FIRST VISIT FIRST TOOTH

A CDA EDUCATION PROGRAM

Presented by: Pam McFarlane, Daniella DeMaré, and Dr. Bob Schroth

Healthy Smile Happy Child

CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

Message from the Canadian Dental Association

- First Visit First Tooth (FVFT) website created and developed by the CDA
- Comprehensive powerpoint presentation developed by Dr. Ross Anderson, *Chief of Dentistry, IWK Health Centre and Head, Division of Paediatric Dentistry, Dalhousie University*
- FVFT program designed for:
  - Dentists and other oral health professionals
  - Family physicians and pediatricians
  - Nurses and nurse practitioners
  - Public health officials

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- CDA sponsored interactive course incorporates both knowledge transfer and experiential learning
  - Can be modified to suit the presenter's own presentation style and audience

Objectives

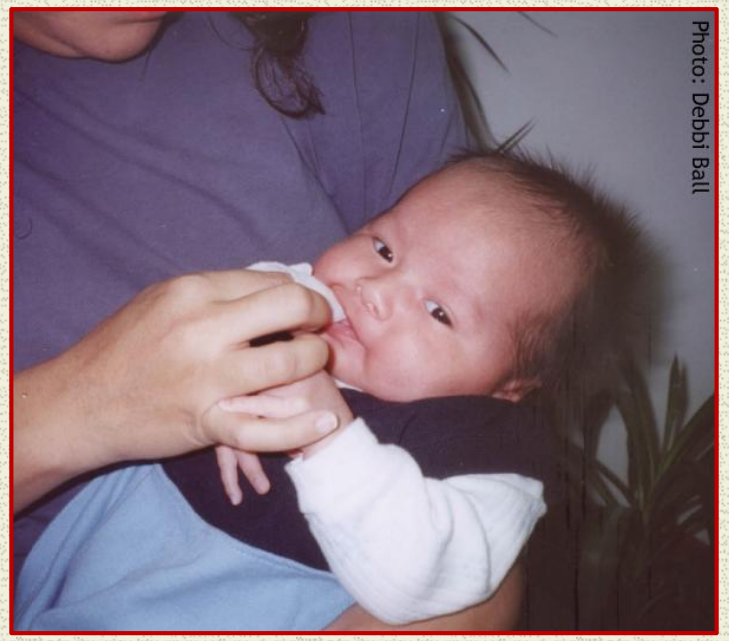
- Highlight key messages of FVFT program
- Showcase contents of FVFT program
- Convey take home messages

Outline

- **Good Oral Health Begins Before Teeth Arrive**
  - How to Prevent Early Childhood Caries – Tips for Parents
  - Celebrate a Child's First Tooth
- **How Dentists Can Help Reduce Early Childhood Caries**
  - Make an Infant's Oral Health a Priority
  - Risk Factors for Early Childhood Caries
  - Consequences of Early Childhood Caries
  - Importance of Fluoride

Outline

- **First Visit First Tooth Program**
  - Review of comprehensive powerpoint presentation
  - Contents of the kit
  - How to order FVFT program
- **Take Home Messages**
  - Review key messages of FVFT program
  - Benefits and limitations of FVFT program



LESSON 1:

GOOD ORAL HEALTH BEGINS BEFORE TEETH ARRIVE

http://www.firstvisitfirsttooth.ca

http://www.firstvisitfirsttooth.ca

How to Prevent Early Childhood Caries (ECC)

- Tips for parents:
  - Maintain a good diet while pregnant, as baby teeth begin to develop in first trimester
  - Breastfeed if possible
  - Never put a baby to bed with a bottle or sippy cup of milk or any other fluid other than water
  - Use a damp washcloth to wipe your baby's mouth after a feeding (Important for both breastmilk and formula)

http://www.firstvisitfirsttooth.ca

How to Prevent Early Childhood Caries (ECC)

- Once a tooth erupts, clean it using a toothbrush
- Celebrate your child's oral health routine by making it fun
- Start bottle weaning and introduce drinking from a cup by age 1
- If using a soother, use age-appropriate size and never dip in sweets

http://www.firstvisitfirsttooth.ca

How to Prevent Early Childhood Caries (ECC)

- Limit juice and other sweet drinks to 4 ounces or less per day
- Give water in between meals
- Eat a healthy diet containing foods rich in calcium and vitamin D to promote strong teeth
- Offer cheese, fruits, vegetables and nuts as snacks

http://www.firstvisitfirsttooth.ca

Celebrate A Child's First Tooth!

