



Llywodraeth Cymru
Welsh Government

Preventive dental advice, care and treatment for children from 0-3 years

1. The Approach in Wales

- We want all children to be taken to the dentist before the age of 1 - ideally as soon as deciduous teeth erupt. We want dental teams to see children routinely before there is a problem, provide preventive care and advice and support parents to keep their child's teeth sound.
- All general dental practices holding NHS contracts should be willing to see babies from 6 months; we need to encourage routine attendance before the age of 1 and we expect practice teams to welcome them.

2. What needs to be delivered during a visit?

- Helping parents (or people with parental responsibility) to understand key prevention messages and the actions they need to take to keep young children decay free.
- Children under 3 can be “pre-cooperative” – they may not sit still and have a check-up. However, you should undertake a clinical examination if the child is able to co-operate and if it will not upset the child. They can be examined in a parent's arms, on a parent's lap, or you can use a knee to knee posture: <https://www.hellosmile.com/knee-to-knee-and-stool-exam/>
- Reassure parents and explain that things will improve with regular attendance.
- Preventive advice must be given in line with Delivering Better Oral Health (DBOH) - see flowchart on page 4. Reinforce the message to parents - their child's dental health depends on what they do every day. The dental team can help and advise but parents have the most important part to play.

3. What needs to be documented?

- An exam was achieved or attempted and if not, why not e.g. limited examination performed with verbal consent - record teeth actually visualised (which may not be all teeth present) and whether caries free etc.
- Advice given e.g. advised to ditch the bottle and brush twice daily with family fluoride toothpaste, at bedtime and on one other occasion - not just "prevention given".
- Most children from the age of 3 should receive fluoride varnish application twice per year.
- Children giving concern can have fluoride varnish applied earlier and more often; before all deciduous teeth have erupted. "Children causing concern" can include children with physical or medical health problems, learning disability or siblings with caries. Further information is available in DBOH.
- Arrange to see the child again in about 6 months if decay free and no other risks are identified.
- Always record fluoride varnish applications on the FP17W or electronic equivalent.

4. What can be claimed?

- Where an attempt has been made to undertake an examination and the records are kept as noted above then claims can be submitted.

5. Can I claim for Band1 even if I have not been able to complete a full examination?

- Yes - early visits for children under the age of 3 years are about delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry. Ensure you record the following in the clinical notes before ticking "exam undertaken" on the FP17W claim submission:
 - the attempt made and what examination you did manage to undertake;
 - the parent/guardian has been made aware of the limitation of the exam undertaken where a full examination has not been possible;
 - the preventive messages given/other advice/intervention given; and
 - the agreed recall interval.

6. Who can undertake the examination?

- The examination has to be undertaken by a dentist (Performer attached to the contract) to allow a NHS (UDA) claim. However, prevention and preventive follow-up visits can be delegated to dental care professionals working within their GDC scope of practice and with appropriate training. We want all dental team members to use their full range of skills.

7. Recalls

- Recall intervals should be in line with NICE guidance, although the child can attend more frequently for preventive advice with a DCP if necessary.

See the **Appendix** for more detailed information and tips (*With many thanks to the CDS in Powys Teaching Health Board for the flowchart*).

Summary of advice: Children aged 0-6 years

Dental examination

All up to 3 years

All 3 – 6 years

0-6 years causing concern

Advice on tooth brushing and avoiding sugary drinks /snacks. Recall in line with risk factors

Brush teeth as soon as they erupt: at night and one other time each day

Parent or adult to brush child's teeth. Spit don't rinse out paste.

Use a **smear** of family fluoride toothpaste with 1350 to 1500 ppm fluoride



Apply Fluoride varnish 2 or more times per year (2.2% F-). Can be applied up to 4 times per year

Brushing should be done by parent or adult

Brush twice daily, last thing at night and one other time (usually the morning). Spit don't rinse paste

For children 3 and over use a **pea sized** amount of family fluoride toothpaste with 1350 to 1500ppmF



Adapted from Delivering Better Oral Health toolkit 3rd Ed. (2014)

Appendix

Do you need more detailed information on prevention?

- Delivering Better Oral Health (DBOH) is an evidence based toolkit for the whole dental team. The following information is drawn from that resource to assist you and your team to give patients up-to-date preventive advice and care:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Examining very young children

- You can read hints and tips from GDPs in “*Step by step we build up a rapport*” by Kate Quinlan. BDJ Volume 223 No 1 July 7 2017, pages 6–8:
<https://www.nature.com/articles/sj.bdj.2017.566>

Fluoride Varnish (FV)

- FV can be used on all children age 3 and over. It can also be used on younger children (age 0-6) who are giving concern including children who are likely to develop caries; who have signs of early caries; or who have special needs.
- GDPs and suitably trained DCPs can confidently apply FV twice a year to children who receive FV as part of the Designed to Smile programme (FV can safely be applied 4 times a year, there is a wide safety margin when it is applied correctly).

At present Colgate® Duraphat® Varnish 50mg/ml Dental Suspension 2.26% (22,600ppm) Sodium Fluoride (Duraphat Varnish) is the only product licensed specifically for caries prevention.

