

Oral health for babies and children

Tooth decay is a key public health priority - it is the most common oral disease affecting children in the UK and is largely preventable.

Whilst children's oral health has improved over the last twenty years, a recent survey revealed that 11% of 3-year-olds and 23% of 5-year-olds had experience of obvious dental decay¹. Tooth decay results in at least 60,000 days being missed from school in a year for hospital extractions. Significant inequalities also exist with children in deprived communities having poorer oral health than those living in more affluent communities².

Tooth extraction is the top cause of childhood hospital admission for 6-10 year-olds³. In autumn 2022, NHS England launched the Core20PLUS5 approach to support the reduction of health inequalities. Oral health was designated as one of 5 focused clinical areas requiring accelerated improvement and aims to reduce tooth extractions due to decay⁴.

Health visitors (HVs) can encourage parents to take care of their child's teeth from the start. These good practice points provide key evidence-based messages that HVs can use with parents about looking after their babies' and children's teeth⁵. Toothbrushing thoroughly with fluoride toothpaste is one of the most effective ways of preventing both tooth decay and gum disease.

Toothbrushing - Key messages for parents

- Introduce toothbrushing as soon as the first primary tooth appears (at approximately 6 months of age).
- Brush, or help their child to brush their teeth until they are 7-years-old.
- Supervise the amount of toothpaste used and ensure that their child's teeth are cleaned thoroughly.
- Brush teeth at least twice daily with a fluoride toothpaste, last thing at night and on at least one other occasion. Brushing at bedtime ensures that the fluoride continues protecting the teeth whilst children sleep.
- Choose a toothbrush with a small head and medium texture bristles. Manual or powered toothbrushes can be recommended.
- Brush all tooth surfaces systematically and particularly along the gum line where plaque forms. As a rough guide, thorough cleaning takes about 2 minutes.

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For additional resources see www.ihv.org.uk

The information in this resource was updated on 25/11/2022.

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Oral health in babies and children

The use of fluoride toothpaste reduces the development of tooth decay.

- Children aged 0-3 years-old need to use no more than a smear of toothpaste containing at least 1000 parts-per-million (ppm) fluoride (Fig 1).
- Children aged 3-6 years-old need to use no more than a pea-sized amount of toothpaste containing at least 1000ppm fluoride (Fig 2).
- All children over 7-years-old should use a toothpaste with 1350-1500ppm fluoride. Children under 7 can also use this toothpaste concentration if they are at high risk of decay.
- Children should not be allowed to eat or lick toothpaste from the tube.
- Rinsing with lots of water after they have brushed their teeth should be discouraged. Instead, spitting out after brushing rather than rinsing is recommended to avoid dilution of fluoride concentration.
- For older children, the use of disclosing tablets can indicate areas of visible plaque and can help to show if the teeth have been brushed thoroughly.



Fig 1: Smear



Fig 2: Pea-size

Healthy eating advice

Dental caries (tooth decay) are caused by the demineralisation of the tooth surface which occurs after an intake of sugar. Bacteria convert the sugar to acid and the pH in the mouth drops and demineralisation takes place⁷. The buffering action of saliva stops the acid attack and the process of remineralisation begins, this is more effective in the presence of fluoride. Frequent sugar intake means that demineralisation takes place more often. Saliva production is stimulated at mealtimes and much reduced during sleep. In addition to advice about a healthy balanced diet, the key dietary messages for parents to prevent dental caries are^{5,7}:

- Breast milk is the only food or drink that babies need for around the first six months of their life. Infant formula is the only suitable alternative to breast milk.
- Once solid foods have been introduced at around 6 months, continued breastfeeding is recommended (or infant formula) alongside an increasingly varied diet. Cow's milk can be introduced as a drink from 12 months of age.
- From six months of age, a free-flow cup can be introduced for drinks, such as water, and the use of infant feeding bottles discouraged after a child is 12-months-old.
- Only milk or cooled, boiled water are suitable to be given in infant feeding bottles, and no additional sugar added to drinks. Parents can be helped to understand the dental caries' risk from their child suckling on a bottle whilst sleeping.
- The sugar content of food and drinks given to children can be hidden - support parents to recognise any specific areas of high sugar in their diet and find ways of reducing this.
- Free sugars are those added to food and drinks as well as those naturally present e.g. in fruit juice, honey and syrups. Lactose and sugars found in whole fruit and vegetables are not included⁶.
- Describing the recommended maximum intake of free sugars⁸ using sugar cube units can help parents visualise quantities:
 - 19g per day = 5 sugar cubes for 4-6 year-olds
 - 24g per day = 6 sugar cubes for 7-10 year-olds
 - 30g per day = 7 sugar cubes for 11 years and over
- Drinks, including fizzy or soft drinks and squash, are not recommended in children's diets due to sugar content⁸.
- Avoid food and drinks containing free sugars within an hour of bedtime as saliva production reduces, increasing the risk of tooth decay.
- Keep sweet foods (including dried fruit and fruit juice) to mealtimes to reduce the risk of tooth decay. Remind parents that fruit juice counts as one of the five-a-day portions, but unsweetened juice does contain free sugars. Limit to no more than 150 millilitres (mls) per day.
- Sugar-free medicines are available for most medicines - and are important to consider if taken frequently or long term.

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Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

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Visiting the dentist

- Children are eligible to receive their first dental check by the age of one⁹.
- Encourage parents to ask the dentist about fluoride varnish.
- In the UK, dental care is free if you're pregnant or have had a baby in the previous 12 months.

Access to NHS dentistry is very limited in many regions currently. Health visitors can support families to find an NHS dentist in England: <https://bit.ly/3SBGtVV> or call NHS England's Customer Contact Centre on: 0300 311 2233.

For Scotland: <https://bit.ly/3F0tF6P>

Wales: <https://bit.ly/3F1NYB6>

Northern Ireland: <https://bit.ly/3GTF3CO>

Good Practice Points for Health Visitors

- Tooth decay is largely preventable and follows a social gradient. Children growing up in the poorest communities, and those who most need access to services, experience the most extreme oral health inequalities and higher rates of tooth decay.
- Oral health is seen as a marker of wider health and social care issues including poor nutrition and obesity. Poor oral health may also be indicative of dental neglect and wider safeguarding issues.
- Health visitors have a key role in promoting good oral health and reducing tooth decay through the promotion of effective toothbrushing, including when to start, and the use of fluoride toothpaste.
- Health visitors' input in reminding families about when to discontinue using infant feeding bottles and when to start using cups is valuable as it can be confusing.
- Discussions around healthy eating advice and the presence of sugar can help families understand the impact of eating too much sugar on their child's teeth.
- Health visitors can support signposting to dental services and encourage regular dental attendance as soon as a child's first teeth come through and before their first birthday.
- Health visitors can identify families that need additional support, for example the siblings of children who have attended hospital for dental extractions due to tooth decay (it is worth getting to know the local community dental team to support signposting and referrals).

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This GPP was originally authored by Dr Jenny Godson, National Lead for Oral Health Improvement, Population Health and Care division, Health and Wellbeing Directorate, Public Health England, and was updated in 2022 by Risha Sanghvi, Paediatric Specialist, University College London, and Urshla Devalia, Consultant Paediatric Dentist, Royal National ENT and Eastman Dental Hospital, University College London Hospitals NHS Foundation Trust.