- A child's first tooth is a milestone and should be celebrated

- A child's first dental visit provides an opportunity for the dentist to begin a relationship with the child and family
  - Promotes a trusting relationship for continuity of care
  - Provides a reliable place to go in case of an emergency

http://www.firstvisitfirsttooth.ca

Celebrate A Child's First Tooth!

- Establishing a dental home at a young age is important
  - Teaches oral care from the start to promote healthy oral health status
  - Provides guidance for parents for optimal oral health

Questions?

http://www.firstvisitfirsttooth.ca

LESSON 2:

HOW DENTISTS CAN HELP REDUCE EARLY CHILDHOOD CARIES

http://www.firstvisitfirsttooth.ca

Make an Infant's Oral Health A Priority

- Children should see a dentist within 6 months of when their first tooth erupts or by 12 months of age
- Regular dental visits should occur and be prioritized just as much as regular visits to a doctor
- Tooth decay can start as soon as baby teeth erupt in the mouth

http://www.firstvisitfirsttooth.ca

Make an Infant's Oral Health A Priority

- First dental visit by 12 months of age is critical for early diagnosis and prevention of tooth decay

- First dental visit also important for educating parents and caregivers
  - Provides information about good dietary habits
  - Importance of daily oral hygiene and regular professional dental care

http://www.firstvisitfirsttooth.ca

Risk Factors for Early Childhood Caries

- Enamel defects (i.e. white chalky spots) or cavities
- Visible plaque on teeth
- Frequent intake of sugary snacks or drinks between meals

http://www.firstvisitfirsttooth.ca

Risk Factors for Early Childhood Caries

- Teeth are not brushed at least twice daily
- Premature birth and low birth weight children
- Parent or primary caregiver has tooth decay
- Living in a community without water fluoridation

http://www.firstvisitfirsttooth.ca

Consequences of Early Childhood Caries

- Untreated ECC has severe consequences:
  - Pain
  - Difficulty eating and sleeping
  - Speech difficulties
  - Poor self-esteem

- Untreated ECC also affects growth and ability to learn, communicate and socialize

http://www.firstvisitfirsttooth.ca

Consequences of Early Childhood Caries

- Studies show that children with severe ECC have an increased risk of:
  - Being anemic
  - Iron deficient
  - Vitamin D deficient
- A report from the Canadian Institute of Health Information stated that 31% of day surgeries for children 1-4 years of age is due to severe ECC

http://www.firstvisitfirsttooth.ca

Importance of Fluoride

- Community water fluoridation is an important investment for all age groups, especially children
  - Evidence shows that the health promoting effects of water fluoridation is a cost effective population health method of preventing tooth decay

Questions?

