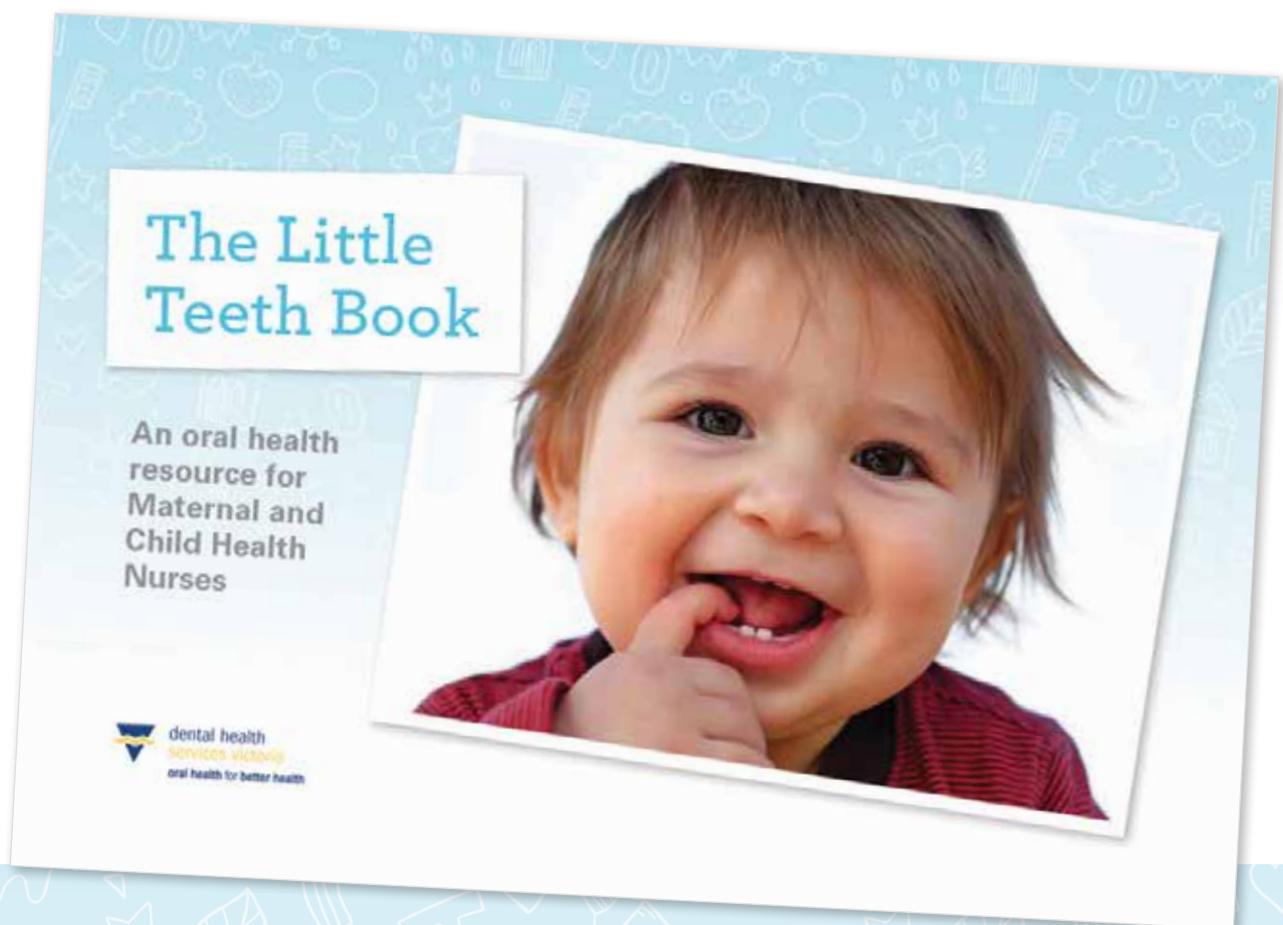




Introducing a new parent engagement tool for Maternal and Child Health Nurses



Contents

About the Little Teeth Book.....	3
Using the Little Teeth Book.....	3
Key oral health messages and matching evidence	4
Tab 1: Across all ages.....	4
Tab 2: 1 – 12 months.....	6
Tab 3: 12 -18 months	7
Tab 4: 18 months – 6 years.....	7
Referral to dental services	8
Identifying children at risk of poor oral health.....	8
Your local public dental service details.....	9
Contact us for more information.....	9
References.....	10

**Dental Health Service Victoria
Health Promotion Unit
June 2017**

DHSV would like to acknowledge the Victorian State Government Department of Health and Human Services for providing the funding for the Little Teeth Book.



