

## ORAL HEALTH CONDITIONS

(381)

PARTICIPANT TYPE.....	ALL
HIGH RISK.....	NO

### RISK DESCRIPTION

Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver, including but not limited to:

- Dental caries, often referred to as "cavities" or "tooth decay", is a common chronic, infectious, transmissible disease resulting from tooth-adherent specific bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure.
- Periodontal diseases are infections that affect the tissues and bone that support the teeth. They are classified into two major stages according to the severity of the disease. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums, but can lead to more serious, destructive forms of periodontal disease called periodontitis.
- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.

### 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
- 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 choices

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## ASK ABOUT (CON'T):

- All Participant Categories (con't):
  - Beverage choices and intake
  - 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 (For more information on the fluoride amount in your community's drinking water, go to [https://nccd.cdc.gov/DOH\\_MWF](https://nccd.cdc.gov/DOH_MWF).)
  - Chronic medical conditions that may have oral manifestations (e.g., diabetes)
  - Medications that may predispose to tooth decay such as ones 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
  - Dental anxiety and/or fear of dental procedures

## 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.
  - Periodontal disease during pregnancy has been associated with preterm birth, low birthweight, and development of preeclampsia.
  - Periodontal disease and dental caries may also increase the risk of atherosclerosis, rheumatoid arthritis, and diabetes.
  - 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):

- All Women:
  - Rinse every night with an alcohol-free over-the-counter mouth rinse with 0.05% sodium fluoride.
  - Encourage to cut down or stop smoking. Smoking is a major contributor to periodontal disease. Recent evidence suggests that exposure to environmental tobacco smoke increases the likelihood of cavity-causing bacteria to colonize in children.
  
- Infants:
  - Breastfeed infants during the first year of life and beyond as mutually desired.
  - Clean the gums at least once a day using gauze or a clean washcloth.
  - Use an infant-sized toothbrush and a “smear” of fluoridated toothpaste after the first tooth appears.
  - 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.
  - Avoid having an infant sleep with a bottle. Any bottle taken to bed should contain only water.
  - Gradually introduce a cup starting at 6 months of age and wean from the bottle by 12 months of age.
  - Avoid saliva-sharing behaviors such as sharing spoons or putting child’s hands, pacifier or bottle in parent’s mouth. Cavity-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 using optimally fluoridated tap water to mix infant formula. Refer participants to contact their health care provider with questions regarding the use of local drinking water or bottled water to prepare infant formula.

## NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Children:
  - Nutrition counseling is key to prevent primary tooth loss, damage to permanent teeth, and potential speech problems.
  - Use a “pea-size” amount of fluoridated toothpaste for 3-6 year olds and a “smear” for under the age of three. Teach children to spit out the toothpaste.
  - Encourage parents to brush the child’s teeth until he/she 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.
  - Assist with daily flossing until the child is 8-9 years old.
  
- All Participant Categories:
  - Encourage twice a day 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.
  - Limit snacking on sweetened foods or beverages and starches that stick to the teeth. If sweets are eaten, it’s best to restrict to mealtimes.
  - Encourage water as the beverage of choice between meals.
  - Avoid soft drinks. Regular soft drinks contain large amounts sugar. Both regular and diet soft drinks are highly acidic and contribute to tooth decay.
  - Limit the intake of 100% fruit juice to no more than 4-6 ounces per day.
  - Guide the participant in choosing healthy foods as recommended in the *Dietary Guidelines* and following infant feeding practice guidelines of the American Academy of Pediatrics.
  - If having significant pain related to an oral health condition, 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 dental exams (every 6 months or at least annually) and/or restoration of all active decay as soon as possible.

## **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 [www.ndhealth.gov/oralhealth/](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 ND Quits Program ([www.ndhealth.gov/ndquits](http://www.ndhealth.gov/ndquits)) for access to cessation services by phone or online. Refer to community smoking cessation programs as well.