IHS ECC

EARLY CHILDHOOD CARIES INITIATIVE

Healthy Teeth, Healthy Families

Promoting Awareness of Early Childhood Caries

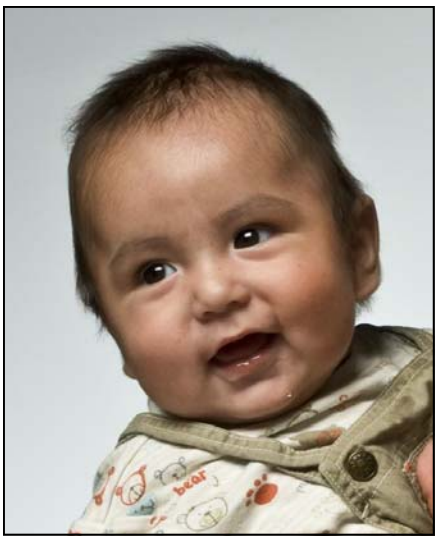
Early Childhood Caries (ECC, early childhood tooth decay) is an infectious disease that can start as soon as an infant's teeth erupt. ECC can progress rapidly and may have a lasting detrimental impact on a child's health and well-being. **ECC is a serious health problem**.[1]

ECC is defined as the presence of **one or more** decayed (cavitated or non-cavitated) teeth, one or more missing teeth due to caries, or filled tooth surfaces in any primary tooth in a child 71 months or younger (under 6 years of age).[2] In other words, **any** caries experience in a child under 6 years of age constitutes Early Childhood Caries.

The 1999 Oral Health Survey of American Indian and Alaska Native Dental Patients found that 79% of children between the ages of 2-5 years had experienced dental caries, and 68% of this age group had untreated decay at the time of the dental examination.[3]

What is the IHS ECC Initiative?

The Indian Health Service (IHS) Early Childhood Caries (ECC) Initiative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among not only dental providers, but also all healthcare providers and the community.



The Initiative provides the entire healthcare team with the tools to begin a successful ECC program, beginning with targeting 0-5 year-old children and their mothers through increased access to oral health care and proven preventive strategies such as fluoride varnish. Increasing access to oral health care and evidence-based prevention is a collaborative effort that must include the oral health care team, medical providers, Community Health Representatives (CHRs), Head Start staff, and Women, Infant, and Children (WIC) Program staff.

The Initiative also provides the framework to dental providers for ECC early intervention focusing on "caries stabilization" and use of ITRs (Interim Therapeutic Restorations) to provide affected children with dental therapy that is quick, effective, and less traumatic.

Best Practices

Pregnancy

COLLABORATE!

Collaborate with the medical, community health, Early Head Start, and dental providers to assure that all pregnant women visit the dental clinic during the early months of pregnancy.

EDUCATE!

Educate the mother about the transmissibility of dental caries and ways to prevent **ECC**.

Provide education and support to promote breastfeeding.

COUNSEL!

Provide nutrition counseling to reinforce the importance of a healthy diet during the **perinatal** period.

MAKE RECOMMENDATIONS!

Recommend that pregnant women stop using tobacco.

SET AN APPOINTMENT!

The dental staff can provide an oral exam, periodontal disease screening, prophylaxis, recommendations for completing any needed dental treatment, caries control, and appropriate recall.

The dental staff can assess the mother's caries risk and prescribe anti-bacterials like chlorhexidine or xylitol for high-risk mothers during the perinatal period.

Birth -Two Years

COLLABORATE!

Collaborate with the medical, community health, and dental providers to assure that children receive the following oral health services.

ASSESS!

Provide an oral health assessment soon after the first tooth erupts or by 12 months of age. Consider caries stabilization with glass ionomer as appropriate.

PREVENT!

Provide topical fluoride varnish treatments 4 or more times during the period from 9-24 months of age.

EDUCATE FAMILIES!

Educate families about the importance of never putting baby in bed with a bottle, using a cup by 6 months, and weaning off the bottle at 12-14 months of age.

Educate families about the protective qualities of fluoride. Ideally, every child should be drinking fluoridated water and have their teeth cleaned twice daily with a small smear of fluoride toothpaste.

Teach families to lift the lip and look for chalky white or brown spots, and if they see any signs of dental decay, they should see the dentist.

ENCOURAGE!

Encourage healthy snacks and limited exposure to sweets, refined starches like chips and crackers, and sweetened drinks. Reinforce to families that pop does not belong in a preschooler's diet.

Three -Five Years

COLLABORATE!

Collaborate with the medical, community health, Head Start, and dental providers to assure that every child has a dental home.

Consider caries stabilization with glass ionomer as appropriate. Consider dental sealants for the primary molars of any children who are at high risk for dental caries.

PREVENT!

Provide topical fluoride varnish treatments 3-4 times a year for children at high risk for dental caries.

EDUCATE FAMILIES!

Educate families about the protective qualities of fluoride. Ideally, every child should be drinking fluoridated water and have their teeth brushed twice daily with a pea-sized amount of fluoride toothpaste.

Encourage healthy snacks and limited exposure to sweets, refined starches like chips and crackers, and sweetened drinks. Reinforce to families that pop does not belong in a preschooler's diet.

HEAD START!

Daily supervised brushing with a pea-sized amount of fluoride toothpaste.

Through Head Start, consider implementing a fluoride varnish and xylitol program for 3-5 year olds.

Other preventive measures such as chlorhexidine, iodine, and calcium phosphate products may be viable chemotherapeutics along with fluoride varnish and the other strategies outlined in the ECC Initiative, but at this time, these measures have insufficient clinical evidence to be considered best practices. We are encouraging pilot-testing of these and other chemotherapeutics.

References

1. National Maternal and Child Oral Health Resource Center. Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries (ECC). 2004. Available online at www.mchoralhealth.org.
2. American Academy of Pediatric Dentistry. 2008. Available online at www.aapd.org.
3. Indian Health Service, U.S. Department of Health and Human Services, 2000. The 1999 Oral Health Survey of American Indian and Alaska Native Dental Patients: Findings, Regional Differences and National Comparisons, Rockville, MD: Indian Health Service.