FIRST VISIT FIRST TOOTH

CDA EDUCATIONAL PROGRAM

http://www.firstvisitfirsttooth.ca

First Visit First Tooth

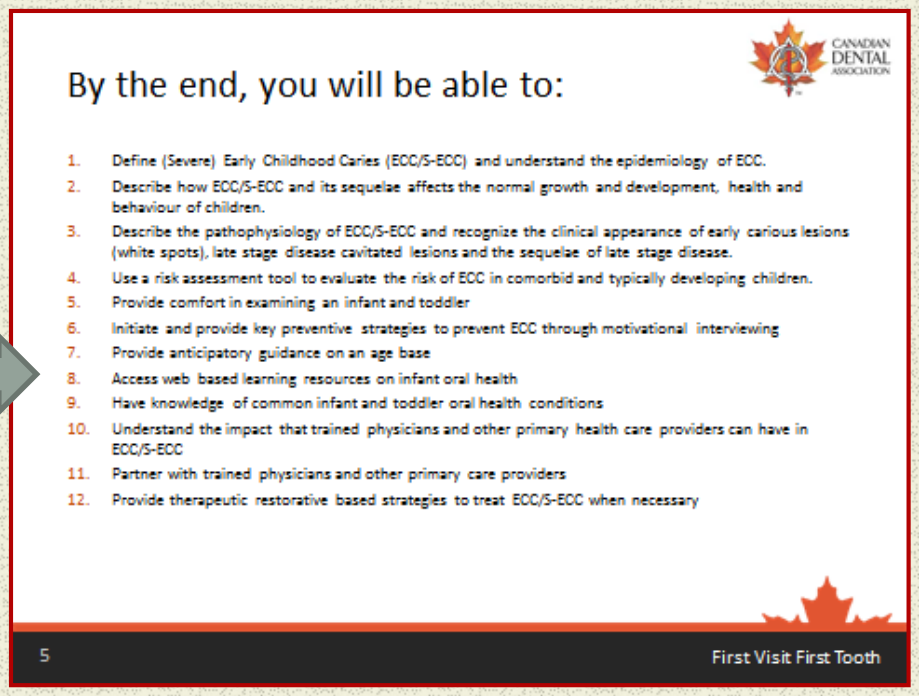
CDA Comprehensive Powerpoint Presentation

- Created to educate program participants on many topics including:
  - Defining Severe Early Childhood Caries (ECC)
  - Infant Oral Health Care
  - Patient Risk Assessment
  - Caries Management Protocol
  - What Can Dentists Do To Help?
  - Fluoride Varnish
  - How to Institute a Dental Home

FVFT PPT Presentation

Customize presentation to your organization, name and credentials

Course objectives



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Defining Severe Early Childhood Caries (ECC)

(Severe) Early Childhood Caries

- Most common chronic disease of childhood
- Infections disease of infants, toddlers, and preschoolers

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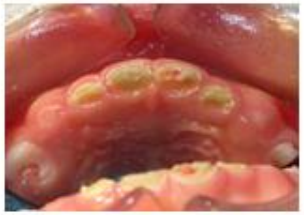
S(ECC) Predicable Disease from cavitaion to abscess

Anterior Teeth: 3 – 6 Months
Posterior Teeth: 6 – 12 Months



8 Pictures courtesy Dr. Young Tze Kuah, V er BC First Visit First Tooth

Great use of pictures showing ECC

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Infant Oral Health Care

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Patient Risk Assessment

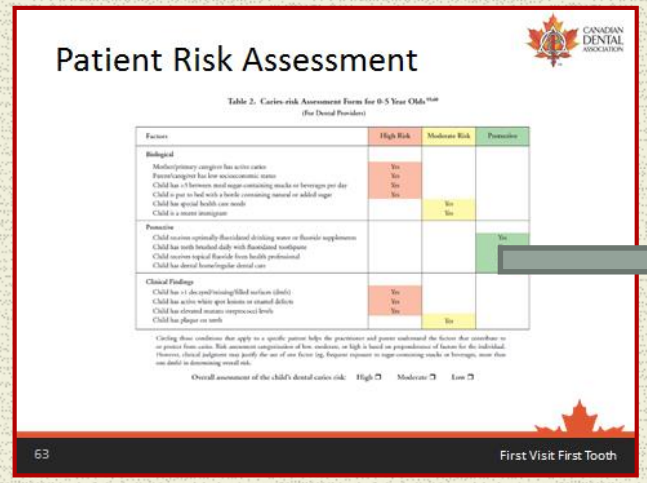

Table 2. Caries-risk Assessment Form for 0-5 Year Olds [59,60]

(For Dental Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
Mother/primary caregiver has active caries	Yes		
Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces (dmfs)	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

Great slide discussing factors for protective, moderate risk or high risk for caries

