

# INFANCY

## Family Preparation for Health Supervision

Be prepared to give updates on the following at visits to a health or dental professional during infancy:

Supplemental fluoride and vitamins

Changes in the source of the water used for drinking, cooking, or formula preparation (bottled water, etc.)

Use of bottle, cup

Injuries to the mouth or teeth

Infections in the mouth

Medications, illnesses

Oral hygiene procedures (frequency, problems)

Changes in teeth present in the mouth

Thumbsucking or pacifier use

## Periodicity and Services

### *Dental Professional*

If indicated by the infant's needs and/or susceptibility to disease, at health professional's referral:

- Treatment for injury/dental disease
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents concerning fluoride supplementation, oral development, nonnutritive sucking habits (thumb or pacifier), bottle use, teething/tooth eruption, tooth cleaning, injury prevention, dietary habits
- Referral, as needed, to other health professionals

### *Health Professional*

Health professionals can provide oral health supervision within the context of the health supervision visits during the first year—suggested at birth, 1 week, and 1, 2, 4, 6, and 9 months:\*

- Screening
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents concerning fluoride supplementation, oral development, nonnutritive sucking habits (thumb or pacifier), bottle use, teething/tooth eruption, tooth cleaning, injury prevention, dietary habits
- Referral, as needed, to the dental professional

\* *Most infants will receive their oral health supervision from health professionals. If screening indicates a problem, the infant should be referred to a dental professional.*

## Interview

### *Trigger Questions*

To be used selectively by the health or dental professional. Discuss any issues or concerns of the family.

How is feeding going?

How well does Julia fall asleep? Do you give her a bottle in bed?

Is Hannah easy or difficult to console?

What drinking water do you give to Ana?

Does Nikita use a pacifier? Does she suck her thumb or finger?

Do you put Celeste in a safety seat when she rides in a car?

Are you brushing Alexander's teeth? How has this been going?

How much toothpaste do you use?

Do you have a family dentist?

Have you made an appointment for Carlos' one year dental visit?

## Observation of Parent-Child Interaction

Are the parent and infant interested in and responsive to each other (i.e., sharing vocalizations, smiles, and facial expressions)?

Is the parent aware of environmental risks, yet supportive of the infant's emerging autonomy and independence?

## Oral Exam and Diagnostic Procedures

As part of the complete oral exam, the following should be noted:

Pathologic conditions

Developmental dental anomalies

Risk factors

# Risk Assessment

## Dental Caries

RISK FACTORS	PROTECTIVE FACTORS
<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Inadequate fluoride	Optimal systemic and/or topical fluoride
Inadequate oral hygiene	Good oral hygiene
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Frequent snacking	Reduction in snacking frequency
Special carbohydrate diet	Preventive intervention to minimize effects
Frequent intake of sugared medications	Alternate medications or preventive intervention to minimize effects
Reduced saliva flow from medication or irradiation	Saliva substitutes
Variations in tooth enamel; deep pits and fissures; anatomically susceptible areas	Sealants (if possible) or observation
Special health needs	Preventive intervention to minimize effects
Previous caries experience	Increased frequency of supervision visits
Gastric reflux	Management of condition
High mutans streptococci count	Reduction of mutans streptococci
<i>Infancy: Examples</i>	<i>Infancy: Examples</i>
Bottle used at night for sleep or “at will” while awake	Prevention of bottle habit and weaning from bottle by 12 months
High parental levels of bacteria (mutans streptococci)	Good parental oral health and hygiene
History of baby bottle tooth decay	Increased frequency of supervision visits



# Risk Assessment

## *Periodontal Disease*

RISK FACTORS	PROTECTIVE FACTORS
<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Inadequate oral hygiene	Good oral hygiene
Unrestored caries	Restoration of carious lesions
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Special health needs	Preventive intervention to minimize effects
Nutritional deficiency (e.g., vitamin C)	Healthy eating habits
Infectious disease (e.g., HIV/AIDS)	Treatment of disease or preventive intervention to minimize effects
Medications (e.g., Dilantin)	Preventive intervention to minimize effects
Metabolic disease (e.g., diabetes, hypophosphatasia)	Treatment of disease
Neoplastic disease (e.g., leukemia and its treatment)	Treatment of disease and preventive intervention to minimize effects
Genetic predisposition (e.g., Down or Papillon Lefevre syndrome)	Preventive intervention to minimize effects
Poor-quality restorations	Properly contoured and finished restorations
Mouthbreathing	Management of mouthbreathing
Injury	Use of age-appropriate safety measures and treatment of injury
<i>Infancy: Examples</i>	<i>Infancy: Examples</i>
None	None