About the Little Teeth Book

Pictures speak louder than words. The Little Teeth Book, with its image based messages, is designed to support you with your discussions with clients about oral health during Key Ages and Stages (KAS) visits. The book consists of a suite of pictures accompanied by short evidence based messages serving as prompts to support you in giving anticipatory guidance, discussing a concern or responding to a question raised by the family member in relation to oral health. The messages are just a starting point for a discussion where you can provide more detailed information based on your knowledge and experience and adapted for the particular context of the child and their family.



Using the Little Teeth Book

The Little Teeth Book is a tool to support the delivery of the oral health components of the key ages and stages framework.

The following tips reflect the experience of over 200 of your colleagues who piloted the Little Teeth Book for a period of two weeks in 2016.

How to use the Little Teeth Book

- ✓ As a tool to support engagement of the family with information provided for a particular KAS visit, promoting a discussion about challenges they face and problem solving with the family.
- ✓ To support anticipatory guidance on oral health.
- ✓ To reinforce a positive behaviour where you or the family member have a particular concern.
- ✓ As a prompt to discuss, in your own words, a topic, taking into account the family's situation. You can add more detailed information. For example:
 - practical advice and tips when children are resistant to toothbrushing
 - advice about how to wean a child from going to bed with a bottle.
- ✓ Provides a suite of image based messages for you to choose from, depending on the family's situation or to help answer a question the parent may have.
- ✓ Using image based messages to help engage families from non-English speaking backgrounds.

What to avoid

- ✗ As a replacement for using the Tooth Tips during a KAS visit.
- ✗ As a reader for the family member to go through in the course of the visit, without any discussion.
- ✗ As a reference for the family member to take home and read.
- ✗ As a replacement for the knowledge, practical advice, support and guidance you share to help families care for their child's teeth.
- ✗ Going through all the messages in the one visit.
- ✗ The interpreter reads the message to the family member.

Key oral health messages and matching evidence

The Little Teeth Book messages are based on the evidence contained in the manual *Teeth: Oral Health Information for Maternal & Child Health Nurses*, *Infant Feeding Guidelines* and the *Australian Dietary Guidelines*. The following pages highlight the messages and where to find the supporting evidence and possible points to use when engaging family members.



Tab 1: Across all ages

These messages are not age specific, and are relevant whatever the child's age.

Teeth Manual	Other references	Pointers
Baby teeth are important		
 <p>Page 5</p>		<ul style="list-style-type: none"> A child's ability to learn can be hindered by tooth decay (pain, loss of sleep, poor nutrition)¹
Teething		
 <p>Pages 21–23</p>	<ul style="list-style-type: none"> Raising Children Network: Dental care for toddler teeth and gums Better Health Channel Teeth Development in children 	<ul style="list-style-type: none"> Eruption patterns vary from child to child Start cleaning teeth and gums as soon as they erupt
Milk and water – best drinks for children		
 <p>Pages 41–42</p>	<ul style="list-style-type: none"> Infant Feeding Guidelines²: page 88 Australian Dietary Guidelines³: pages 26, 32, 56, 61 	

Children do not need sweet drinks



Pages 34–35

Pages 41–42

- Infant Feeding Guidelines: pages 94–95
- The *VicGeneration Study*⁴ has identified that soft drinks are the most significant factor in caries progression

- Juice is not recommended for children under 1 year of age
- Do not offer infants tea, herbal teas, coffee or sugar-sweetened drinks (soft drinks, cordials)
- Consumption of sugary drinks is associated with increased risk of weight gain in children and adults

Healthy Snacks between meals



Pages 41–42

- Infant Feeding Guidelines: page 89
- Australian Dietary Guidelines: pages 18, 32–34

- Limit or avoid nutrient-poor foods with high levels of fat/saturated fat, sugar, and/or salt (e.g. cakes, sweet biscuits, confectionery and potato chips)

Sugar in children's snacks



Pages 41–42

- Australian Dietary Guidelines pages 77–78

- Have examples of local popular children's snack and show family members the nutrition panel

Decay in baby teeth



Pages 32, 53–59

- 2014–2015 data show tooth decay is the second highest cause for preventable hospital admissions in children under 5 years⁵

- White chalky marks on teeth close to the gum line are signs of early decay. This can be treated and the decay process reversed
- Support families to access dental services when signs of decay are found

Healthy meals



Pages 41–42

- Infant Feeding Guidelines: pages 87–88, 89
- Australian Dietary Guidelines

- Homemade meals are best
- Do not add sugar or honey to infant foods as these increase risk of decay
- Show examples of processed weaning foods highlighting added sugars, for example fruit juice in savoury meals

