

Dental Hygiene

Introduction

According to the American Academy of Pediatric Dentistry Foundation, nearly 1 in 5 children under the age of five have experienced dental decay. This staggering statistic underscores the urgency of addressing the prevalence of Early Childhood Caries (ECC), also known as baby bottle decay or nursing caries. ECC is a multifactorial condition influenced by various factors, including breastfeeding habits, socioeconomic status, diet, and patient/provider knowledge.

The consequences of ECC are profound and wide-ranging, encompassing tooth decay, white spot lesions, abscesses, tooth loss, and the increased risk for malalignment of succedaneous teeth. Particularly concerning is the disproportionate burden of ECC on underprivileged communities, where many families lack access to proper dental care and preventive education.

Of significant concern is the correlation between prolonged breastfeeding and ECC, as highlighted by research such as that conducted by Sharifi and Sabouri³ in countries like Iran. Many caregivers lack health literacy regarding the impact of incorrect breastfeeding techniques, the conversion of lactose to glucose and galactose, and the duration of breastfeeding on their infants' dental health. Additionally, there is a notable gap in pediatricians' knowledge regarding the adverse effects of bottle feeding and prolonged breastfeeding on oral health, as revealed by Das and Barman.¹

Methods

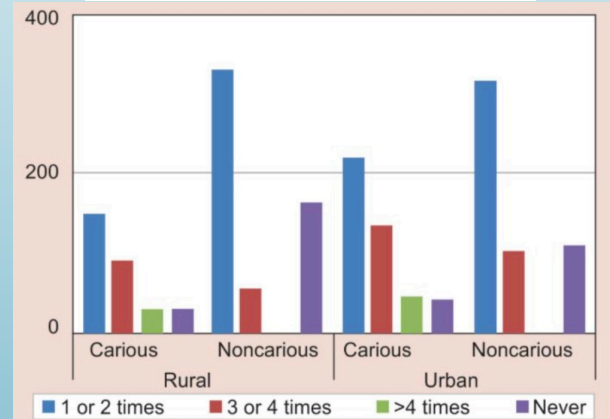
Ahmed, Khan, and Balakhane conducted a literature review with the following objective: To increase awareness and improve oral health care of infants through methods such as breast/bottle feeding. The information used in this synthesis was drawn from multiple peer reviewed literature. All literature was acquired through PubMed and NIH to build a foundation for understanding. The concepts discussed in this review are based on the findings in these peer-reviewed articles.

Results

- In a survey of 110 pediatricians, it was found that only 10% discussed the infant's first dental visit with parents all the time, while 27.3% did so most of the time. Additionally, 50% reported discussing it some of the time, with 12.7% admitting to *never* discussing it with parents.¹
- ECC rates were 34.7% in rural and 45.5% in urban Jaipur school children. Urban children have significantly higher daily access to junk food and refined sugar compared to rural children, with a statistical significance of $p < 0.01$.²
- Upon analyzing the 30 samples of breast milk that were given by mothers, 15 infants did not have S-ECC, while the remaining 15 developed S-ECC. The mean was recorded as 16.4. The average lactose content for children without S-ECC was recorded to be 4.64g/100 mL with a standard deviation of 1.65. There was a higher amount of lactose in breast milk for children with S-ECC with an average of 5.74g/100mL and with a standard deviation of 2.28.³



Rampant ECC in a 3-year-old child.⁴



Frequency of child feeding with breast or bottle at night and its association with prevalence of ECC in rural area and urban area school children.²

Discussion

- Ethical concerns in S-ECC involve informing parents for informed decisions.
- Pediatricians fail to educate caregivers effectively despite expertise.
- Study limitations include health reporting inaccuracies and COVID-19 challenges.
- Dental hygienists can educate parents on infant oral hygiene and collaborate with pediatricians.
- Collaboration ensures consistent caregiver education and addresses barriers to oral health practices such as avoiding juices with added sugars, introduce a cup after the first tooth erupts, fluoridated water should be consumed between each meal, or introduce flossing once the teeth touch each other.⁴

Conclusion

The awareness and improvement of infant oral health care are indeed critical, with ECC affecting so many young children. The focus on factors like breastfeeding habits, socioeconomic status, and diet is essential. Education on proper feeding techniques and oral hygiene is key, especially in underprivileged communities. The studies mentioned highlight the need for better health literacy among caregivers and more informed guidance from pediatricians. Public education initiatives are vital in this fight against ECC, promoting better practices from infancy. Dental hygienists also play a key role as they have the opportunity to make a significant impact by offering guidance, education, and preventive care to caregivers.



Acknowledgements


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- Marwah, N., Nigam, A. G., Yadav, S. P., Meghpara, M., Godhani, S., & Chalana, S. (2022). *Association of Early Childhood Caries with Feeding, Dietary Habits, and Oral Hygiene Practices among Rural and Urban School Children of Jaipur*. International Journal of Clinical Pediatric Dentistry, 15(3), 273–279. <https://doi.org/10.5005/ijp-journals-10005-2396>
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ADA & AAPD Caries Risk Questionnaire (Age 0-6)⁴




	Low Risk	Moderate Risk	High Risk
Contributing Conditions Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V. Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions Check or Circle the conditions that apply			
I. Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II. Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III. Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>
Overall assessment of dental caries risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

<https://www.instagram.com/reel/C027naWMfB5/?igsh=aW9zYnJic2I4OWd2>


  17w

Why are people afraid of this but will vaxx the kid at birth?  10.1K


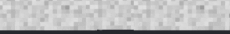

Reply


  17w ·  by author

And people in the comments need to relax! 😂
I've seen moms put soda and kool aid in baby bottles 😂 I like this idea and my baby will also have a lil strawberry infused water 😂 if you don't like it, keep scrolling and worry about your own children 🙄

 2,894

Reply

  18w ·  by author

Gonna make this for my baby as soon as he turns six months  3

Reply



Nestlé adds sugar to infant milk sold in poorer countries, report finds



Nestlé adds sugar to infant milk sold in poorer countries

From theguardian.com



22,133 likes
beingblackislit

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April 18



Lorraine King @lorrainemking · 14h

Nestlé has been adding sugar and honey to infant milk and cereal products sold in poorer countries in Asia, Africa and Latin America.

This is against international guidelines to prevent obesity and chronic illnesses. The company hasn't added it to products sold in Europe.

Wow.



Global development

Nestlé adds sugar to infant milk sold in poorer countries, report finds

Swiss food firm's infant formula and cereal sold in global south ignore WHO anti-obesity guidelines for Europe, says Public Eye



22,133 likes
beingblackislit

View all 796 comments
April 18



Comments

Nestle been evil asf smh
Reply 25

Who tf feeds their babies nestle milk?? Yuck
Reply 1

People who can't afford other milks
Reply 17

We have, ask the older folks about feeding babies carnation cream
Reply 1

Hide replies

Breast is best!
Reply 2



<https://amp.theguardian.com/global-development/2024/apr/17/nestle-adds-sugar-to-infant-milk-sold-in-poorer-countries-report-finds>