Early Childhood Caries in Manitoba: Statistics and Strategies

Telehealth Presentation
November 30, 2011

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&
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Happy Child
Objectives

• Impact of ECC on childhood health & well-being

• Review current status of early childhood oral health in Manitoba

• The role of health and community professionals in improving childhood oral health
The Canadian Dental Association (CDA) recognizes that early childhood caries (ECC) is a complex and multifactorial chronic disease that is heavily influenced by:

- biomedical factors (diet, bacteria and host) and
- by social determinants of health.

ECC is defined as the presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary preschool-age child, i.e., between birth and 71 months of age.

For full position statement please visit the CDA website at: http://www.cda-adc.ca/en/oral_health/faqs_resources/position_statements.asp
Cavitated Lesions

White Spot Lesions
Early Childhood Caries (ECC)

• Defined as 1 or more primary teeth affected by decay in infant and preschool children AAPD 2007

• Theoretically 100% preventable
Early Childhood Caries (ECC)

<table>
<thead>
<tr>
<th>Table 1. Previous used terms for ECC among infants and preschoolers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby-bottle tooth decay (35-38)</td>
</tr>
<tr>
<td>Baby-bottle syndrome (39)</td>
</tr>
<tr>
<td>Labial caries (40)</td>
</tr>
<tr>
<td>Circular caries (41)</td>
</tr>
<tr>
<td>Nursing-bottle mouth (42)</td>
</tr>
<tr>
<td>Milk-bottle caries (43)</td>
</tr>
<tr>
<td>Nursing caries (44-46,54)</td>
</tr>
<tr>
<td>Nursing-bottle caries (4,39)</td>
</tr>
<tr>
<td>Nursing-bottle syndrome (47,48,55)</td>
</tr>
<tr>
<td>Bottle-propping caries (49)</td>
</tr>
<tr>
<td>Bottle-baby syndrome and bottle-mouth caries (50)</td>
</tr>
<tr>
<td>Rampant caries (51)</td>
</tr>
<tr>
<td>Melanodontie infantile/“les dents noire de tout-petits” (52,53)</td>
</tr>
<tr>
<td>Sucking-cup caries (58)</td>
</tr>
<tr>
<td>Sugared-tea caries (56)</td>
</tr>
<tr>
<td>Sweet-tea caries (57)</td>
</tr>
<tr>
<td>Sugar nursing-bottle syndrome (59)</td>
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</table>
Prevalence of ECC by Manitoba Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden Hill FN</td>
<td>98.9</td>
</tr>
<tr>
<td>Carman</td>
<td>44.3</td>
</tr>
<tr>
<td>Northern FN</td>
<td>58.6</td>
</tr>
<tr>
<td>Roseau River FN</td>
<td>65.5</td>
</tr>
<tr>
<td>Thompson</td>
<td>56.5</td>
</tr>
<tr>
<td>Winnipeg</td>
<td>51.4</td>
</tr>
<tr>
<td>Wpg-Mount Carmel</td>
<td>46.6</td>
</tr>
<tr>
<td>Hutterite</td>
<td>52.3</td>
</tr>
<tr>
<td></td>
<td>53</td>
</tr>
</tbody>
</table>

Figure 5.33: Hospital-Based Dental Extractions Rates by RHA
Adjusted rates per 1,000 children aged 0-5 years

1996/97-2000/01
2001/02-2005/06
MB Avg 1996/97-2000/01
MB Avg 2001/02-2005/06

South Eastman (1,2)
Central (t)
Assiniboine
Brandon (1,2)
Winnipeg (1,2)
Interlake (t)
North Eastman (1,2, t)
Parkland
Churchill (2, t)
Nor-Man (1,2, t)
Burntwood (1,2, t)
South (2)
Mid (t)
North (1,2, t)
Manitoba (t)

'1' indicates area's rate was statistically different from Manitoba average in first time period
'2' indicates area's rate was statistically different from Manitoba average in second time period
't' indicates change over time was statistically significant for that area
's' indicates data suppressed due to small numbers

Source: Manitoba Centre for Health Policy, 2008
10 Year Review of Pediatric Dental Surgery for ECC

