

Healthy Teeth



for Mom & Me

Early Childhood Caries Prevention in Health and Dental Systems

At a Glance

- All pregnant women and children 0-36 months have an oral health status reviewed (using "Healthy Teeth for Mommy & Me" guidelines) and documented in the medical chart as part of routine visits. A system reminds the clinic staff to complete the assessment.
- All pregnant women and children 0-36 months receive a brief message from the health care provider about the importance of oral health. Caregiver education is provided using "Healthy Teeth for Mommy & Me" materials.
- Children's fluoridation exposure is assessed and fluoride is applied, as needed.
- All caregivers and children 0-36 months receive ECC prevention education through the clinic using "Healthy Teeth for Mommy & Me" materials.
- Pregnant women and high risk/symptomatic children 0-36 months are referred to their general dentist. (Dental providers will determine when referral to a pediatric dentist is warranted.)
- For pregnant women with active cavities, restorative treatment and/or extractions should be completed consistent with limitations of pregnancy. Cavity control with intermediate restorations may be appropriate. After delivery, chlorhexidine therapy may be initiated for mothers beginning at four months postpartum (for a 2 week period, BID, q2-3 months) if the dentist concludes there is significant risk for the transmission of mutans streptococci to the infant. Dental provider services should include diet counseling, home care instruction, screening of siblings (with appropriate therapeutic interventions) dental cleanings, fluoride supplementation if indicated, dental sealants and chlorhexidine therapy. Recall interventions should be scheduled at appropriate intervals for each patient. Patients lost to follow-up should be contacted by phone/letter to emphasize the importance of continuity of care.
- A quality assurance system sets goals for the health care system, monitors oral health prevention services and/or restorative services relative to those goals and provides feedback to the clinicians and to the health system.

Annotated from "Early Childhood Cavities Prevention," Oregon DHS, 2001.