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Caries Management Protocol

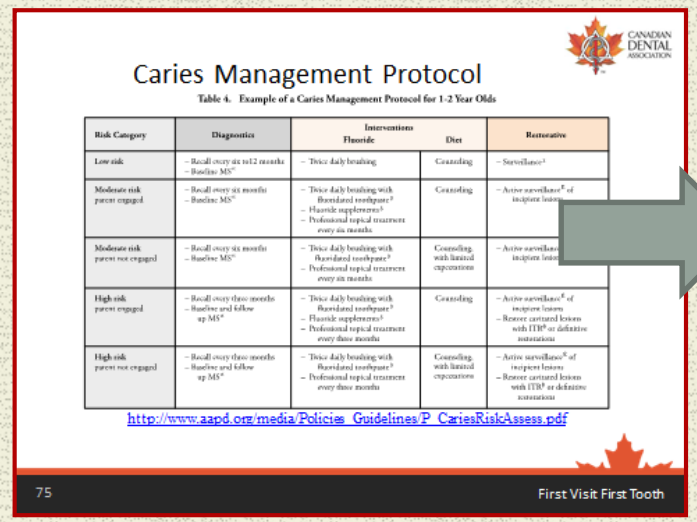
Caries Management Protocol

Table 4. Example of a Caries Management Protocol for 1-2 Year Olds

http://www.aapd.org/media/Policies_Guidelines/P_CariesRiskAssess.pdf

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Table 4. Example of a Caries Management Protocol for 1-2 Year Olds

Risk Category	Diagnostics	Interventions: Fluoride	Interventions: Diet	Restorative
Low risk	– Recall every six to12 months – Baseline MS[α]	– Twice daily brushing	Counseling	– Surveillance[ɣ]
Moderate risk parent engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every six months	Counseling	– Active surveillance[ε] of incipient lesions
Moderate risk parent not engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every six months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions
High risk parent engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every three months	Counseling	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[φ] or definitive restorations
High risk parent not engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every three months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[φ] or definitive restorations

Great slide discussing an example of a caries management protocol

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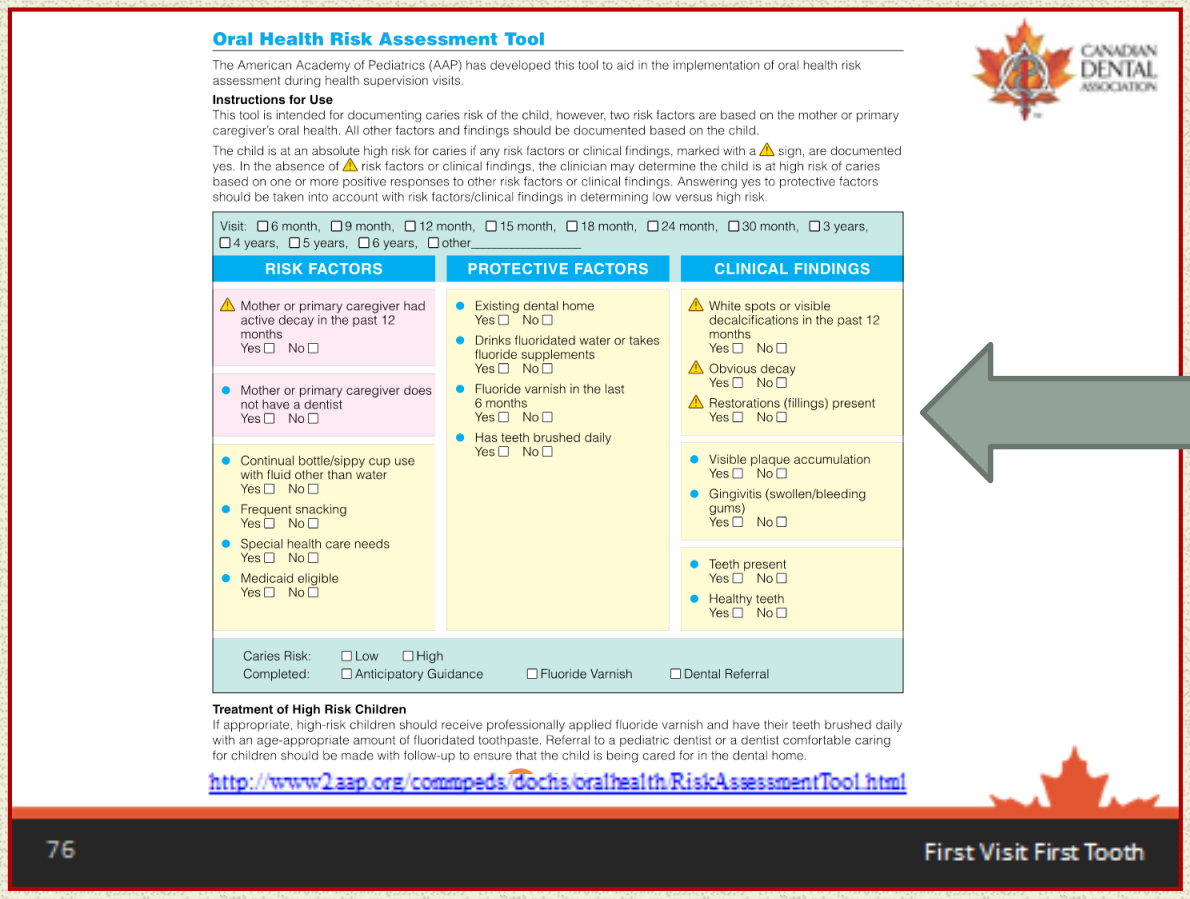
Caries Management Protocol



Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a ⚠ sign, are documented yes. In the absence of ⚠ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Visit: ☐6 month, ☐9 month, ☐12 month, ☐15 month, ☐18 month, ☐24 month, ☐30 month, ☐3 years, ☐4 years, ☐5 years, ☐6 years, ☐other_____

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
⚠ Mother or primary caregiver had active decay in the past 12 months Yes☐ No☐	• Existing dental home Yes☐ No☐	⚠ White spots or visible decalcifications in the past 12 months Yes☐ No☐
• Mother or primary caregiver does not have a dentist Yes☐ No☐	• Drinks fluoridated water or takes fluoride supplements Yes☐ No☐	⚠ Obvious decay Yes☐ No☐
• Continual bottle/sippy cup use with fluid other than water Yes☐ No☐	• Fluoride varnish in the last 6 months Yes☐ No☐	⚠ Restorations (fillings) present Yes☐ No☐
• Frequent snacking Yes☐ No☐	• Has teeth brushed daily Yes☐ No☐	• Visible plaque accumulation Yes☐ No☐
• Special health care needs Yes☐ No☐		• Gingivitis (swollen/bleeding gums) Yes☐ No☐
• Medicaid eligible Yes☐ No☐		• Teeth present Yes☐ No☐
		• Healthy teeth Yes☐ No☐

Caries Risk: ☐Low ☐High

Completed: ☐Anticipatory Guidance ☐Fluoride Varnish ☐Dental Referral

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

http://www2.aap.org/commpeds/dochis/oralhealth/RiskAssessmentTool.html

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Another example of a caries management protocol - available online

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What Can Dentists Do to Help?

What Can Dentists do to Help?

COUNSEL – DIET

Breast Feeding and ECC

- WHO, Health Canada and CPS recommendation that breastfeeding to continue to 2 years of age
- Valaitis, R et al, A Systematic Review of the Relationship between Breastfeeding and Early Childhood Caries, CJPH 91(6) 411 - 417, 2000

In between meal drinks

- sip n play and apple juice
  - "my best business partner", naturally acidic
  - GI issues
  - SIPPY CUPS
  - Sit down to drink
- purpose - hydration, filling up on milk and or juice provides false caloric intake, and poor appetite, iron deficiency anemia
- Tap Water is the Best in between meal drink past the age of a year
- AAP recommends no more than one 4 oz glass of juice a day (at breakfast)

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Canada's Food Guide used in this slide is from 1992. This slide could include the most recent version from 2007

What Can Dentists and Allied Health Personnel do to help?

COUNSEL – DIET

Solids and Snacks

-nutritionally and dentally acceptable snacks -read labels

- good - fresh veggies and fruits, cheddar cheese, pure Greek yoghurt
- sugar free gum with xylitol for Mom's
- Sugar free gum with Recalcident - Casein Phosphopeptide-amorphous Calcium Phosphate remineralizes subsurface lesions
  - Shen et al, Remineralization of Enamel Subsurface lesions by Sugar-free gum containing Casein Phosphopeptide-Amorphous Calcium Phosphate, JDR 80(12): 2066 - 2070, 2001
- not so good - fruit snacks, chips, crackers, granola bars, junk, dried fruits, starches

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What Can Dentists Do to Help?