- Utilized MB Health administrative data that spanned the fiscal years 1997/1998 to 2006/2007
- over 60% were less than 48 months (< 4 years) of age
- those between 36 and 47 months of age represented the greatest age group undergoing GA (38.1%)

<table>
<thead>
<tr>
<th>Year of Age (months)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (&lt;12)</td>
<td>2 (0.0)</td>
</tr>
<tr>
<td>1 (12-23)</td>
<td>434 (2.3)</td>
</tr>
<tr>
<td>2 (24-35)</td>
<td>3753 (20.2)</td>
</tr>
<tr>
<td>3 (36-47)</td>
<td>7063 (38.1)</td>
</tr>
<tr>
<td>4 (48-59)</td>
<td>4685 (25.3)</td>
</tr>
<tr>
<td>5 (60-71)</td>
<td>2607 (14.1)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18544 (100.0)</strong></td>
</tr>
</tbody>
</table>
Impact of ECC on Health & Well-being

Oral Health of Indigenous Children and the Influence of Early Childhood Caries on Childhood Health and Well-being

Robert J. Schroth, DMD, MS,a,b,*, Rosamund L. Harrison, DMD, MS,a, MRCD,c,d, Michael E.K. Moffatt, MD, MSC, FRCP(c),e

KEYWORDS
• Dental caries • Early childhood caries • Health services • Indigenous • North America • Health promotion • Indians

Dental caries in Indigenous children is a child health issue that is multifactorial in origin and strongly influenced by the determinants of health. The evidence, although generally of a lower quality, suggests that extensive dental caries has an effect on health and well-being of the young child. Although counseling about dietary practices and tooth brushing and interventions involving fluoride show promise in reducing the severity of early childhood caries (ECC), the level of evidence for each is variable. Combined approaches are recommended. This article focuses on ECC as an overall proxy for Indigenous childhood oral health, because decay during early life sets the foundation

• Growth & Development
  • Speech development
  • Height
  • Weight and Body Mass Index (BMI)

• Common Pediatric Illnesses & Conditions
  • Otitis media
  • Respiratory tract infections
  • Eating patterns
  • Iron deficiency

• Quality of Life
  • Pain
  • Sleep
  • Behaviour
Impact of ECC and Growth & Development

• Speech Development
  • Small studies reporting some children who lost primary teeth from ECC have speech distortion & difficulty speaking.
  • No significant association between speech difficulties with increasing severity of caries.
  • Aggregated evidence suggests a plausible association, but the existing evidence is of low quality.

Impact of ECC and Growth & Development

• Weight & BMI
  • Observational studies reveal children with S-ECC weigh less than cavity-free children.
  • Some large representative samples do not support a relationship with Body Mass Index (BMI), but one study reported low BMI-for-age was associated with caries prevalence.

Impact of ECC and Growth & Development

• Weight & BMI
  • Cohort & case studies suggest that children gain weight after oral rehabilitation under general anesthesia (GA).
  
• Overall: extensive caries in young children may contribute to low weight.
Impact of ECC on Illnesses & Conditions

• Otitis media (OM)

  • Poor evidence suggesting that ECC is a risk factor for OM.

  • Children who had OM during the first year of life were 29% more likely to develop ECC.

Impact of ECC on Illnesses & Conditions

• Respiratory tract infections
  • Increased risk of 34% for ECC in children who had reported respiratory infections in the first year of life.
  • Case-control study of ECC found no association with respiratory infections.
Impact of ECC on Illnesses & Conditions

• Eating patterns
  • Children with S-ECC more likely to have trouble eating than cavity-free controls.
  • Improved eating behaviours and fewer difficulties chewing after dental surgery.
  • S-ECC may be a risk marker for iron deficiency anemia.

Impact of ECC on Quality of Life

• Pain
  • Parents report that children with S-ECC and ECC suffer dental pain.
  • Significant reductions in reported pain following dental surgery.

• Sleep
  • Children with S-ECC may have significantly more problems sleeping.
  • Dental surgery under GA may improve sleeping patterns.

CAUTION!

- Evidence to support these associations is in many cases limited and of low-grade.

- It suggests that severe dental caries may indeed have an impact on the health and wellbeing of young children.

