

CLINICAL PRACTICE GUIDELINE NAME:	<i>Early Childhood Cavities Prevention (ECCP)</i>
ORIGINAL DATE APPROVED BY QMC:	7/02 IHN
DATES RE-REVIEWED BY QMC:	9/04 IHN; 5/06 Logo Change; 9/06 SHPO; 6/09 SHPO; 7/11 SHPO

GUIDELINE DESCRIPTION:

This guideline provides facts about ECCP and guidelines for physicians and other health care providers on early oral assessment, education, treatment and referral of pregnant women and children 0-24 months.

FACTS ABOUT EARLY CHILDHOOD CAVITIES:

- Childhood caries are a preventable infectious disease.
- Dental decay is the most common disease of childhood.
- Children from poor socioeconomic status families suffer almost twice the incidence of dental caries as their peers.
- Causative agent of dental caries is Mutans Streptococci (MS) and is vertically transmitted from caregivers to children through saliva, eating utensils, cups, pacifiers, etc.
- Children are most likely to develop caries if MS is acquired at an early age.
- Periodontal disease in pregnant women may contribute to adverse outcomes such as premature delivery and low birth weight infants.
- Dental caries in primary teeth is a predicator of decay in permanent teeth.
- Severe dental cavities can lead to eating, learning and speech problems
- Young children exposed to secondhand smoke have a much higher rate of tooth decay

REFERENCES:

1. U.S. Department of Health and Human Services. National Call to Action to Promote Oral Health. (Spring 2003) [includes Oral Health in America. A Report of the Surgeon General, May 2000] <http://www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.html>
<http://www.surgeongeneral.gov/library/oralhealth/>
2. Oregon Health Authority – Early Childhood Cavities Prevention <http://public.health.oregon.gov/PREVENTIONWELLNESS/ORALHEALTH/Pages/eccp.aspx>
3. Agency for Healthcare Research and Quality (AHRQ) Press Release – March, 2003 <http://www.ahrq.gov/news/press/pr2003/toothpr.htm>
4. American Academy of Pediatrics: Preventive Oral Health Intervention for Pediatricians. Vol 122, Number 6. December 2008 <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1387.pdf>
5. American Academy of Pediatric Dentistry: Guideline on Infant Oral Health Care. Vol 32/No. 6 (2009) http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf
6. National Maternal and Child Oral Health Resource Center. Bright Futures: Oral Health-Pocket Guide (2004). <http://www.mchoralhealth.org/PocketGuide/index.html>

"These recommendations are designed to be guidelines but do not guarantee coverage by each plan. For coverage/benefit information please contact our member services department."

GUIDELINES
EARLY CHILDHOOD CAVITIES PREVENTION (ECCP)

ASSESS	<p>Children up to 24 months:</p> <ul style="list-style-type: none"> ▪ Perform oral health risk assessment at each visit using “Lift the Lip” technique ▪ If no evidence of dental disease noted, re-observe at next visit ▪ If evidence of dental disease noted, make appropriate referral to dental plan ▪ Assess the need for supplemental fluoride <p><u>Pregnant Women:</u></p> <ul style="list-style-type: none"> ▪ Assess oral health status during prenatal period. ▪ Determine if woman has established care with dentist and document last visit. ▪ Assess tobacco usage of the woman and others in the home at each visit.
EDUCATE	<p>Children up to 24 months:</p> <ul style="list-style-type: none"> ▪ Stress the importance of good oral health habits and nutrition and provide prevention and age appropriate education materials at each visit. ▪ Identify high risk caries behavior by caregivers and provide education on how to avoid this behavior (i.e. putting infant to bed with a bottle, mother holding pacifier in her mouth then giving it to the infant, snacks high in sugar, carbonated beverages or excessive fruit drinks, etc). ▪ If fluoride supplementation is prescribed, strongly affirm the importance of compliance with prescribed treatment. <p><u>Pregnant Women:</u></p> <ul style="list-style-type: none"> ▪ Stress the importance of good oral health habits and nutrition before and after delivery. ▪ Encourage regular dental visits and dental referral as soon as appropriate when active decay identified. ▪ Educate women on how to prevent early colonization of dental flora before and after the infant born (good oral health habits and avoiding behaviors as noted above under high risk caries behavior). ▪ Stress the importance of tobacco cessation both during pregnancy and after delivery for the woman and others in the home. Provide tobacco cessation education materials.
TREAT	<p>Children up to 24 months:</p> <ul style="list-style-type: none"> ▪ Prescribe supplemental fluoride as appropriate ▪ Apply fluoride varnish as indicated or refer to dental plan for application
REFER	<p>Children up to 24 months:</p> <ul style="list-style-type: none"> ▪ After oral assessment, refer children who are at risk or who have identifiable chalky white spots, brown spots or lesions to their dental plan. ▪ Every child should have a dental home established by one year of age. <p><u>Pregnant Women:</u></p> <ul style="list-style-type: none"> ▪ After oral assessment refer woman for regular dental care and when active decay identified as soon as appropriate.