

Promoting Oral Health

Oral health is a critical component of child and adolescent development. It includes a range of health promotion and disease prevention concerns including extremes from dental caries to proper development and alignment of facial bones, jaw, and teeth. In particular, dental caries is a preventable and transmissible infectious disease that health care professionals focus on to prevent negative impacts on eating, speaking, and learning.¹ Prolonged exposure to human or cow's milk or fruit juice (even 100%) causes harm to teeth as bacteria in the mouth convert the sugars in milk or juice to acids. The acids attack the enamel and lead to dental caries. The same is true for the dietary intake of foods and beverages containing high amounts of added sugars. Twenty-one percent of children ages 2 to 5 years, 51% of children ages 6 to 11, and 54% adolescents ages 12 to 19 have caries, a disease that can be prevented with routine care and minimized with early detection.² Children at higher risk include children and youth with special health care needs, children in low- and moderate-income households, and children of color (though sociodemographic status should be viewed as the initial indicator of risk).

Early prevention and promotion activities begin by ensuring each child or adolescent has a dental home—a place where the dentist and patient have an ongoing relationship that supports comprehensive, continuously accessible, coordinated, and family-centered care. Establishing and maintaining a connection between medical and dental homes, as well as public health, early care and education, and school settings, set the stage for optimal oral health care for all children and adolescents and their families.

ORAL HEALTH SERVICES

Children may be referred for oral health assessment as early as 6 months, after the first tooth erupts, and no later than 12 months of age. Oral health assessments look at risk factors, protective factors, and clinical findings to make an assessment and develop a treatment plan (see

[Oral Health Risk Assessment Tool](#) or [Guía de evaluación de riesgos para la salud buccal](#)). Specific activities conducted during the oral health risk assessment vary by age, with intentional efforts to understand the risk of oral health concerns at each stage in a child's or adolescent's development.

The child should have an established dental home by age 12 months and should be seen by a dentist every 6 months or more frequently, as needed. In addition to oral health risk assessments, other activities that occur within the dental home include conversations about oral hygiene, fluoride, and feeding/nutrition practices. These conversations vary by developmental stage and reinforce brushing with a fluoridated toothpaste twice daily, flossing daily, and eating healthy foods including vegetables, fruits, whole grains, lean meats, and dairy products. Conversations with families of young children may also focus on pacifiers and thumb

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.

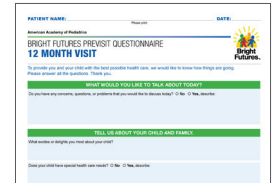




MAKE THE MOST OF HEALTH SUPERVISION VISITS BY USING THE BRIGHT FUTURES TOOL & RESOURCE KIT

The *Bright Futures Tool & Resource Kit*, 2nd Edition, provides the forms and materials that health care professionals need to carry out preventive health supervision and health screening for infants, children, and adolescents. These materials can help health care professionals discuss oral health with families.

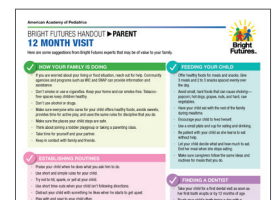
The *Toolkit's* Core Tools provide valuable resources that help health care professionals focus on oral health during the health supervision visit. Reviewing parents' and adolescents' responses on the **Previsit Questionnaires** gives insights related to oral health, providing a foundation for discussion during the visit. The **Visit Documentation Form** is a convenient resource for documenting activities during the visit. This form can be adapted for use in electronic health record systems. The **Parent-Patient Education Handout** can help reinforce the discussion and provide additional information on promoting oral health.



Example: 12-Month Visit Previsit Questionnaire



Example: 12-Month Visit Documentation Form



Example: 12-Month Visit Parent Education Handout



AGE-SPECIFIC GUIDANCE FROM HEALTH SUPERVISION VISITS

Health care professionals include oral health conversations within health supervision visits, focusing on various oral health concerns and reaffirming messages from the dental home. Key ideas presented in anticipatory guidance for each stage promote optimal oral health for children and adolescents and their families. The following table discusses the critical components of these visits as they relate to oral health. Note that oral health is prioritized during the 4-, 6-, 12-, and 15-month health supervision visits.

