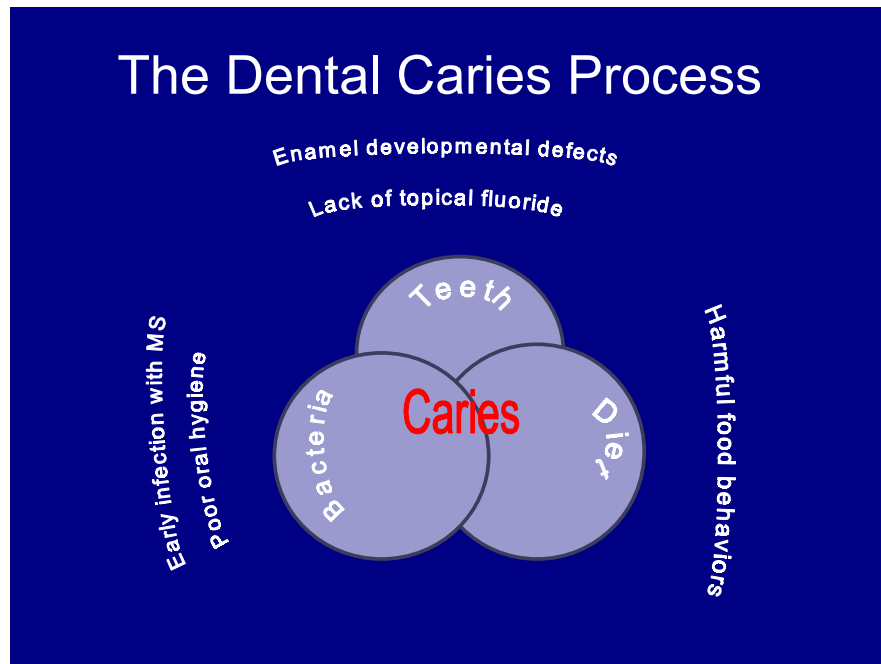


ORAL HEALTH TIDBITS

GENERAL INFORMATION

- According to the Surgeon General's Oral Health Report 2000, dental decay is the single most common chronic childhood disease in America. This preventable health problem begins early, affecting nearly 20% of preschoolers. Low-income children are at increased risk of dental caries.
- What has been considered the traditional cause of early dental caries -- inappropriate use of the baby bottle -- is no longer considered the only cause. "**Early Childhood Caries**" better reflects the many causes of this disease process than does the term "baby bottle tooth decay."



- Numerous studies indicate that **Mutans Streptococcus (MS)**, the main bacteria implicated in causing dental caries, can be transmitted through saliva. MS can be passed to the mouths of infants and toddlers, especially from mothers, during routine play, feeding, sharing foods and utensils, and other daily activities.

ORAL HEALTH TIDBITS

FOODS , SNACKING & ORAL HEALTH

- Foods and beverages that are kept for long periods in the mouth or on the teeth, or are consumed with high frequency within a time period, are more likely to cause dental caries than foods that are eliminated quickly from the mouth.
- Fermentable carbohydrates (those that promote acid production) like starchy, sticky, or sugary foods should not be eaten alone, but **combined with protein** (e.g., dairy foods) that can buffer acids. For example: cheese and crackers; milk and banana; yogurt and berries; apples and cheese; cookies/crackers and skim milk. Sweets and desserts should be eaten as part of a meal, instead of by themselves. Increased salivary flow during meals helps wash away food and bacteria that sit on the teeth and gum tissues.

Cariogenic Potential of Children's Foods and Snacks

Non-cariogenic	Low Cariogenic	Highly Cariogenic
Cheeses Nuts ¹ Dried meat sticks Plain Milk Vegetables Popcorn ¹ Flavored club soda Diet sodas	Fruits (except dried) Chocolate milk Whole grain products	Candy ² Cookies Cake Sweetened beverages (including fruit juices) Fruit roll-ups, dried fruit Breakfast bars

¹ not appropriate for infants and toddlers due to potential choking problems

² sticky and/or slowly eaten candy is extremely cariogenic

Adapted From: Tinanoff, N. and Palmer, C. *Dietary Determinants of Dental Caries and Dietary Recommendations for Preschool Children*, J Public Health Dentistry, Vol. 60, No. 3, Summer 2000.

