



SPECIAL CARE

An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs

Focus on the Basics

Oral Hygiene

Begin cleaning a baby's gums with a soft baby toothbrush and water after feedings, even before the baby has teeth. This can also help babies who are sensitive to touch.

Begin cleaning a baby's teeth as soon as you see the first tooth, usually around age 6 to 10 months.

Use a soft baby toothbrush that is easy to hold and small enough to fit in the baby's mouth. Lift the lips to brush the front and back of the teeth and at the gum line.

Brush a baby's or child's teeth two to three times a day. The best time to brush is after eating, particularly if the baby or child takes liquid medications high in sugar.

Brushing before bed is most important. Don't give the baby or child anything to eat or drink (except water) after brushing at night.

For babies and children under age 2, brush the baby's or child's teeth with a small smear of fluoridated toothpaste. For children ages 2 and above, brush the child's teeth with a pea-sized amount of fluoridated toothpaste. Make sure the child spits out the toothpaste after brushing, but do not have the child rinse with water. The very small amount of fluoridated toothpaste that remains in the mouth helps build strong healthy teeth.

Oral Health Care

All babies and children should be referred to a dentist 6 months after you see the first tooth or by age 12 months (whichever comes first). Your primary care provider (for example, pediatrician, family physician, nurse practitioner) may be able to help you find a dentist in your area who cares for children with special health care needs.

Children with special health care needs may need to visit a dentist every 2 to 3 months or more often.

Special Problems

Children with special health care needs may have the following problems. If your child has one or more of these problems, talk to your dentist.

Dry Mouth

Some diseases cause dry mouth. Some medications also cause dry mouth. If a child has dry mouth, he might not eat enough, and he might have a hard time swallowing. Or he might keep food in his mouth and not swallow it. Dry mouth can also lead to tooth decay, gum disease, and oral infections.

Medications

Many medications may cause dry mouth. Medications high in sugar may stick to the teeth, which can lead to tooth decay. Some seizure medications cause enlarged gums. Aspirin or other pills left to dissolve in the mouth can create acid that leads to tooth decay. Rinsing the mouth or brushing the teeth after taking medications can help.

Bad Breath

Poor oral hygiene, gum problems, and dry mouth can cause bad breath. Digestive problems and sinus problems can also cause bad breath, and so can certain medications.

Tooth Grinding

Grinding or gnashing of teeth usually happens at night but can happen any time. This can lead to wear on the teeth, flat tooth surfaces, headaches, pain, and gum disease. Sometimes no treatment is necessary or possible. If the habit is not outgrown, oral appliances made by a dentist may be helpful.



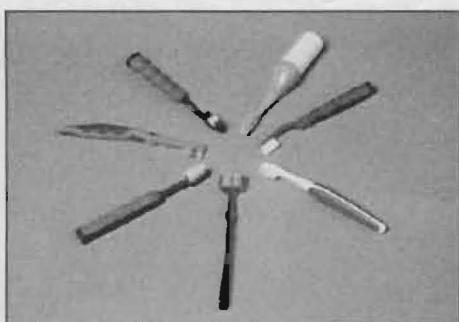
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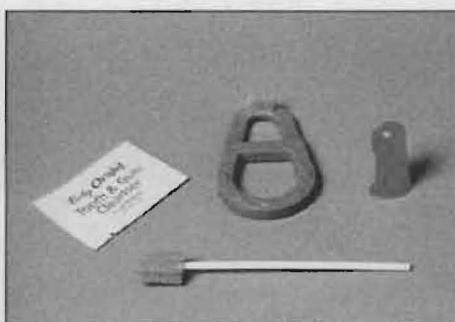
Oral Hygiene Aids

New oral hygiene aids give families more choices for cleaning their baby's or child's gums and teeth. You can buy most of these aids at grocery stores or drugstores. You can buy the rest from specialized dental care companies. Ask dental office staff or an occupational or physical therapist for help.

