

PEDIATRIC DENTAL HEALTH CARE:

Recommended Practices for Helping Children and Parents

These recommendations focus on early childhood education practices that can strengthen pediatric dental care.

Background

In 2001, university researchers and state program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Consortium (MCCC). The focus of the Consortium's work is to conduct a large longitudinal study on a range of issues associated with child care quality. Across the four states, a random selection of 2,022 child care providers participated in the study representing licensed infant, toddler, and preschool centers including Head Start and Early Head Start programs, license-exempt centers, and licensed and unlicensed family child care homes. In Missouri, 517 providers participated in telephone interviews. Of those, 110 providers were randomly selected to have a researcher visit her program to conduct an on-site assessment of child care quality.

Each early childhood program was observed for 2 to 3 hours using one of the following instruments: Early Childhood Environmental Rating Scale, Family Day Care Rating Scale, or Infant-Toddler Environmental Rating Scale.

Early Dental Care in Missouri

During the MCCRC study, researchers identified pediatric dental care as an area which could be addressed through effective practices in the early childhood setting. Across all surveyed early childhood programs, the personal care routines were rated as "minimal to good" quality. Depending on the program setting, only 20-50% of the children experience daily dental care as part of their early childhood program and 65-80% of programs include family dentist information as part of their health care enrollment forms. In Missouri, state child care licensing regulations and state statutes do not specifically address issues related to early dental care. Early childhood programs are not required to have emergency dental information on health forms.

Early Childhood Programs Educating Parents about Early Dental Care

Early childhood teachers can educate parents about pediatric dental care during the enrollment process when child health and immunization forms are completed. Further, age-appropriate materials for children can be provided to parents so they can also encourage good dental practices in the home. This would include regular check-ups beginning after the first birthday and encouraging healthy eating habits.

Recommended Practice: It is recommended that trainers encourage child care providers to add a space for dental care to their enrollment forms. This can provide an opportunity for teachers to talk with parents about the importance of early dental care and it is important information in case of a dental emergency.

Age-Appropriate Dental Care

Infants: Since infants can be infected with decay causing bacteria before the first tooth appears and plaque can form on the first tooth, it is essential to begin regular dental care with infants.

Recommended Practices: Following each feeding, whether it is with a bottle or solid food, the caregiver should wipe the child's teeth and gums with a clean, damp cloth. This removes residual liquid and food particles that could contribute to the development of plaque and bacteria.

Toddlers and preschool aged children: Since young children are just beginning to gain the fine motor skills and coordination necessary for brushing their teeth, teachers need to help children daily with dental care.

Recommended Practices: Age-appropriate information about teeth, dental care, and use of toothpaste, toothbrushes, and floss should be taught to children. Dental care items should be readily available and used daily (toothpaste, toothbrushes, and cups). Teachers should schedule a time each day for brushing teeth. Teachers should monitor each child's development and ability to adequately brush their teeth. Teachers should gently brush the teeth of children who are not yet able to adequately brush their own teeth.

Sanitation Practices Related to Dental Care

Teachers need to provide the support, supervision and tools necessary to prevent the spread of germs when children are brushing their teeth.

Recommended Practices: In between uses, toothbrushes should be placed in a rack or other storage device that allows the bristles to air-dry and not touch any surface areas. The toothbrushes should be replaced every six months (or sooner if needed) and the storage area should be regularly cleaned and sanitized. If the toothbrushes become contaminated (used by another child or if the toothbrushes touch each other) they should be replaced. Children should either have their own tube of fluoride toothpaste (labeled with the child's name) or providers should dispense individual amounts of toothpaste (a pea-size amount for children over one year in age) on clean pieces of paper or in a small cup. Children should be provided with a cup for rinsing with water. The cups should either be disposable or individually labeled with the child's name.

Impact on Children and Families

By initiating discussions with parents regarding pediatric dental care, sound dental practices, and regular care, teachers can help prevent dental disease. Teachers can help keep children's teeth healthy by providing adequate dental care as part of the daily program schedule. Early childhood educators can also have a positive influence in this area of child health by teaching children about teeth and dental care.

For additional information, please see:

American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care (2002). Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (2nd Edition). Waldorf, MD: American Public Health Association Publication Sales. Available on-line: http://nrc.uchsc.edu

(Thornburg, K., Scott, J., & Mayfield, W., Feb. 2003)

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