ESSENTIALS OF ORAL HYGIENE MEASURES FOR CHILDREN AND ANTICIPATORY GUIDANCE FOR THE CARE PROVIDERS

Sanjeev Julka, ¹ Neha Pandey ²

1. PhD Student, Bioengineering Lab, Department of Life Sciences, University of Sydney, Westmead Center for Oral Health, Sydney, Australia 2. PhD Student, Bioengineering Lab, Department of Life Sciences, University of Sydney, Westmead Center for Oral Health, Sydney, Australia

Abstract

The early loss of tooth structure caused by tooth decay can result in failure to thrive, impaired speech development, absence from and the inability to concentrate in school, and reduced self-esteem. This article is an attempt to summarize the latest recommendations in the oral hygiene maintenance and anticipatory guidance for the care providers. The article enumerates the various standardized procedures followed worldwide as recommended by the paediatric and preventive dentistry societies. This revision included a systematic search on internet/ Medline electronic database using parameters: Terms: children oral health maintenance, recommendations in oral health care for kids, guidance for parents and care providers on oral hygiene maintenance: Fields: All fields: limits: within last ten years, English, humans and clinical trials. The AAPD recognizes that infant oral health is one of the foundations on which preventive education and dental care must be built to enhance the opportunity for a lifetime free from preventable oral diseases.

Key Words: - Anticipatory Guidance, Care providers, Oral Health

Introduction

It's undebatable that brushing is a daily necessity that helps to keep your teeth and mouth clean and healthy. Teaching the child a proper oral care at a young age is an investment in his or her health that will pay lifelong dividends. One can start by setting an example like taking good care of their own teeth which sends a message that oral health is something of great value. Anything that makes taking care of teeth fun, like brushing along with your child or letting them choose their own toothbrush, encourages proper oral care. It's especially important that the child brush his or her teeth before going to bed at night. The eight to 10 hours the child is asleep gives bacteria lots of time to feast on food particles left on the teeth and produce decay. The flow of saliva which washes off the food debris, is also reduced while sleeping, which makes it more important to clean teeth at bed time.

Most children spend less than a minute in brushing their teeth. Oral health care professionals recommend, however, that they brush for two to three minutes. If it helps, try putting a timer in the bathroom or giving the child a toothbrush with a timer built in. This way, the child will know how long to brush. By raising oral health awareness, the prevention, early detection, and management of dental, oral and craniofacial tissues can become integrated into healthcare, community based programs, and social services.¹

The beginnings of oral health care

Dental hygiene should begin shortly after a child is born. After every feeding, a clean, warm wash cloth should be used to gently cleanse the inside of the mouth. Oral tissues should be regularly checked by the parents for any breach or trauma. Thrush, a treatable fungal infection caused by Candida (yeast), often appears in areas of the mouth that may have torn tissue, caused by the constant sucking on a pacifier, bottle, or during breastfeeding. The tiny tears remain moist and, if not removed manually, the yeast may cause the painful condition. Signs of thrush include:

- White patches that appear to coat the tongue, inside tissue of the cheek, and gums
- Irregular-shaped patches that cannot be wiped away, sticking to the tissue
- Pain when feeding or using a pacifier

If left untreated, a nursing mother may develop thrush on her breast, although it is not typically considered contagious. Research is now showing that the health of your mouth affects the health of the rest of your body. If your child's mouth is clean and healthy, the rest of his or her body will be better off too. Wipe your child's tongue, gums and cheeks at least once a day, before bed or nap time, with a clean, damp washcloth wrapped around your finger.

The key to establishing good brushing habits is to start early. Brushing regularly your kid's teeth after the first birthday is essential to help your kid in developing a useful habit that will help maintain good dental hygiene for a lifetime. At 3 or 4 years of age, your child should be able to learn to brush on his or her own under your supervision and encouragement.

