

ANTICIPATORY GUIDANCE – FUTURE ORAL CARE

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ABSTRACT

Anticipatory Guidance is a form of health care where the information provided helps the families to prepare for expected physical and behavioural changes during their child's or teen's current and approaching stage of development. Anticipatory guidance should be provided to pregnant women, new mothers and other caregivers because bacteria such as S.Mutans can be transmitted from mother (or) caregiver to infant (or) child through contact. This article discusses with the application of Anticipatory guidance in oral health care.

KEY WORDS: Anticipatory Guidance, caregiver, children, prevention, parents

INTRODUCTION

Anticipatory Guidance is a form of health care where the information provided helps the families to prepare for expected physical and behavioural changes during their child's or teen's current and approaching stage of development. The anticipatory guidance of oral health for parents of infants and children includes oral development, tooth eruption, gum/tooth cleaning, use of fluoride, bottle use and feeding and eating practices¹. Anticipatory guidance should be provided to pregnant women, new mothers and other caregivers because bacteria such as S.Mutans can be transmitted from mother (or) caregiver to infant (or) child through contact.

Anticipatory guidance helps in preparing parents for the normal growth and development of their child. It helps families understand what to expect during their infants or child's current and approaching stage of development².

If, appropriate measures are applied, early enough, it may be possible to totally prevent oral disease. Specific recommendations include elimination of bottles in bed, early use of soft- bristled tooth brushes (with parental supervision) and limitation of high-carbohydrate food intake after teeth have been brushed. The oral health of children in industrialized countries has improved considerably during past few decades. Oral disease especially dental caries, is complicated and multifactorial and it often begins to develop during pregnancy³.

Although certain risk factors are associated with the development of oral disease in children, it has been difficult to consistently identify infants at greater risk for

oral disease later in life. So, contemporary guidelines for the management of oral disease recommend that more emphasis be placed in primary prevention. Infants be scheduled for an initial oral evaluation visit within six months of the eruption of first primary tooth but no later than 12 months of age. For many years, the approach to oral disease (Dental caries, periodontal disease and acquired or hereditary conditions) has been to treat destructive effects and then initiate a preventive program. Contemporary guidelines recommend more emphasis on early professional intervention consisting of an oral examination risk assessment of infants and anticipatory guidance for parents^{2,3}. With early professional intervention, it may be possible to reduce or even eliminate oral disease.

Anticipatory guidance helps people understand what to expect during their infants current and approaching stage of development. Primary care professionals, early childhood professionals and other health professionals can provide anticipatory guidance on oral health to promote oral health to children and families. This helps parents to reduce (or) prevent tooth decay in their infants and children. Always make oral health as a component of general health. A rapid form of Dental decay affects pre-school aged children and impacts on poor sleep patterns and poor eating habits in terms of pain⁵.

This shows low weight and height for their age. Research has shown that poor oral health negatively affects development and learning for children, as well as

directory nutrition, communication, self-esteem, social relations and activities of daily living.

Pain and infection lead to behavioral changes and decrease quality of life. Ideally, infant oral health begins with prenatal oral health counseling for parents; a postnatal initial oral evaluation should be performed within 6 months of eruption of first primary tooth.

Mother's appear to be the primary source of a child's dental knowledge. Therefore, failure to adequately educate mothers at an early stage can lead to subsequent dental problems in children⁷. Nutritional and life style counseling (i.e. alcohol and tobacco use) medication warnings and advice concerning breast feeding and post natal care can also have a positive influence on oral health in children.

American Academy of pediatrics currently recommends that children be referred for an initial dental evaluation at 24 months of age⁶. AAPD recommends that the first oral examination occur within 6 months of the eruption of first primary tooth but no later than 12 months of age⁴.

Tips for providing Anticipatory Guidance :

- Respect for the caregiver as an adult with knowledge, life experience, viewpoints and values.
- Use learning methods such as discussion, pamphlets, demonstrations and active participation.
- Ask both open and closed ended questions such as "Have you started cleaning your child's teeth yet ?" and "Can you think of a good way to work daily brushing with a fluoride toothpaste into your daily routine"?
- Listen to the caregiver and ask the caregiver for ideas about what he/she thinks might work on issues like weaning, daily brushing and diet modification.
- Use culturally and linguistically appropriate methods of communication in working with patients of diverse ethnic, linguistic, cultural and socio-economic backgrounds and abilities when addressing their oral health needs and behaviors.
- Positive reinforcement lets the caregiver know that you are on their side. Keep in mind that health behavior change is a process, not a single event. It usually takes many triggers over time to change health behavior. Try not to get discouraged, but consider each counseling visit as getting one step closer to change.

- The most important tool you have is your own genuine concern and caring for the children and their families.

Anticipatory guidance to share with pregnant women, new mothers, or other intimate caregivers :

- Brush teeth using a fluoridated toothpaste twice a day and floss atleast once a day.
- Rinse every night with alcohol free mouth rinse.
- Visit a dentist for an examination and restoration of all active decay and gum infection as soon as possible.
- Make an appointment for the infant's first oral examination within 6 months of the eruption of the first primary tooth.
- Eat healthy foods such as fruit, vegetables, grain products and dairy products. Once infant is born, avoid testing the temperature of bottle with the mouth, sharing utensils like forks and spoons or cleaning a pacifier or bottle nipple that has fallen with saliva before giving it back to child. This prevents transmission of bacteria from parents to children.
- Avoid carbonated beverages during the first 30 months of the infant's and child's life.
- Clean the infant's gums with a tooth brush and plain water even before the teeth erupt. Lift the lips to brush at the gum line and behind the teeth. Remember not to give the infant anything to eat or drink (except water) after brushing at night.
- Breastfeed the infant for approximately the first 6 months of life, and continue for atleast 12 months. Breastmilk provides the infant advantages with regard to general health, growth and development, while significantly decreasing the infant's risk for a large number of acute and chronic diseases.
- For mothers who cannot breastfeed feed the infant a prepared infant formula.
- Do not put the infant to sleep with a bottle of milk or sugar products during the day or night.

Be aware that the Bacteria which cause tooth decay can be passed from one person to another. Bacteria can spread when children share food, lick pencils or other objects or put toys in their mouths. Parents should be role models for the kids. Let the kids see you eating healthy snacks like whole-grain bread, fruits and vegetables milk and milk products, fish, chicken, meat, eggs and beans. Foods high in sugar are fine once in a while but they should not be eaten often⁵.

To promote oral health, professionals can also distribute educational oral health materials in a variety of languages and at a variety of reading levels, play educational oral health videotapes in the waiting room.

CONCLUSION

Although in industrialized countries much anticipatory guidance is given to parents or caregivers on prevention of oral disease in infants and young children, the developing countries require lot of information to be given in both rural and urban areas for the parents and other caregivers. By working together, physicians and dentists can reinforce each other's efforts to provide excellent preventive oral care.

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