Great summary of what dentists do to help encourage optimal oral health

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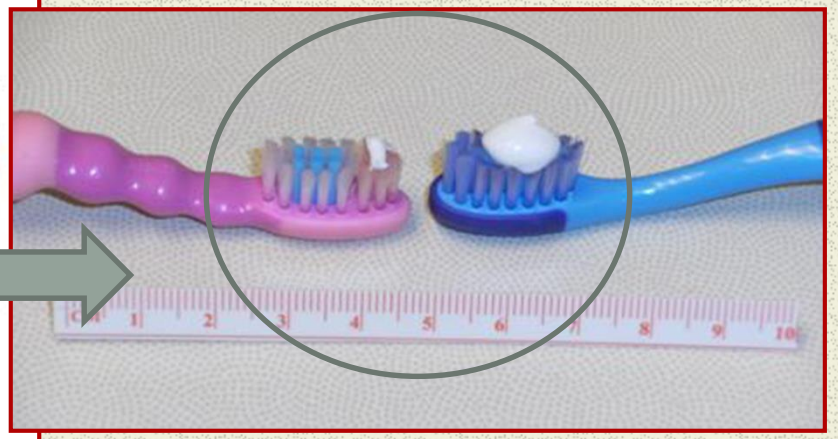
What Can Dentists Do to Help?

What Can Dentists do to help?
Self Study and Stay Current - Fluorides

CANADIAN DENTAL ASSOCIATION

- COMBINED HEALTH CANADA AND CDA POSITION ON USE OF FLUORIDES IN CARIES PREVENTION (APPROVED 2010)
  - Water Fluoridation
  - Fluoridated Toothpastes
    - < 3 years of age – rice grain
    - 3 - 6 years of age – pea size
    - > 6 years of age
  - Professional Application of Fluorides
  - Fluoride Rinses
  - Fluoride supplements
  - Use of Risk Assessment for Toothpaste use below age 3
  - total daily fluoride intake from all sources should not exceed 0.05-0.07 mg F / kg body weight in order to minimize the risk of dental fluorosis.



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Excellent visual for appropriate amount of toothpaste for each age group

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Fluoride Varnish

Professional Application of Fluoride Varnish

- 2.26% F; typical use 0.2 - 0.5 ml = 5 -11 mg safe mode of delivery = 22,600 ppm
- 25% - 75% caries reductions

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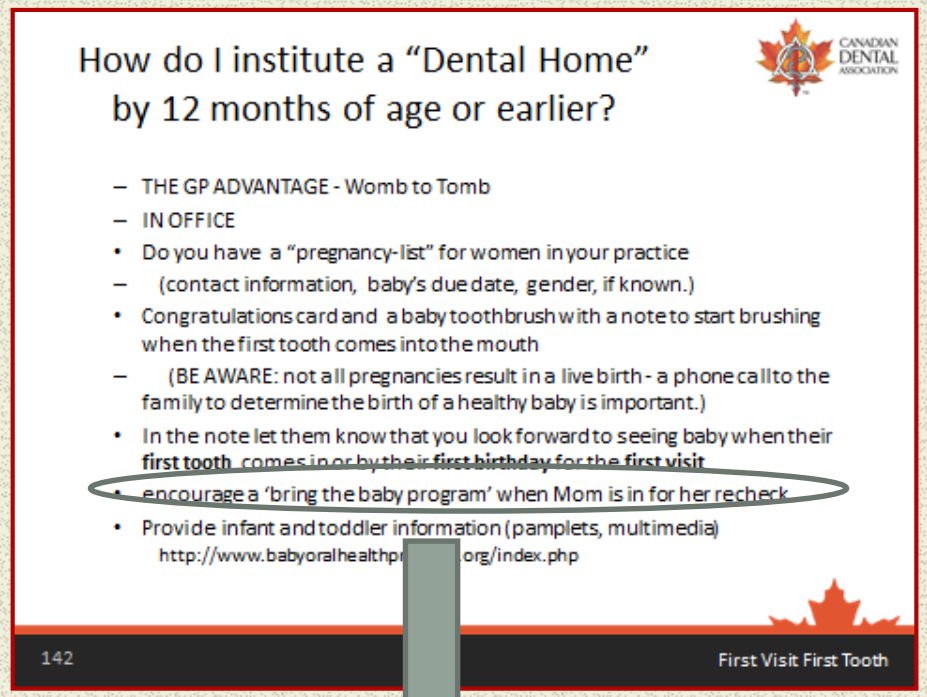
How to Institute a Dental Home