- The scarcity of high quality evidence should be a “Call to Action” for more focused research on the impact of ECC on childhood health.
Current Early Childhood Oral Health Activities in MB

• Review postal code mapping of Manitoba Dental Association’s Free First Visit (FFV) program

• Review postal code mapping of pediatric dental surgeries (at Winnipeg facilities)
CDA Position


• The Canadian Dental Association encourages dental assessments of infants within 6 months of the eruption of the first tooth or by one year of age

• At the first dental visit, the infant’s risk of caries should be assessed and discussed with a parent or caregiver

• The goal is to have children visit the dentist before there is a problem
Descriptive Findings

• 264 dentists originally registered to participate in the Manitoba Dental Association’s (MDA’s) Free First Visit (FFV) program.

• In the first fiscal year 100 (37.9%) dentists out of the 264 submitted a completed FFV program tracking form.
**MDA Free First Visit Program Tracking Form**

**Information about the Dentist**

Name: 

Location (City/Postal Code):

**Information about the Child**

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Date of Free First Visit (dd/mm/yyyy)</th>
<th>Child's Date of Birth (dd/mm/yyyy)</th>
<th>Child's Age (months)</th>
<th>Child's Sex</th>
<th>City of Residence</th>
<th>Child's Postal Code</th>
<th>Signs of Early Childhood Caries?</th>
<th>Dental Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**THANK YOU!** We appreciate your time taken in completing this form. Please submit this information to the Manitoba Dental Association.
Descriptive Findings

• 2,570 FFV forms were submitted by dental practitioners in Manitoba.

• Overall, 455 cases were excluded because they either involved children > 36 months of age or did not fall within the first year of the program (April 1, 2010 to March 31, 2011).

• Year 1 analysis is limited to 2,115 FFV tracking forms.
Age Distribution of Children Participating in the FFV Program

Number of Children

Age of Children (months)

- 0-4 months
- 5-8 months
- 9-12 months
- 13-16 months
- 17-20 months
- 21-24 months
- 25-28 months
- 29-32 months
- 32-36 months
<table>
<thead>
<tr>
<th>RHA</th>
<th>Number of Dental Clinics</th>
<th>Number of Children Seen by RHA of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnipeg</td>
<td>56</td>
<td>1395</td>
</tr>
<tr>
<td>Brandon</td>
<td>7</td>
<td>95</td>
</tr>
<tr>
<td>North Eastman</td>
<td>5</td>
<td>78</td>
</tr>
<tr>
<td>South Eastman</td>
<td>3</td>
<td>129</td>
</tr>
<tr>
<td>Interlake</td>
<td>5</td>
<td>113</td>
</tr>
<tr>
<td>Central</td>
<td>4</td>
<td>158</td>
</tr>
<tr>
<td>Assiniboine</td>
<td>1</td>
<td>66</td>
</tr>
<tr>
<td>Parkland</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Nor-Man</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Burntwood</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Churchill</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Missing postal code and city name</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>89</strong></td>
<td><strong>2115</strong></td>
</tr>
</tbody>
</table>
• 20.2% (413/2,045) of children were reported to have ECC

Number of Children with Early Childhood Caries
<table>
<thead>
<tr>
<th>Child’s RHA of Residence</th>
<th>ECC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Assiniboine</td>
<td>46</td>
</tr>
<tr>
<td>Brandon</td>
<td>87</td>
</tr>
<tr>
<td>Burntwood</td>
<td>5</td>
</tr>
<tr>
<td>Central</td>
<td>121</td>
</tr>
<tr>
<td>Churchill</td>
<td>0</td>
</tr>
<tr>
<td>Interlake</td>
<td>85</td>
</tr>
<tr>
<td>NorMan</td>
<td>2</td>
</tr>
<tr>
<td>North Eastman</td>
<td>59</td>
</tr>
<tr>
<td>Parkland</td>
<td>22</td>
</tr>
<tr>
<td>South Eastman</td>
<td>108</td>
</tr>
<tr>
<td>Winnipeg</td>
<td>1077</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1612</strong></td>
</tr>
</tbody>
</table>
79.2% of children were reported to have dental benefits [either private or government sponsored benefits]
Pediatric Dental Surgery
*Winnipeg facilities only

- Postal code mapping software to track postal code of residence for children undergoing dental surgery

