Klamath County

Early Childhood Caries Prevention Program

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Baby Bottle Tooth Decay
(Nursing Caries)

Severe
DENTAL MYTHS TO DISPEL

1. Pregnant women can receive dental treatment for emergency needs only.

2. Children should not be seen by the dentist until they get all their primary teeth.
Factors in Reducing Dental Caries in At-Risk Children

- Every pregnant woman and subsequent child having a dental home
- Fluoride toothpaste used just before bedtime (spit, don’t rinse)
- Home visits to follow up with the above
PATIENT CARE GOALS

• Healthy moms to reduce disease transmission
• Knowledgeable moms to increase utilization of preventive services
• Healthy children

TOOTHPASTE

A small pea-sized amount of toothpaste weighs 0.4 gm = 0.6 mg Fluoride
SPECIFIC PROTOCOL for ECCP
(Protocol to Use When Seeing Pregnant Mothers)

The GOAL . . .
is NOT to give the pregnant moms a perfect mouth or to give them what they want.
IS to get the infection under control in the mom so she can deliver an infection-free baby who stays infection-free to age 2 years and throughout childhood.

Protocol for Seeing At-Risk Children on the OHP

- Xylitol gum
- Daily use of fluoride toothpaste
- Take child to dentist by 1st birthday.
- Take child to dentist every 6 months thereafter.
Table 1. Description of program activities and number of women and children who received services. (324 pregnant women on OHP in this year)
Clients Completed

Number of Home Visits Completed

Clients who followed through to a dental appointment
CONCLUSION