## Malocclusion

RISK FACTORS	PROTECTIVE FACTORS
<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Congenital absence of teeth	Early intervention
Variations in development (e.g., tooth eruption delays and malpositioned teeth)	Early intervention
Conditions associated with malocclusion (e.g., cleft lip/palate)	Early intervention
Injury	Use of age-appropriate safety measures and treatment of injury
Acquired problem from systemic condition or its therapy	Dental intervention as a part of medical care
Family tendency toward malocclusion	Early intervention
Musculoskeletal conditions (e.g., cerebral palsy)	Dental intervention as a part of medical care
Skeletal growth disorders (e.g., renal disease)	Dental intervention as a part of medical care
<i>Infancy: Examples</i>	<i>Infancy: Examples</i>
None	None

## Injury

<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Substance abuse in family	Referral for counseling
Child abuse or neglect	Referral for counseling
Multiple family problems	Referral for counseling
Lack of protective reflexes	Referral for appropriate therapy
<i>Infancy: Examples</i>	<i>Infancy: Examples</i>
Failure to use safety measures appropriate for infant (e.g., car safety seats, stair gates)	Use of infant-appropriate safety measures



## Anticipatory Guidance

### *Throughout infancy:*

Use an infant safety seat that is properly secured at all times.

To avoid developing a habit that will harm the child's teeth, do not put the baby to bed with a bottle, prop it in the baby's mouth, or allow the baby to feed "at will."

Most infants do not get their first teeth until after six months, and some will not do so until after one year. Teething may be irritable.

Familiarize yourself with the normal appearance of your baby's gums and teeth so that you can identify problems if they occur.

Many babies need extra sucking. If the infant is receiving enough milk and growing well, sucking a thumb or pacifier may help calm the infant and will not harm the teeth during infancy.

Try to console the infant, but recognize that the infant may not always be consolable, regardless of your efforts. Accept support from your partner, family members, and friends. If you feel overwhelmed, discuss it with your health professional.

Always keep one hand on the baby on high places such as changing tables, beds, sofas, or chairs.

Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place out of the baby's sight and reach.

Use safety locks on cabinets.

Install gates at the top and bottom of stairs, and place safety devices on windows.

Lower the crib mattress.

Avoid dangling electrical and drapery cords. Ensure that appliances are out of reach.

Keep pet food and dishes out of reach. Do not permit the baby to approach the pet while it is eating.

Do not use an infant walker at any age.

Always use a safety belt or infant seat when placing the infant in a shopping cart.

### *At six months:*

Begin to offer a cup for water or juice.

Clean the infant's teeth with a soft brush, beginning with the eruption of the first tooth.

Give the infant fluoride supplements only as recommended by the health professional, based on the level of fluoride in the infant's drinking water.

### *At nine months:*

Encourage the infant to drink from a cup. If bottle-feeding, begin weaning from the bottle.

## Review

Chart with assessment of child's oral health  
Appropriate screening/referral  
Follow-up  
Utilization review (appropriateness/quality of care)  
Policies of health professional and dental professional regarding quality of care

## Outcomes

- Parents are informed of oral development and teething issues
- Parents are informed of and practice preventive oral health care, including brushing infant's teeth with pea-size amount of fluoridated toothpaste
- Infant rides in car safety seat



## Preventing Baby Bottle Tooth Decay

“Tita will not need to have the decayed teeth fixed just yet,” explained Dr. James to Tita’s parents, “since the cavities on her teeth are still very small.” Tita’s parents, Eduardo and Rosalyn, were visibly relieved—and, yes, a little embarrassed—that what they had thought was a good way for Tita to fall asleep had led to dental caries. Tita’s pediatrician had noticed the spots on Tita’s four front teeth and had been the first to ask about sleeping with a bottle. The pediatrician had referred Tita for her first dental visit to Dr. James, who examined Tita and then spent most of the visit talking with Eduardo and Rosalyn.

“The most important thing you can do to protect her teeth,” explained Dr. James as he demonstrated how to clean Tita’s teeth, “is never to put her to bed with a bottle or allow milk or juice to remain on her teeth any longer than it takes to feed her. Have you tried offering her some water from a cup or patting her back to relax her instead?”

“My cousin Alicia pats her baby to sleep,” Eduardo responded, “but, for Tita, the bottle has worked so well. I guess we will be trying something new now. We will ask Alicia how she does it.”

“We don’t want to hurt Tita’s teeth anymore,” Rosalyn added. Eduardo and Rosalyn were a little nervous about getting Tita to sleep, but they were very relieved to have the skills and information to keep the carious lesions from getting worse.

Dr. James explained that Tita was at increased risk for developing future caries, so it was very important to follow the protective suggestions they had talked about during the visit. Dr. James scheduled Tita for a follow-up visit in three months. “But please call me sooner,” Dr. James encouraged them, “if you have any concerns or questions at all.” 