- Analysis was done by Liping Zhang of the Research & Evaluation Unit, WRHA. August, 2011.
## Table 1: Manitoba Pediatric Dental - Completed Patient by Regional Health Authority (RHA) 2010/2011

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assiniboine</td>
<td>6</td>
<td>11</td>
<td>7</td>
<td>13</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Brandon</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Burntwood</td>
<td>65</td>
<td>77</td>
<td>67</td>
<td>80</td>
<td>56</td>
<td>71</td>
</tr>
<tr>
<td>Central</td>
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<td>33</td>
<td>25</td>
<td>43</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Churchill</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interlake</td>
<td>33</td>
<td>35</td>
<td>23</td>
<td>45</td>
<td>44</td>
<td>23</td>
</tr>
<tr>
<td>NorMan</td>
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<td>1</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>North Eastman</td>
<td>23</td>
<td>29</td>
<td>20</td>
<td>35</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Parkland</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td>16</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>South Eastman</td>
<td>8</td>
<td>16</td>
<td>12</td>
<td>9</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
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<td>154</td>
<td>147</td>
<td>254</td>
<td>175</td>
<td>158</td>
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<tr>
<td>Manitoba</td>
<td>311</td>
<td>369</td>
<td>320</td>
<td>505</td>
<td>366</td>
<td>366</td>
</tr>
<tr>
<td>Other Province/Territory</td>
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<td>25</td>
<td>30</td>
<td>22</td>
<td>20</td>
<td>35</td>
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<td>49</td>
<td>39</td>
<td>55</td>
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<td>33</td>
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<tr>
<td>Total</td>
<td>440</td>
<td>443</td>
<td>389</td>
<td>582</td>
<td>418</td>
<td>434</td>
</tr>
</tbody>
</table>

**Notes:**

Data Source: Healthy Smile Happy Child Project

Postal code convert file: version 2008

Analysis is done by Research & Evaluation Unit, WRHA. August, 2011
Manitoba Pediatric Dental - Completed Patients in First Nation Reserves
April 2010 to June 2011

Notes: S4NAME is area name from Phras4 geographies shapefile which contain First Nation Reserves and related postal code. The counts are calculated by linking postal code from Happy smile Health child data with Phras4 postal code convert file.
What can dental, health and community staff do about Early Childhood Oral Health?
#1 Think Oral Health for High-Risk Children

All

• Medical condition & children with special health care needs (e.g. DD, ↓ saliva, metabolic/genetic conditions, medications, etc.)

• Children in families of low socioeconomic status (SES)

• Children of mothers or sibling(s) with caries

• Between meal & bedtime exposure to cavity-producing foods/liquids (e.g. sleeping with bottle or sippy cup)
#2 Learn to Screen for ECC

All

- Environmental risk factors

- “Lift the lip” and look:
  - Visible plaque
  - Gingivitis
  - White spots
  - Pits and fissures
CLINICAL EVALUATION

• A complete oral examination should be part of every routine visit, beginning at 6 months of age.

• A knee-to-knee examination is often best for an infant or small child. Older children and adolescents can sit up or lie down on the table.
#3 Encourage Oral Hygiene
Starting with the First Tooth

- Wiping
- Brushing

**Birth to 3 years of age**: If child is at risk*, use a *rice grain-sized* amount of fluoride toothpaste

**3 to 6 years of age**: use a *green pea-sized* amount of fluoride toothpaste

*Risk of early childhood tooth decay includes if the child: is living in an area with non-fluoridated water, has white chalky areas or cavities on teeth, has lots of sugary snacks/drinks between meals, teeth are not brushed daily, or caregiver has tooth decay.