Stage	Summary of Anticipatory Guidance
<p>Infancy (Prenatal to 11 months)</p>	<ul style="list-style-type: none"> • Health care professionals ask questions about maternal diet, good oral health hygiene, and attendance at regular dental checkups to set the stage for optimal child oral health. • In the early months of infancy, guidance focuses on <ul style="list-style-type: none"> – Holding the infant while feeding. – Never putting an infant to bed with a bottle. – Using a cloth or soft toothbrush with tap water and a small smear of toothpaste to gently clean gums and new teeth. • As an infant reaches 6 months, guidance expands to include <ul style="list-style-type: none"> – Introducing fluoride varnish and fluoridated water or fluoride supplements. – Minimizing exposure to natural or refined sugars in the infant's mouth. – Weaning off bottles as the infant approaches 12 months. – Discussing the recommendation of no juice until age 1. – Finding a dental home.
<p>Early Childhood (1 to 4 years)</p>	<ul style="list-style-type: none"> • Routines are a critical component of early childhood. Health care professionals support families by reinforcing tooth brushing as a routine conducted twice daily. • At the 12-month health supervision visit, health care professionals focus on the importance of a dental home, providing information about what families can expect. • Health care professionals continue to emphasize <ul style="list-style-type: none"> – Eating a healthy diet. – Avoiding sweetened food and beverages. – Keeping bottles out of cribs or beds. – Avoiding sippy cups with juice. – Using fluoride varnish and fluoridated water or fluoride supplements.
<p>Middle Childhood (5 to 10 years)</p>	<ul style="list-style-type: none"> • Oral health is integrated into larger discussions of children's physical growth and development, which are priority areas in health supervision visits. • Health care professionals continue to focus on <ul style="list-style-type: none"> – Oral health hygiene (daily tooth brushing and flossing). – Connections to a dental home. – The importance of caring for permanent teeth. – Limiting sweetened beverages and snacks. – The importance of dental sealants. • As children become engaged in contact sports, health care professionals emphasize the importance of using a mouth guard.
<p>Adolescence (11 to 21 years)</p>	<ul style="list-style-type: none"> • Similar to the middle childhood years, oral health is integrated into the priority areas of physical health and development. • Health care professionals shift conversations during adolescent years to help them understand the importance of <ul style="list-style-type: none"> – Routine oral health hygiene (daily tooth brushing and flossing). – Limiting soda and sweetened beverages. – Reducing in-between meal snacks. – Chewing sugarless gum. – Using a mouth guard during contact sports. • In later adolescence health supervision visits, health care professionals begin conversations about smoking and drug use that can impact oral health.

FOR MORE INFORMATION

As health care professionals support child and adolescent oral health, several resources can be helpful. The following tools can be used to learn current research, support families, and improve services.

- **Bright Futures: Oral Health—Pocket Guide, 3rd Edition:** Produced by the National Maternal and Child Oral Health Resource Center, this guide provides detailed information about oral health supervision including oral health risk assessment. This guide is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition.
- **Brush, Book, Bed:** This tool from the American Academy of Pediatrics (AAP) supports nighttime routine building for families while promoting both optimal oral health and literacy development.
- **Campaign for Dental Health:** This website is devoted to improved dental care and fluoridation and offers the most recent research and activities.
- **Oral Health Prevention Primer:** This AAP website was built to help health care professionals address oral health in practice, understand the roles of oral health allies, and learn how to achieve optimal oral health through advocacy and collaboration.

Smiles for Life—A National Oral Health Curriculum:

This curriculum aims to educate health care professionals on ways to promote oral health.

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