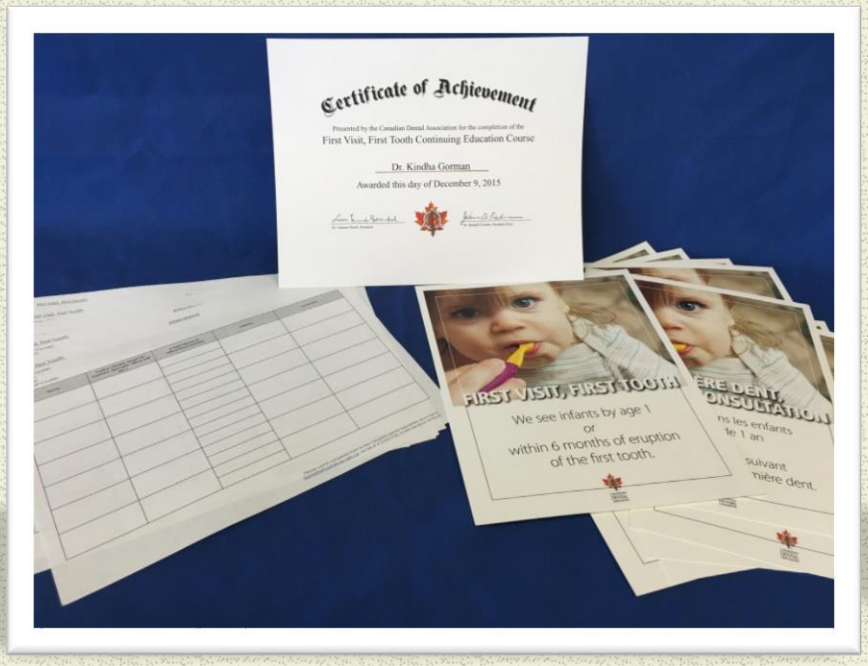


Could educate on "Free First Visit" program in Manitoba

First Visit First Tooth

Contents of the Kit

For Facilitators:



Certificate of Achievement, Reporting forms, Promotional posters

Disposable mirror, Pen light, Fluoride Varnish with micro brushes

First Visit First Tooth

Contents of the Kit

For Participants:

Toothbrushes and Toothpaste

Doll for Sim-Lab demonstrations

First Visit First Tooth

Assessment and Evaluation: For Facilitators

- Prepare a quiz to assess how much information participants learned
- Survey participants to see if they found the training beneficial
- Take suggestions made by participants into account for future presentations

Interested in the Program?

- **To order a kit:**
  - Please call 1-800-267-6354 or
  - Complete a request form available at: http://www.firstvisitfirsttooth.ca/order-kit

- **To find a course in your area:**
  - Please email firstvisitfirsttooth@cda-adc.ca

First Visit First Tooth Resource Fact Sheets

FIRST VISIT, FIRST TOOTH

NEW CONTINUING EDUCATION RESOURCE

A new First Visit, First Tooth continuing education course is now available. As an invaluable resource for those who are committed to seeing children reach their full potential, this half-day course gives participants hands-on training on ways to prevent or decrease the burden of illness associated with early childhood caries (ECC).

WHY IS THE TREATMENT OF EARLY CHILDHOOD CARIES IMPORTANT?

The Canadian Dental Association (CDA) supports first visit within the first year (or first tooth eruption) as a dental best practice to help reduce early childhood caries ECC.