When you choose oral hygiene aids, think about your baby's or child's developmental age, how well your child can control the mouth muscles and motion, oral reflexes, oral sensitivity, special things your child likes (for example, favorite color), toothpaste flavor, and your child's self-care skills.



The following toothbrush adaptations are available: (1) bigger or textured handles for easier grip, (2) three-sided head of bristles, and (3) angled handles for hard-to-reach spots.



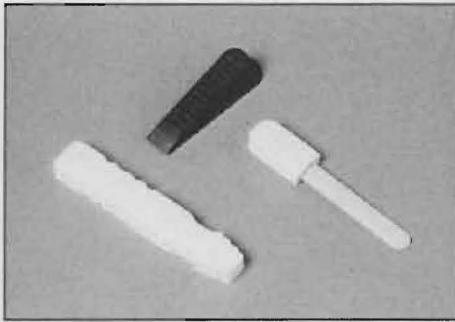
Cleaning aids for a baby's gums and teeth: teething ring with soft toothbrush bristles, cleanser and soft finger brush, and a Toothette™ oral swab for cleaning the gums or tongue.



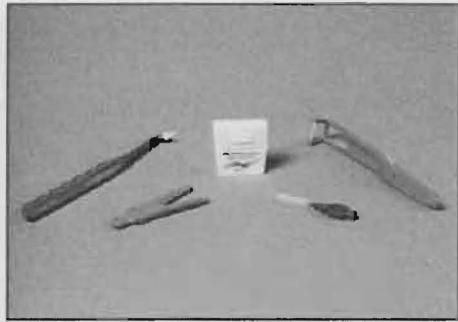
A tooth care kit for young children: toothpaste with fluoride, toothbrush holder, small toothbrush with colored areas to show how much toothpaste to use, extra toothbrush, timer, mouth mirror, and floss on a floss holder.



Aids designed with bright colors and cartoon characters.



Aids made from plastic or rubber help to hold the child's mouth open and help the parents see inside the mouth and clean the teeth.



Floss, floss holder, and other aids to clean between teeth.

This tool from **Special Care: An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs**, (<http://www.mchoralhealth.org/SpecialCare>), produced by the National Maternal and Child Oral Health Resource Center at Georgetown University, was adapted, with permission, from the University of Southern California, University Center for Excellence in Developmental Disabilities, Childrens Hospital Los Angeles. **Oral Hygiene Aids for Children with Special Health Care Needs**.



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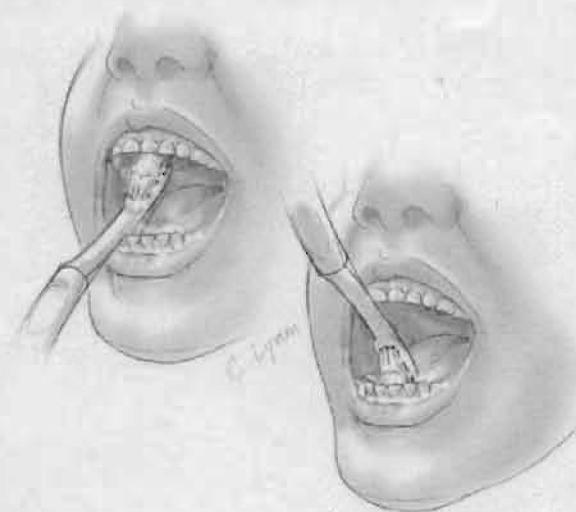
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Toothbrushing

1. Put toothbrush bristles at the child's gum line at a 45-degree angle. Press gently, and use short back-and-forth strokes. Start with the upper teeth, brushing the outside, the inside, and the chewing surfaces. Do the same for the lower teeth. Be sure to brush each tooth. Gently brush the tongue, too.