- Whole family
#4 Referral to a Dentist

**Primary**

- Recommended first visit by 6 – 12 months
- Dental Home by age 1 year
#5 Sugar, Sugar! All

Think About Your Baby’s Teeth
prevent early childhood tooth decay
sweet drinks are not meant for sippy cups and bottles

Powdered Drink Mixes 12 Sugar Cubes**
Unsweetened Apple Juice 12 Sugar Cubes**
Cola Drink 12 Sugar Cubes**
Plain Water 0 Sugar Cubes**

You Can Prevent Early Childhood Tooth Decay
• Breastfeed
• Brush baby teeth whether breastfeeding or bottle-feeding
• Wipe gums daily from birth and then brush teeth twice daily
• Plain water only in bedtime bottle or sippy cup
• Avoid constant sipping of sweet drinks between meals
• Stop using bottle and sippy cup by 14 months
• Take special care of your teeth during pregnancy
• Severe early childhood tooth decay can affect your baby’s health
  * Every sip of a sweet drink causes teeth to be attacked by cavity-causing bacteria for 20 minutes.
  ** Sugar content in 1 cup (8 ounces)

Remember
This picture
#6 Weaning Counseling

Tips to allow an easy transition:

- Start by offering the sip cup instead of the bottle at all feeds between meals.
- Give your child the sip cup instead of the bottle at a new meal every other day until you are no longer using the bottle.
- Always use the cup at the same meal.
- It is important to involve everyone who feeds the baby in this effort.
- Avoid sitting in your favourite nursing chair or other familiar spots.
- Don't use "cold turkey". Wean in a gradual and loving way.
- Don't let your child take the bottle or sip cup to bed with them.
- Don't let the bottle or sip cup substitute for a pacifier.
- If your child asks for the bottle, offer the sip cup instead and hold them if they need soothing.

Potential barriers you may encounter when weaning from the bottle:

- Your child may demand the bottle at first. Be determined in offering the cup. After a short time, your child will like the cup just as much.
- Breaking the habit of taking the bottle to bed can be very difficult. Be persistent. This is a bad habit.
- Your infant may not hold the cup by itself at first. You may need to hold the cup until they get the hang of it.
- Your child may not want to stop sucking. Offering your child a pacifier is OK.

Remember, eliminating the bottle now may have significant health benefits for your child in the long run.

Weaning your child from the bottle to a cup starts today!

#7 Team Work

All

- Dentists as colleagues
- Support collaborative efforts with daycare workers, health promotion specialists, PHNs, etc.
- Raise public awareness
- Advocacy
  - Milk subsidization for remote?
  - Improved dental access
American Academy of Pediatric Dentistry (AAPD) Caries Risk Assessment

Table 1. Caries-risk Assessment Form for 0-3 Year Olds\textsuperscript{59,60}
(For Physicians and Other Non-Dental Health Care Providers)

<table>
<thead>
<tr>
<th>Factors</th>
<th>High Risk</th>
<th>Moderate Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/primary caregiver has active cavities</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/caregiver has low socioeconomic status</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has &gt;3 between meal sugar-containing snacks or beverages per day</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is put to bed with a bottle containing natural or added sugar</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has special health care needs</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Child is a recent immigrant</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Protective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child receives optimally-fluoridated drinking water or fluoride supplements</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Child has teeth brushed daily with fluoridated toothpaste</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Child receives topical fluoride from health professional</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Child has dental home/regular dental care</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical Findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has white spot lesions or enamel defects</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has visible cavities or fillings</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has plaque on teeth</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Circling those conditions that apply to a specific patient helps the health care worker 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 (e.g., frequent exposure to sugar-containing snacks or beverages, visible cavities) in determining overall risk.

Overall assessment of the child’s dental caries risk: High □     Moderate □     Low □
Resources

Prevent Early Childhood Tooth Decay

Action Plan Workbook and Toolkit

Healthy Smile Happy Child Pilot Project of the Manitoba Collaborative Project for the Prevention of Early Childhood Tooth Decay
# Resources

## Dental Bingo

**Card #4**

<table>
<thead>
<tr>
<th>B</th>
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<th>G</th>
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<tbody>
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<td><img src="image2.jpg" alt="Image" /></td>
<td><img src="image3.jpg" alt="Image" /></td>
<td><img src="image4.jpg" alt="Image" /></td>
<td><img src="image5.jpg" alt="Image" /></td>
</tr>
</tbody>
</table>
| **Dental Bingo** Card #4  
Healthy Smiles, Happy Child Project |
| **Wipe your baby’s gums daily from birth.** | **Early Childhood Tooth Decay can be prevented.** |
| **Limit juice to 1 cup a day. Give water for thirst.** | **Early Childhood Tooth Decay is painful.** |
| **Free Space** |
| **Sweets and soother do not mind.** | **Breast to cup is best.** |
| **Babys, bottles and beds do not mix.** | **Brush your child’s teeth until they turn 8 years old.** |
| **Baby teeth are important!** | **Brush teeth gently, bottom teeth up and top teeth down.** |

## True or False Game

- **It’s recommended that you start brushing your baby’s teeth when they turn 2 years old.**

---

*Images and text content are for demonstration purposes only.*
Resources

Newborn $5

2 months $5

6 Months $5

1 Year $5
Resources

Healthy Baby Teeth Start Here!