A child's first visit by age one is critical for the early diagnosis and prevention of dental decay, to educate parents and caregivers about dietary habits, instil daily oral hygiene, establish a dental home and stress the importance of regular professional dental care.

Obtaining and maintaining good health in childhood is an important investment in a healthy population for the future.

The consequences of untreated ECC can be dire. Pain, difficulty eating and sleeping, speech difficulties and poor self-esteem may occur. Untreated ECC can affect growth and the ability to concentrate and function.

According to a report from the Canadian Institute for Health Information (CIHI), hospital outpatient dental surgery for ECC constituted 31% of all day surgery for children age 1 to 4, making it the leading cause of day surgery for children in this age group.

The quality of life of our youngest and often most vulnerable members of society can be seriously compromised and yet ECC is totally preventable.

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WHAT CAN PARTICIPANTS EXPECT FROM THE FIRST VISIT, FIRST TOOTH CONTINUING EDUCATION RESOURCE?

Within two to three hours, participants who complete the course will be able to:

- Define ECC and understand the epidemiology;
- Describe how ECC affects the normal growth and development, health and behaviour of children;
- Describe the pathophysiology of ECC and recognize the clinical appearance of early carious lesions (white spots), late stage disease cavitated lesions and the sequelae of late stage disease;
- Use a risk assessment tool to evaluate the risk of ECC in comorbid and typically developing children;
- Provide comfort in examining an infant and toddler;
- Initiate and provide key preventive strategies to prevent ECC through motivational interviewing;
- Provide anticipatory guidance on an age base;
- Access web-based learning resources on infant oral health;
- Have knowledge of common infant and toddler oral health conditions;
- Understand the impact trained physicians and other primary health care providers can have;
- Partner with trained physicians and other primary care providers;
- Provide therapeutic restorative based strategies to treat ECC when necessary.

WHAT IS INCLUDED IN THE RESOURCE?

Meant to be delivered within two to three hours, the interactive slide deck incorporates both knowledge transfer and experiential learning. It can be modified to suit the presenter's own material, presentation style, and geographic realities.
The resource kit includes:

- Toddler-sized doll for active sim lab demonstrations
- Toothbrushes
- Fluoridated toothpaste
- Mirror
- Pen light
- Fluoride varnish
- Reporting form
- Certificates of achievement
- Poster
- Packing list
- Shipping return label with return instructions

WHO CAN USE IT?

The First Visit, First Tooth continuing education kit can be delivered by dentists and pediatric dentists to other dentists, specialists, other oral health care providers, pediatricians, family physicians, nurse practitioners, nurses, and public health officials.

HOW CAN THE RESOURCE KIT BE ORDERED?

Order the First Visit, First Tooth continuing education kit by emailing FirstVisitFirstTooth@cda-adc.ca.

CANADIAN DENTAL ASSOCIATION
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This resource has been developed by Dr. Ross Anderson, Chief of Dentistry, IWK Health Centre and Head, Division of Paediatric Dentistry, Dalhousie University.

Questions?

TAKE HOME MESSAGES

Key Messages of FVFT Program

- **1. Good Oral Health Begins Before Teeth Arrive**
  - How to Prevent Early Childhood Caries – Tips for Parents
  - Celebrate a Child's First Tooth

- **2. Dentists Can Help Reduce Early Childhood Caries**
  - Make an Infant's Oral Health a Priority
  - Risk Factors for Early Childhood Caries
  - Consequences of Early Childhood Caries
  - Importance of Fluoride

Benefits of FVFT Program

- **Benefits of FVFT program**
  - Powerpoint has some great visuals for teaching (ECC, toothpaste amounts)
  - Participants receive toothbrushes and toothpaste
  - Educates more healthcare professionals on oral health
  - Interactive component teaches knee-to-knee demonstration, application of fluoride varnish
  - Builds more awareness of First Visit First Tooth program

Limitations of FVFT Program

- **Limitations of FVFT program**
  - Comprehensive powerpoint presentation is over 150 slides
  - Large time commitment needed for education
  - Many powerpoint slides have too much information listed

Questions?