If there is a trouble getting your child to brush, try some of the following: -

The first thing to do is to find out if there is some specific reason why kids don't want to brush.^{4,5}

- It is possible that your child does not like the taste of the toothpaste: select a fluoridated toothpaste for children, with pleasant taste.
- Perhaps the toothbrush is too big or too hard and annoys the child while brushing. Select a small head toothbrush with soft bristles and anatomic grip.⁶
- Check if they have injured their gums. Wait for the injury to heal and then start brushing.
- Never scare or threaten them that you will take them to the dentist.
- Set a good example. If you don't brush, don't seem to enjoy brushing, or do it too quickly, your child most

- likely will do the same. Brush your teeth together with your children for some days.
- Explain to them that regular brushing will help them keep their bright smile for many years.
- Leave a reminder note to the bathroom mirror or on the pillow so that the children are reminded of brushing in the morning and before sleeping.
- Visit a paediatric dentist. He will help your child to understand the importance of brushing.
- If your child brushes only for a few seconds, try to use an hourglass timer.
- 10. After brushing, give your kids a disclosing tablet, so that you can both see how well he/she did. You could also brush together with your child and have a contest to see whose teeth are cleaner.
- 11. Make brushing a fun activity. Use the musical toothbrush. When pressed to the teeth, the toothbrush renders a recorded riff that lasts two minutes. And only the brusher can hear the sound.

Selection of the toothbrush

There are several factors that you should consider when choosing a toothbrush but the main ones are:

- A soft bristled toothbrush should be chosen. Soft bristles are more flexible and can easily bend and reach the hard-to-reach areas of the teeth. Soft bristles can also brush the gum area without causing bruising or cutting the gums.
- The head should be small allowing it to effectively clean all the areas of the teeth.
- The handle should allow comfortable gripping by the user.
- Electric toothbrushes (Powered tooth brushes) can be a
 great alternative to a manual toothbrush for handicapped
 or bedridden children, or with Orthodontic appliances,
 patients lacking fine motor skills or other conditions that
 make it difficult to brush well.

<u>Toothbrushes should be replaced in the following circumstances:</u> ⁷

- After every 3 months of use,
- After a cold or illness,
- When the bristles lose their shape.

Selecting a toothpaste

It was only about 100 years ago that someone finally created a minty cream to clean teeth and soon after some time the toothpaste tube was invented, so people could squeeze the paste right onto the toothbrush. While toothpaste is a valuable adjunct to a toothbrush in oral hygiene, it is the correct brushing action that removes the plaque from your teeth. Most toothpastes contain fluoride, which helps to prevent and control cavities. A tube of fluoride toothpaste contains fluoride (1,000 to 1,500 ppm). It's important to use one with the right concentration of fluoride for your child. 9

AGE	RECOMMENDATIONS FOR SELECTING A TOOTHPASTE
At birth	Clean your child's gums with a soft infant toothbrush or cloth and water
Children under two years age	Do not use any fluoride toothpaste unless instructed by a dentist
Children aged three to six years	As children younger than six may swallow some of the toothpaste when brushing, so need parental supervision. Fluoride toothpaste when swallowed regularly and in considerable quantities may cause fluorosis in children. Only a pea-sized amount of fluoride toothpaste should be used preferably containing 400-550ppm.

Flossing

Once any two of your child's teeth touch each other, it's time to start flossing. Flossing helps prevent cavities by removing plaque and food particles caught between teeth. It should be an important part of your child's dental routine. Ochildren should be able to floss their own teeth by the time they are 9 years old. To floss younger children's teeth, place them in your lap facing you. The technique is the same, no matter who is doing it.

Anticipatory guidance for parents and caregivers: 11,12

Birth to 12 months

- Good dental habits should begin before the first tooth appears. After feeding, gently brush your baby's gums using water on a baby toothbrush or if the feeder. Or wipe them with a clean cloth.
- Ask about fluoride. After the first tooth appears, ask your paediatric dentist if your baby is getting enough fluoride. Many experts recommend using a fluoridefree toothpaste before the age of 2, but check with your child's doctor or dentist first.
- Schedule your baby's well-child visits.
- Schedule a regular dental check-up.

12 to 24 months

- Brush. Brush your child's teeth 2 times a day using water on a baby toothbrush that has soft bristles. The best times are after breakfast and before bed.
- Limit juices or other sugar containing drinks. Make sure your child doesn't drink more than 1 small cup of juice each day and only at mealtimes.
- Consult with your paediatric dentist about sucking habits. Sucking too strongly on a pacifier, a thumb, or fingers can affect the maxilla-facial growth pattern.
- Schedule a regular dental check-up.