Tab 2: 0 – 12 months

Teeth Manual	Other references	Pointers
Put baby to bed without a bottle		
 <p>Feeding patterns page 34</p>	<ul style="list-style-type: none"> • Infant Feeding Guidelines: page 79 	<ul style="list-style-type: none"> • Provide tips on how to wean child from the sleep bottle
Dummies		
 <p>Dummies pages 33–37, 61 Thumb and finger sucking pages 24–25</p>	<ul style="list-style-type: none"> • Infant Feeding Guidelines: page 4 • Raising Children Network: How to wean baby off dummy 	<ul style="list-style-type: none"> • Using dummies for too long affect speech development • Discuss tips for weaning child off dummy
Introduce a cup at 6 months		
 <p>Page 34</p>	<ul style="list-style-type: none"> • Infant Feeding Guidelines: pages 5, 80 	<ul style="list-style-type: none"> • Drinking from a cup is a skill the child needs to start learning from 6 months
Cleaning teeth		
 <p>Page 39–40</p>		<ul style="list-style-type: none"> • Share ideas for dealing with children who resist toothbrushing

Tab 3: 12 -18 months

Teeth Manual	Other references	Pointers
No bottles after 12 months		
 <p>Page 34</p>	<ul style="list-style-type: none"> • Infant Feeding Guidelines: page 80 	<ul style="list-style-type: none"> • Prolonged bottle use increases risk of tooth decay

Tab 4: 18 months – 6 years

Teeth Manual	Other references	Pointers
Dental visits		
 <p>Pages 36, 43</p>		<ul style="list-style-type: none"> • Refer immediately if you see signs of decay • If you think the child is at risk of tooth decay, encourage the family to take the child to the dentist before the age of two
Caring for teeth concerns the whole family		
		<ul style="list-style-type: none"> • Emphasise the importance of family members setting routines like tooth brushing twice daily and providing the example for their child to observe and join in

Referral to dental services

Referral to a dental clinic is recommended

- Immediately if you identify an oral health problem during your 'lift the lip' examination of the child, or
- When a child is assessed as being at high risk for oral disease based on behavioural and/or socio-environmental factors (see below for more information).

Identifying children at risk of poor oral health

The following table outlines the risk factors that are associated with poor oral health in children. If you identify any one of the risk factors listed in the categories of physical findings, behavioural, socio-environmental and disease or treatment, the child should be referred to the dentist regardless of age.

Identifying children at risk of poor oral health⁶

Categories and the risk factors for poor oral health	How to assess	Action
Physical findings from lift the lip check <ul style="list-style-type: none"> • White spot lesions, and/or holes in teeth • Visible plaque • Molars with deep fissures or pits 	Mouth check – lift the lip	<p>If any of these risk factors are present refer the family to their dentist or other oral health professional. Let families know about the public dental service. Some families may choose to see a private dentist.</p> <p>Some families may need support through the referral process to access dental care for their child.</p>
Behavioural <ul style="list-style-type: none"> • Sleeping at night with a bottle • Use of bottle containing bottle soft drink • Frequent exposure to snacks high in sugar • Poor oral hygiene – not brushing teeth 	Conversations with family members Observation	
Socio-environmental <ul style="list-style-type: none"> • Non-fluoridated water supply • Poor family oral health, especially older siblings with a history of tooth decay • Centrelink Card holder • Maternal smoking 	History, discussion and observation	
Disease or treatment related <ul style="list-style-type: none"> • Frequent intake of sugared medications • Reduced saliva flow from medication, for example asthma, allergy or epilepsy medications 	Medical history of child	



If parents are concerned about taking their child to the dentist, one way you can suggest to help prepare the child is for the parent to take the child when family members are having a check-up. This provides an opportunity for the child to meet the dentist and staff and become familiar with the surroundings.

If there are no identifiable risk factors encourage the family to continue the good things they are doing and continue to monitor at following visits. In addition to the key ages and stages lift the lip checks that you do at 8 months, 18 months and 3.5 years, encourage the family to take their child to the dentist before school entry if they haven't needed a referral before then.

Your local public dental service details



Fill out the local public dental service details here (on page 30) before using the Little Teeth Book

If unsure of the location you can go to www.dhsv.org.au and click "find your local public dental clinic" to obtain the address and phone number.