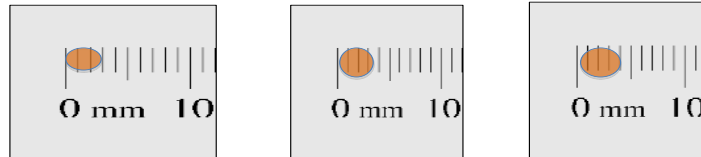
Remind parents that while FV can help to prevent decay it is what they do every day by tooth brushing and restricting sugar that is most important.

- How much to use:

Fluoride varnish should be applied to all teeth. The manufacturer can provide a pad to aid you to use the correct amount:

- 0.25 ml as full mouth application for deciduous dentition;
- 0.4 ml as full mouth application for mixed dentition;
- 0.75 ml as full mouth application for complete permanent dentition.

A rough guide to maximum amounts of varnish to use:



FV can safely be used on children giving concern who do not have all their deciduous teeth. Reduce the amount of FV used and apply a very thin smear to the erupted teeth.

- Cost of using Duraphat:

Duraphat costs in the region of £29.00 incl VAT for 10ml tube.

That is 25 applications for a child with mixed dentition per tube, i.e. around £1.14 per application – a little less for a child who has only deciduous teeth.

It costs about £2.50 to apply Duraphat twice a year to children at high risk of caries.

- Children with asthma:

Delivering Better Oral Health includes the following statement:

“The use of Duraphat is contraindicated in patients with ulcerative gingivitis and stomatitis. There is a very small risk of allergy to one component of Duraphat (colophony), so for children who have a history of allergic episodes requiring hospital admission, including asthma, varnish application is contraindicated. Other brands of varnish may have different constituents”.

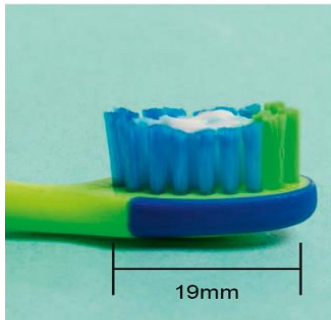
Clinicians should use their clinical judgement when deciding to use fluoride varnish.

Tooth brushing

Advice to parents of children age 0-3 years:

- Parents should brush the child’s teeth as soon as they erupt using a baby tooth brush.
- Every family member must have their own tooth brush.

- Brush teeth twice a day with family fluoride toothpaste (1350 to 1500ppm fluoride) - at night and on one other time in the day. For most families it is easier, safe and more pragmatic to use family fluoride toothpaste with 1350 to 1500ppm fluoride for all the family.
- Advise parents to use a thin smear of toothpaste for children under 3. Consistent use of excessive amounts of tooth paste can put a child at risk of fluorosis. It can be helpful to show parents what is meant by a “smear” - see picture:



- No need to rinse or wipe the toothpaste away – “spit don’t rinse”.
- The *Parenting – give it time* web site includes hints and tips for parents when their child is reluctant to have his/her teeth brushed: <http://giveittime.gov.wales/splash?orig=/>
- Parents will sometimes want to use non-fluoride toothpaste. It is important to explain the drawbacks without being critical of their decision. Fluoride toothpaste has been in use throughout the World for many years and is shown to be safe and effective. Non-fluoride toothpaste will not prevent tooth decay – although using it for tooth brushing will remove plaque and debris. Parents will need to be extra vigilant in reducing their child’s sugar consumption.

Nutrition: Reducing sugar consumption and avoiding sugary drinks and snacks

- Breast feeding provides the best nutrition for babies.
- Never put anything other than expressed breast milk, baby milk (formula) or water in a baby bottle.
- Milk and water are the only safe drinks for teeth. Sugary and fizzy drinks are particularly harmful for teeth.
- Only have sugary foods and drinks as occasional treats and restrict the overall amount of sugar consumed.

- Sugar can be “hidden” in food and drinks. Products such as honey, fructose, glucose etc. can lead to tooth decay.
- Advise parents to ask their Health Visitor for information and advice about sugar free weaning and feeding for their baby/toddler.
- Ask about sugar in drinks being given to the child and encourage parents to ditch the bottle by the time the child is 1. Provide advice about safe drinks (water and plain milk) and how to move to sugar free drinks if the child is already having sugary drinks.
- Parents can read more about weaning and healthy eating for children in “*Bump Baby and Beyond*”: <http://www.wales.nhs.uk/news/34500>

The book aims to guide women through pregnancy and beyond. It was commissioned by the Welsh Government and written by Public Health Wales.

- The Every Child Wales web site provides information for parents and professionals to help babies and children to be a healthy weight: <http://everychildwales.co.uk/>

Moving from a baby bottle to a cup

Trainer Cups

- A cup should be introduced at approximately 4-6 months
- The ideal trainer cup is one that spills when tipped – ‘free flow’
- Avoid any container that allows children to sip drinks through the night.
- Drinks other than milk or water should be well diluted and given at mealtimes only in free flow/open cup.
- Aim to move infants from sucking to drinking by a year old



Rewarding children at the dental surgery

- Children can respond to rewards for good behaviour or improved tooth brushing. See the BDJ Open article "*What reward does a child prefer for behaving well at the dentist?*" - <http://www.nature.com/articles/bdjopen201718>