Prenatal Information

Healthy Smile Happy Child Project

Tooth Care (& Mouth Care) Starts at Birth

Newborn to 6 Years

Prevent Early Childhood Tooth Decay

TOOTHBRUSHING TIPS FOR PARENTS

Positioning You and Your Baby
It's easier and more comfortable to brush when your baby is lying down – you will see better and do a better job!

A Few Ideas To Try:
- Hold your baby in your arms in feeding position
- Lay baby on change table (always with an adult)
- Place baby on couch or bed, with head in your lap
- Lay toddler on floor with head on a pillow placed between your legs
- Sit in a chair facing another adult helpers in the same knee position:
  - baby lies on adult's legs with head in your (brusher's) lap
  - helper gently holds baby's legs and arms

It is easier to brush with your baby's head in your lap

Brushing Your Child's Teeth
- Use a child-size toothbrush with soft bristles
- Brush using small circles, begin where teeth and gums meet
- Brush:
  - both the cheek and tongue sides of the teeth
  - the flat chewing surfaces
  - gums and tongue too!

Gums that bleed need more brushing to make them healthy

Help Your Child Develop Good Brushing Habits
Children will:
- Want to brush their teeth when they see you brushing your own teeth – great!
- Need you to finish brushing for them until they are about 8 years old and able to do a good job on their own
- Be motivated to brush longer with helpers such as an egg timer
- Enjoy getting a small reward once they complete their own toothbrushing chart (see other side) – a good way to encourage good brushing habits!
Early Childhood Tooth Decay

Prevent Early Childhood Tooth Decay - Action Plan Workbook and Toolkit

- Download Workbook and Toolkit (Full)
- Mouth Care for Your Baby - Newborn
- Healthy Smile Happy Child - 2 Months
- Healthy Smile Happy Child - 6 Months
- Healthy Smile Happy Child - 1 Year

"Think About Your Baby's Teeth"
Download this poster, which can be printed out for use in your community.

Additional Resources

- Toothbrushing Tips for Parents

Pamphlet: Premature Information English | Cree
Pamphlet: Newborn to 6 Years English | French | Cree

"Healthy Smile Happy Child"

"Healthy Smile, Happy Child" Flip Chart English | French
"Healthy Smile, Happy Child" Pamphlet

Updates

Below, you’ll find quarterly report updates of the "Healthy Smile, Healthy Child" initiative’s activities.

http://www.wrfa.mb.ca/healthinfo/prevent/child.php
Resources

Lift the Lip Cards

Calgary Health Region

Order on-line or by phone @ (403) 228-3384
Resources

**DVDs**

- Brushing Baby Teeth Daily
  - University of Washington

- Lift The Lip
  - University of Washington

- Circle of Smiles
  - FNIHB/Healthy Smile Happy Child

- Baby Oral Health: Pregnancy Through Childhood
  - University of Toronto
Websites

• Calgary Health Region – Community Oral Health teacher resource

• Manitoba Dental Association
  http://www.manitobadentist.ca/

• Early Childhood Tooth Decay resources
  http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php
Acknowledgements

• Healthy Smile Happy Child partnership & staff
• MDA & the MDA FFV Committee
• Manpreet Boparai [BSc(Dent) Student]
• Liping Zhang, WRHA Research & Evaluation Unit
• Manitoba Health
• Winnipeg Regional Health Authority (WRHA)
• The Manitoba Institute of Child Health
• Faculty of Dentistry, University of Manitoba
Acknowledgements

- HSHC Partnership & Staff
- Manitoba Institute of Child Health & Children’s Hospital Foundation of Manitoba
- Manitoba Health & WRHA
- Faculty of Dentistry, University of Manitoba
Questions?