

**Tip:**

At every well baby visit, talk with parents/caregivers about establishing good infant oral health habits, **just like you** talk about the importance of **immunizations**. Continuous reinforcement by the **transdisciplinary** health care team (i.e., dentists, primary care clinicians, medical assistants, nurses, nutritionists, social workers, health educators, counselors) can have an impact on reducing the incidence of early childhood caries in infants and toddlers.

**Prenatal:**

- Review **mother's dental history** and refer for care if needed; review proper dental hygiene.
- Discuss mother's feeding plans for baby—breast, bottle, or both.
- Review **appropriate use of baby bottle** and educate parents on first year oral development, non-nutritive sucking habits (thumb, pacifier).

**Birth–4 months:**

- Teach parents to **clean infant gums before eruption of first tooth**; demonstrate use of **soft cloth**.
- Review feeding practices and use of baby bottle.
- Counsel parents on **using breastfeeding and/or a bottle for feeding, not for pacification**.
- If parent has severe history of caries, discuss strategies to decrease transmission to child.
- Ascertain the **fluoride content in the family's water supply** in anticipation of fluoride supplementation if necessary after age 6 months.
- Do not clean pacifier in mouth of caregiver or dip in sweet solutions.

**4–6 months:**

- Discuss **need for dental visit at age one or after first teeth appear**.
- Teach parents to clean teeth with a soft cloth.
- Review appropriate diet and caution about frequent ingestion of cariogenic foods.
- Introduce fluoride supplementation as appropriate.
- Discuss how tooth decay occurs and how to prevent it.

**6–12 months:**

- Instruct parent to **brush teeth with small soft brush**. Until a child can expectorate, use only a **very thin film of toothpaste** on top of the toothbrush bristles.
- Discuss **weaning from the bottle** and feeding patterns that minimize frequent ingestion of sweetened foods and drinks.
- Make an appointment for the toddler's first dental exam, assist with referral if needed.
- Discuss appropriate use of sippy cup.
- Review oral trauma avoidance as child begins to ambulate.
- Introduce fluoride supplementation as appropriate.

**Through 36 months:**

- Review appropriate **eating patterns and nutrition**.
- Advise parents to supervise tooth brushing to ensure thoroughness and that no more than a pea-size dab of toothpaste is used.
- Ensure that the child has had their first dental visit.
- Ensure that the child has appropriate fluoride supplementation if needed.

## References and Resources

- *American Academy of Pediatric Dentistry Reference Manual*, *Pediatr Dent*. 23(7), 2001–02.
- Access to Baby and Child Dentistry: [www.abcd-dental.org/res.html](http://www.abcd-dental.org/res.html)
- Association of Clinicians for the Underserved—Oral Health Initiative. [www.clinicians.org](http://www.clinicians.org)
- Bright Futures in Practice: Oral Health. [www.brightfutures.org/publications/index.html](http://www.brightfutures.org/publications/index.html)
- *Early Childhood Caries: A Medical & Dental Perspective Course*. Co-sponsors: the Arizona Dept. of Health Serv., the Health Resources & Services Administration (HRSA), & Phoenix College's Dept. of Dental Programs. [www.pc.maricopa.edu/departments/dental/ecc/preview/docs/links.htm](http://www.pc.maricopa.edu/departments/dental/ecc/preview/docs/links.htm)
- OPENWIDE Integrated Training Program for Non-Dental Providers. Connecticut Dept. of Public Health. [www.dph.state.ct.us](http://www.dph.state.ct.us); Ph: (860) 509-7809; Fx: (860) 509-7720.
- National Maternal and Child Oral Health Resource Center. [www.mchoralhealth.org](http://www.mchoralhealth.org)
- Nevada State Health Division: *Anticipatory Guidance Manual*. <http://health2k.state.nv.us/oral>
- Oral Health Series Tool. *Western Journal of Medicine*. Volume 174. March–May 2001. [www.ewjm.com](http://www.ewjm.com)
- University of Washington Dental School. [www.dental.washington.edu/](http://www.dental.washington.edu/)



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- Established in 1996, the Association of Clinicians for the Underserved (ACU) is a sect 501 (c)3, nonprofit, transdisciplinary organization whose mission is to improve the health of underserved populations by enhancing the development and support of the health care clinicians serving these populations.
- ACU currently has an established constituency of 50,000 clinicians and over 1,000 organizations making up a unique cadre of health professionals, advocacy organizations, geographic regions, practice models, and patient populations. ACU's members and its constituency are united by their common dedication towards improving access to high quality medical, behavioral, oral and pharmaceutical health care for our Nation's underserved communities.
- If you are a clinician serving underserved patients or are personally committed to improving the health of communities that lack access to comprehensive health care and preventive services, we encourage you to join.

Children's Dental Health Project (CDHP) is dedicated to assisting policymakers, health-care providers, advocates, and parents improve the oral health and dental care of children and other vulnerable populations. CDHP combines the services of a policy think-tank, advocacy organization, and strategic consultant.