THE ART OF PERINATAL AND INFANT ORAL HEALTH

Speaker: Francisco Ramos-Gomez, DDS, M, MPH

Course Objectives:
- Discuss Innovative Practical Oral Care Program and its Implementation
- Discuss Caries Management by Risk assessment CAMBRA for 0-5 years old into Practice
- Discuss and present the Six Steps of Infant Oral Care including Self-Management Goals for Caregivers

CODA Standards:
- 2-12: Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.
- 2-16: Graduates must demonstrate competence in:
  a) assessing the oral health needs of community-based programs
  b) planning an oral health program to include health promotion and disease prevention activities
  c) implementing the planned program, and,
  d) evaluating the effectiveness of the implemented program.
- 2-17: Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.
- 2-19: Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Canadian Competency:
- A3. Apply principles of risk reduction for client, colleague and practitioner safety, health and wellbeing.
- A15. Prepare to assist in the prevention and management of outbreaks and emergencies.
- A10. Design and implement services tailored to the unique needs of individuals, families, organizations and communities based on best practices.
- B9. Work with clients, family members, substitute decision makers and stakeholders to assess, diagnose, plan, implement and evaluate services for clients.
- B13. Act as a knowledge source for clients, professionals and the public about oral health and access to oral health care.
- C9. Apply the behavioural, biological and oral health sciences to dental hygiene practice decisions.
- D3. Identify populations with high risk for disease including oral disease.
• D4. Analyze oral health issues in need of advocacy.
• D5. Identify networks and alliances inside and outside the profession.
• F9. Establish dental hygiene care plans based on clinical data, a client-centered approach and the best available resources.
• F11. Provide preventive, therapeutic and supportive clinical therapy that contributes to the clients' oral and general health.
• G13. Support clients in using community resources when needed.

Additional Faculty Resources:
• www.uclachatpd.org;
• www.aapd.org;
• www.aap.org;
• www.babyoralhealthprogram.org;
• www.prenataloralheal.org
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Classroom Discussion Questions:

1. What is the recommended age for a child's dental visit?
2. Discuss preventive measures for white spot lesions.
3. Discuss the impact of the physical and social environment on childhood caries.

Classroom Activities for Additional Learning:

1. Have students role play and demonstrate anticipatory guidance. Include exam assessment, parent education and patient management.
2. Invite a pediatric dentist to be a guest speaker
3. Using the interlocking puzzle pieces of the 6 Steps to Infant Oral Health, have students put them in order and discuss step. (www.aapd.org)
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Exam Questions:

1. Dental radiographs and local anesthesia present no additional risk to the fetus when compared to receiving no treatment for oral diseases
   
   A. True
   B. False

Answer: True
Rationale: The treatment of periodontitis, as well as the use of local anesthetics, amalgams, and x-ray scans, does not pose an increased risk to the developing fetus and is, in fact, important in contributing to maintaining optimal health for mother and baby. The American Academy of Periodontology and the American Dental Association both state the importance of maintaining oral health throughout pregnancy. A recent US survey, however, showed that most women did not visit the dentist during pregnancy; half of women who reported oral problems did not seek care because they believed poor oral health during pregnancy was normal or they feared dental treatments could harm the fetus.

2. It is critical to provide dental hygiene care and education to a pregnant patient to address which of the following

   A. potential for acid erosion
   B. immunosuppression
   C. potential transmission of disease
   D. all of the above

Answer: D
Rationale: Good oral health during pregnancy is important to the overall health of both expectant mothers and their babies. Many women worry that receiving dental care during pregnancy may cause harm to their unborn baby. This perceived danger of dental care to the fetus may be a primary concern to pregnant women; however, if left untreated, oral disease may in fact compromise the health of both the woman and the unborn child. There is a connection between periodontal disease (gum disease) and preterm birth. While the association between periodontal disease and birth outcomes continues to be explored, there is well-established evidence that women with high levels of the cavity-causing...
bacteria, mutans streptococci (MS), have a high likelihood of infecting the child before their second birthday

3. A smear of fluoridated toothpaste should be used for a child under the age of 3. A pea sized of fluoridated toothpaste should be used for a child age 3-6.

   A. The first statement is TRUE, the second is FALSE.
   B. The first statement is FALSE, the second is TRUE.
   C. Both statements are TRUE.
   D. Both statements are FALSE.

Answer: B
Rationale: www.aapd.org guidelines