24 months

 Brush. Help your child brush the teeth 2 times a day, themselves. There are brushes designed to address the different needs of children at all ages, ensuring that you can select a toothbrush that is appropriate for your child. Make sure your child's teeth are clean, you should brush them again. If your child doesn't want her teeth brushed, it may help to turn it into a game.

- Use fluoridated toothpaste. Start using fluoride containing toothpaste, which helps prevent cavities.
 Teach your child not to swallow it. Use a pea-sized amount or less and smear the paste onto the bristles.
- Floss. Begin flossing your child's teeth as soon as the two teeth touch or come in contact. But not all children need their teeth flossed at this age, so check with your paediatric dentist first.
- Schedule a regular dental check-up

Following simple steps can be of great help to careproviders: 13

- Brush twice a day with a fluoride containing toothpaste.
- Floss daily to remove plaque from between your teeth and under the gum line, before it can harden into tartar. Once tartar has formed, it can only be removed by professional cleaning.
- Eat a well-balanced diet that limits starchy or sugary foods, which produce plaque acids that cause tooth decay. When you do eat these foods, try to eat them with your meal instead of as a snack-the extra saliva produced during a meal helps rinse food from the teeth.
- Use dental products that contain fluoride, including toothpaste.

Make sure that your children's drinking water is fluoridated. If the water supply; municipal, well or bottled does not contain fluoride, your dentist or paediatrician may prescribe daily fluoride supplements

For parents who wish to establish good dental health for their infants, the following general guidelines may be of help: 14,15

- Fluoridated Toothpastes.
- Check and Clean Your Baby's Teeth Regularly.
- Feed Your Baby Healthy Food.
- Prevent Tooth Decay.
- Talk With Your Paediatrician About Making a Dental Home.

References

 US Department of Health and Health Services. Oral health in America: A report of the Surgeon General. Rockville, Md: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health: 2000

- 2. Douglass JM, Douglass AB, Silk HJ. A practical guide to infant oral health. Am Fam Physician 2004;70(11):2113-20,2121-2
- Kowash MB, Pinfield A, Smith J, Curzon ME. Effectiveness on oral health of a long term health education for mothers with young children. Br Dent J 2000;188(4):201-205
- Brown A, Lowe E, Zimmerman B, Crall J, Foley M, Nehring M. Preventing early childhood caries: lessons from the field. Pediatr Dent 2006;28(6):553-60
- Mentes A, Atukeren J. A study of manual toothbrushing skills in children aged 3-11 years. J Clin Pediatr Dent 2002;27(1):91-94
- Das UM, Singhal P. Toothbrushing skills of the children aged 3-11 years. J Indian Soc Pedod Prev Dent 2009;2(27):104-107
- Bastiaan RJ. The cleaning efficiency of different toothbrushes in children. J Clin Periodontol 1986;13(9):837-40.
- American Academy of Pediatric Dentistry. Policy on early childhood caries (ECC): Classifications, consequences and preventive strategies. Pediatr Dent 2008-2009;30(7 suppl):40-2
- American Academy of Pediatric Dentistry. Guideline on fluoride therapy. Pediatr Dent 2008-2009:30(7 suppl): 121-4.
- American Academy of Pediatric Dentistry. Clinical guidelines on infant oral health care. Pediatr Dent 2004; 26:67-70
- Nelson CS, Wissow LS, Cheng TL. Effectiveness anticipatory guidance: recent developments. Curr Opin Pediatr 2003;15(6):630-635.
- Nowak AJ, Casamassimo PS. Using anticipatory guidance to provide early dental intervention. J Am Dent Assoc 1995;126(8);1156-63
- Mani SA, Aziz AA, John J, Ismail NM. Knowledge, attitude and practice of oral health promoting factors among caretakers of children attending day-care centres in Kubang, Kerian, Malaysia: A preliminary study. J Indian Soc Pedod Prev Dent 2010;28(2):78-83.
- American Academy of Pediatric Dentistry. Guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children. Pediatr Dent 2009; 31(special issue): 118-25.
- American Academy of Pediatric. Dentistry reference manual: Definition of dental home. Pediatr Dent 2006 2007; 28:10

Corresponding Author

Dr. Sanjeev Julka, (PhD)
Bioengineering Lab., Department of Life Sciences,
University of Sydney, Westmead Center for Oral Health,
Westmead NSW 2145

E-mail: sjul1933@uni.sydney.edu.au