ORAL HEALTH TIDBITS

ORAL HEALTH & PREGNANCY

- An increased incidence of dental health problems may occur during **pregnancy** due to hormonal changes, nausea, vomiting, and food cravings, all of which can alter and increase dental cavity levels. Pregnant women often eat small frequent snacks such as crackers and other decay-promoting foods to counteract nausea, thereby increasing the risk of caries.
- While it was once believed the worst outcome of poor oral health was tooth loss, accumulating evidence suggests that periodontal disease during pregnancy may be a risk factor for delivery of **pre-term low birth weight** infants. New research also points to linkages between oral infection and heart and lung disease and diabetes.

ORAL HEALTH IN INFANTS & CHILDREN

- As with bottles, children should not have continual access to a **sippy cup** filled with anything other than water. If used, sippy cups should just be short-term transitions, not a long-term solution. Save sippy cups filled with juice for snack and mealtimes when increased salivary activity helps clean teeth. Encourage parents to use small plastic cups without lids instead of sippy cups.
- Children should see a **dentist by age one**. Early visits provide a dentist the opportunity to see potential problems such as early childhood caries, educate the parent on proper oral hygiene for the child, and give the toddler a positive experience in a dental setting. Parents should be reminded that baby teeth are important because they hold a place for adult teeth, help shape the face and jaw, keep adult teeth straighter, and keep the bite in correct position.

BREASTFEEDING & EARLY CHILDHOOD CARIES: GETTING THE RIGHT MESSAGE

Breastfeeding is best for babies' oral health. For example, the longer the duration of nursing, the lower the incidence of malocclusion (irregular bite). Although breastfeeding is often implicated in the development of early childhood caries, population-based studies do not support a definite link between prolonged breastfeeding and dental decay. Research shows that human milk by itself does not promote tooth decay unless another carbohydrate source is available and/or oral hygiene is ignored. Even breastfed babies are vulnerable to tooth decay if they also receive sugary liquids in a bottle or are nursing and also eating foods with sugar and carbohydrates.

WHAT CAN WIC DO TO HELP?

- Begin early with prenatal prevention. WIC can encourage all pregnant women and mothers to visit a dentist or dental clinic if possible. Dentists can help promote good oral health home care and advise the mother if she needs a fluoride gel, mouth rinse, or other method of eliminating bacteria. WIC can encourage a pregnant woman to eat nutrient dense foods that do not promote caries, especially during times of sickness, and encourage good oral hygiene (brushing after meals, flossing once a day, rinsing the mouth after sickness). Encourage plenty of water to keep the mouth moist and saliva flowing.
- Educate parents about appropriate foods and eating and drinking patterns that promote good oral health in infants and children. Educate parents about the appropriate time for children to see the dentist. Make a referral to a private dentist or public health dental clinic.
- Be advocates for low-income women and children by linking with State and local efforts to collaborate on oral health issues in the community. Access to dental services is a national problem, particularly for Medicaid-eligible children and low-income women. Many WIC local agencies have improved the links between participants and the local oral health community through networking. Through networking, WIC can also promote information regarding nutrition, breastfeeding and appropriate snack and eating patterns for infants and young children.

REFERENCES

- U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.
- Tinanoff N, Palmer C.A. Dietary determinants of dental caries and dietary recommendations for preschool children. *Journal of Public Health Dentistry*, 60(3):197-206. 2000.
- Casamassimo, P. *Bright Futures in Practice: Oral Health*. Arlington, VA: National Center for Education in Maternal and Child Health, 1996.
- American Academy of Pediatrics. *New Mother's Guide to Breastfeeding*. New York, NY: Bantam Books, 2002.
- Slavkin, H. Streptococcus Mutans, Early Childhood Caries and New Opportunities. *Journal of the American Dental Association*, 130: 1787-1792, 1999.