.g., limited or ad lib)
- All Women:
 - Nausea and vomiting
 - Cigarette use
- All Participant Categories:
 - Attitude and knowledge about condition and treatment plans
 - Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to care)
 - Oral health practices
 - Snack pattern and typical food and beverage choices

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ASK ABOUT (CON'T):

- All Participant Categories (con't):
 - Beverage intake, especially ad lib beverages
 - Repetitive behaviors that could contribute to decay such as nibbling on food all day, sucking on hard candy, chewing regular gum, sipping sweetened beverages or diet soft drinks, etc.
 - Fluoride status of primary drinking water for household
 - Chronic medical conditions that may have oral manifestations (e.g., diabetes)
 - Medications that may predispose to tooth decay such as medications that cause a dry mouth, frequent administration of sweetened medications, administration of medications at bedtime, and prolonged use of Dilantin (an anticonvulsant that results in painful overgrowth of the gums)
 - Appetite
 - Weight history, growth pattern or pregnancy weight gain pattern

NUTRITION COUNSELING/EDUCATION TOPICS:

- More information on oral health topics for pregnant women, infants, and children can be found at <http://www.ndhealth.gov/OralHealth/Publications.asp?ProgramID=101>.
- Pregnant Women:
 - Hormonal changes may make pregnant women more susceptible to plaque bacteria that cause red, swollen or bleeding gums. The entire mouth may be affected or it may be localized, resembling a tumor.
 - Pregnancy gingivitis can be prevented with good oral hygiene and at least one professional cleaning during pregnancy.
 - Gum disease during pregnancy has been associated with an increased risk of pre-term/low birth weight delivery.
 - If having problems with frequent vomiting, rinse the mouth with water or use a sodium bicarbonate rinse (1/2 tsp. of baking soda in 1 cup of water) to remove the gastric acid that could damage the teeth. Wait 30 minutes after rinsing, then brush with fluoride toothpaste. Daily use of a fluoride mouth rinse will provide extra protection for the tooth enamel.
 - Dental visits are safe during pregnancy. The most comfortable time to schedule a visit is during the second trimester. Advise women to tell the dentist that they are pregnant.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Infants:
 - Clean the gums at least once a day using gauze or a clean washcloth.
 - Use an infant-sized toothbrush and water when the first teeth appear.
 - When the infant is finished feeding, remove from the breast or take away the bottle or sippy cup.
 - Do not add sweeteners (sugar, honey, etc.) to breastmilk, formula or water.
 - Bedtime bottles should contain only water.
 - Encourage weaning from the bottle at age 12 months.
 - Avoid saliva-sharing behaviors such as sharing spoons or putting child's hands, pacifier or bottle in parent's mouth. Decay-causing bacteria can transfer from parent to child.
 - Recommend the first visit to the dentist's office near the first birthday or within 6 months of the first tooth erupting. (This recommendation may vary as some dentists recommend the first visit between the ages of 2-3.)
 - The risk of dental fluorosis is relatively small when compared to the high risk for tooth decay in WIC infants and children. Therefore, it is appropriate for WIC families to continue to use optimally fluoridated tap water to mix infant formula.
- Children:
 - Nutrition counseling is key to prevent primary tooth loss, damage to the permanent teeth, and potential speech problems.
 - Encourage parents to brush the child's teeth until the child is 7-8 years old. If the child wants to help, let them practice but parents should finish the job to ensure that teeth are adequately brushed.
 - For children 2 years and older, start with a smear of toothpaste (around age 2). Then progress to using a pea-sized amount of toothpaste. Teach children to spit out the toothpaste.
 - Assist with flossing until the child is 8-9 years old.
 - Encourage annual dental exams.
- All Participant Categories:
 - Encourage daily brushing for children and women using fluoridated toothpaste.
 - Store toothpaste out of reach of small children. The amount of fluoride in a tube of toothpaste is toxic if large amounts are consumed.
 - Reinforce fluoride supplementation recommendations made by the participant's primary care provider or dentist. Fluoride supplements are not recommended for infants under 6 months of age.

- All Participant Categories (con't):
 - Limit snacking on sweetened foods or beverages and starches that stick to the teeth. Choose fruits, vegetables, cheese, lean meats and hard-cooked eggs for snacks.
 - Encourage water as the beverage of choice between meals.
 - Limit soft drinks (regular and diet) to 12 ounces per day. Regular soft drinks contain large amounts of simple carbohydrate. Both regular and diet soft drinks are highly acidic and contribute to tooth decay.
 - If having significant pain related to tooth decay, discuss foods, textures and temperatures that may be easier to manage.
 - Encourage a diet rich in calcium and vitamin D for strong bones and teeth.
 - Encourage women to cut down or stop smoking. Smoking is a major contributor to periodontal disease.
 - Encourage annual dental exams.

POSSIBLE REFERRALS:

- Refer to a local dental office, the local public health department (public health hygienists) or Health Tracks (if on Medical Assistance) for additional screening and referral. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- If the woman smokes, refer to the North Dakota Tobacco Quitline (<http://www.ndhealth.gov/tobacco/quitline.htm>) at 1-800-QUIT-NOW or 1-800-784-8669 (1-866-257-2971 for the hearing impaired) or North Dakota QuitNet at <http://www.ndhealth.gov/tobacco/quitnet.htm>. Refer to community smoking cessation programs as well.