2. Place the toothbrush vertically to clean the inside and upper and lower surfaces of the teeth.



3. For children who want to help brush their teeth, try the "roll" method. Let the child hold the toothbrush, and turn her wrist a little. Follow the shape of the teeth. Or try the "circular" method. With the child's lips closed over the toothbrush handle, put the toothbrush inside the cheek and the tips of the bristles lightly touching the teeth. Use a gentle, fast, wide, circular motion.



Notes

An adult should always supervise toothbrushing and do the final brushing until the child can brush well without help. Most children with no developmental delays develop this skill by age 7 or 8. Some children with special health care needs will never be able to brush by themselves.

Ask your child's oral health professional to tell you the best way to brush your child's teeth and to show you how to do it.



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Different Positions for Toothbrushing

There are many ways to position a child for toothbrushing. These may change with a child's age, and they depend on the child's physical or medical conditions.

Remember that supporting the head, making sure that you can see inside the mouth, and making sure that you can easily move the toothbrush are important. To prevent choking or gagging, don't tilt the child's head back. Make sure that you are not triggering any other types of reflexes. This is particularly important in children with cerebral palsy. Work with your child's oral health professional to find the safest, most comfortable position for you and your child.

In a Wheelchair

Method 1. Stand behind the wheelchair. Use your arm to brace the child's head against the wheelchair or against your body. You can use a pillow to make the child more comfortable.



Method 2. Sit behind the wheelchair and tilt it back into your lap. Remember to lock the wheels of the wheelchair.



Sitting on the Floor

Place the child on the floor in a seated position, and sit right behind him, on a chair. Lean the child's head against your knees. If the child is uncooperative, you can gently place your legs over his arms to keep him still.



On a Bed or Sofa

Place the child on a bed or sofa lying down, with his head in your lap. Support his head and shoulders with your arm. If the child is uncooperative, a second person can gently hold his hands and feet.



In a Beanbag Chair

If it is hard for the child to sit up straight, sitting in a beanbag chair may allow her to relax without fear of falling. Use the same position as described above for brushing on a bed or sofa.



Lying on the Floor

Place the child on the floor lying down, with her head on a pillow. Kneel behind the child's head, using your arm to help hold her still, if necessary.





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Getting to Know Me

Please complete this form with or for your child so we can better understand and meet your child's unique needs. Bring it with you to your appointment. Thank you.

Child's name: _____

Nickname: _____

Date of birth: _____

Age: _____

Date today: _____

Parent(s) name(s): _____

Other regular caregivers (more than twice a week):

- Siblings
- Grandparents
- Other relatives
- Baby-sitter
- Child care
- School programs
- Other

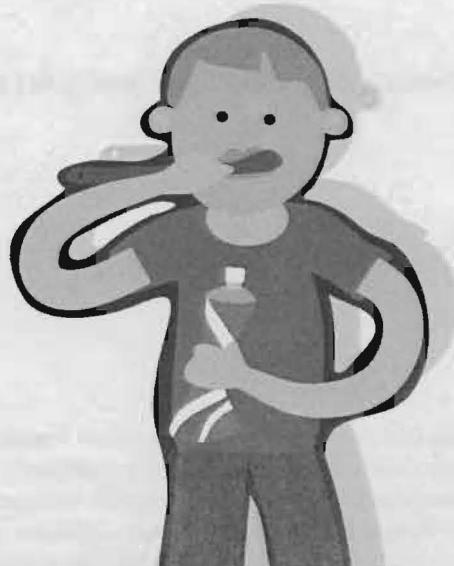
Current medications and any sensitivities to medications:

Adaptive aids/equipment (for example, wheelchair):

Therapies (for example, occupational or physical therapy):

Special educational programs:

Other supportive services:



Ways I communicate:

Some of my strengths:

Things that make me smile or make me feel good (e.g., favorite toys, phrases):

Things that might bother me about the dental office:

My behaviors or conditions you might find challenging in the dental office:

How my family deals with these behaviors or how they can help you deal with them:

Past experiences with oral health care:

Problems or questions my family has about home oral hygiene care:

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