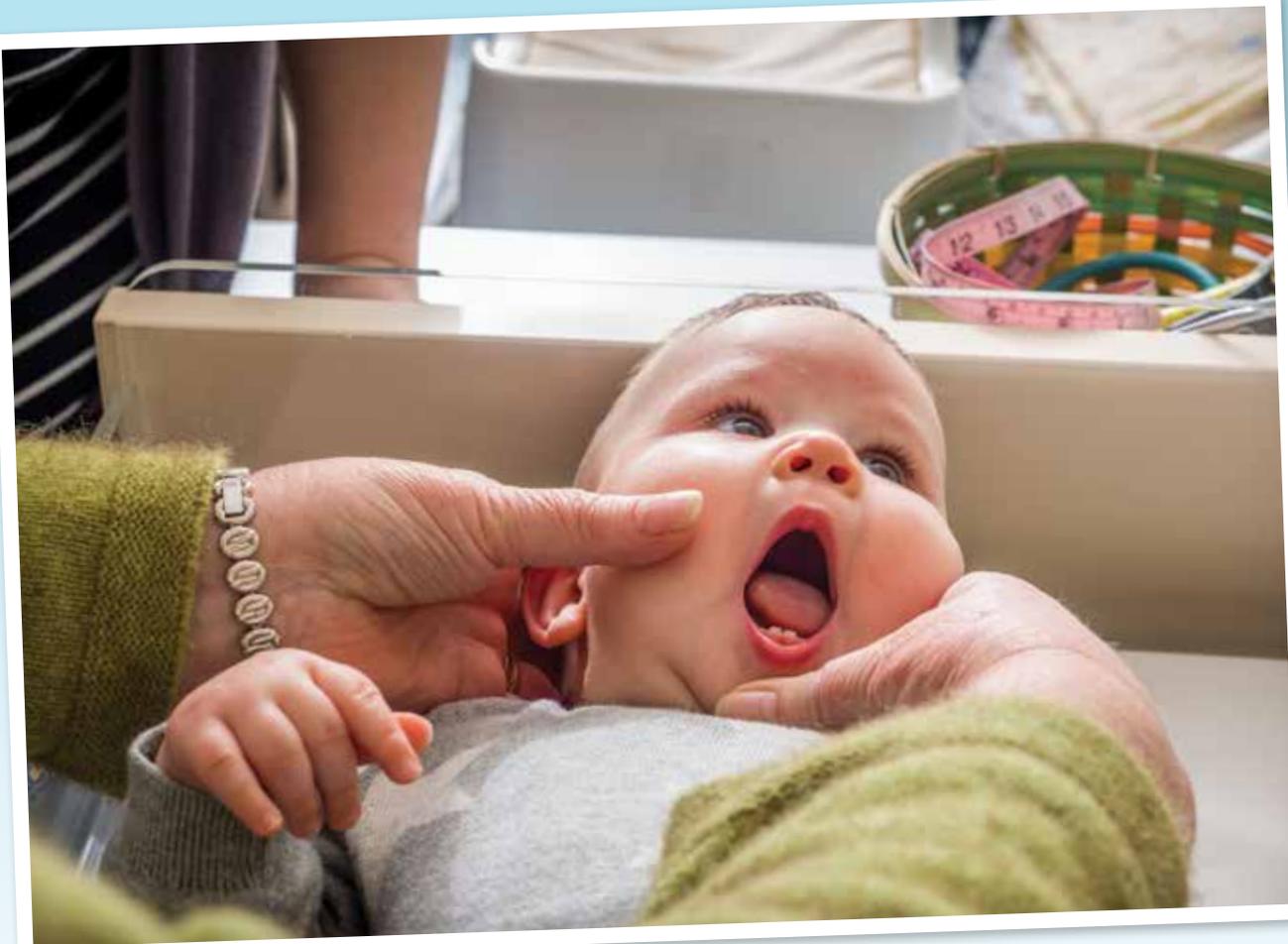
Contact us for more information



Dental Health Services Victoria hopes you find the Little Teeth Book a useful resource to support you when engaging with parents and family members around oral health during the Key ages and Stages visits.

For information or support contact the Health Promotion Unit at Dental Health Services Victoria.

email: HealthPromotion@dhsv.org.au



References

- ¹ Jackson SL, William VF.Jr, Kotch JB, Pahel BT, Lee JY. Impact of Poor Oral Health on Children's School Attendance and Performance *American Journal of Public Health* 2011, Vol. 101, No. 10 : pp. 1900-1906
- ² National Health and Medical Research council (2012) *Infant Feeding Guidelines: Information for health workers*. Canberra: National Health and Medical Research Council
- ³ National Health and Medical Research Council (2013) *Australian Dietary Guidelines*. Canberra: National Health and Medical Research Council.
- ⁴ Gussy M, Ashbolt R, Carpenter L et al Natural History of dental caries in very young Australian Children. *International Journal of Paediatric Dentistry* 2015 doi: 10.1111/ipd.12169
- ⁵ Accessed from the Victorian Health Intelligence Surveillance System (VHISS) on 12 January 2017 <https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1&SubTopicID=15>
- ⁶ Centre for Oral Health Strategy Early Childhood: Oral Health Guidelines for Child Health Professionals NSW Ministry Of Health 2014

