2019 UPDATE IMPACT PATHWAYS – Child oral health (0-5 yrs)

RECORD COLLATE DO **IMPACT** Collate Reductions in the Reduced proportion Be able to recognise children at risk of proportion of children of children with developing dental decay (e.g. oral hygiene, with tooth decay decayed, missing Record whether teeth are diet, socioeconomic status, parental smoking, results or filled teeth brushed last thing at night previous caries experience) Fewer sleepless and on one other occasion; nights for children whether fluoride toothpaste and carers Record containing no less than Be able to offer oral health advice and follow-up*(where Reduced prevalence 1,000ppm fluoride is used; to all children aged 0-5 Fewer missed school of overweight and whether a smear of days and days off for children in toothpaste is used parents reception and the If followed up, the year 6 Using MECC principles, raise the issue of change in child's Fewer hospital visits Number of children child oral health relating to dental decay with oral health routine, Record if you have for tooth decay offered oral parent/guardian and offer brief advice on oral including change in undertaken a conversation health advice health: number of times teeth Reduced proportion about limiting sugary foods A reduction in the are brushed per day of hospital As soon as teeth erupt in the mouth brush and drinks to mealtimes, and oral health gap admissions for them twice daily with a fluoride toothpaste Number of for disadvantaged <u>q</u> not consumed more than four dental caries Reduction in the . Brush last thing at night and on one families conversations about times per day. For 4-6 year (0-5 years) interactions amount and frequency other occasion possible) limiting sugary olds, this is less than 5 sugar of having foods and • Use fluoride toothpaste containing no less foods and drinks to cubes per day drinks that contain than 1,000ppm fluoride mealtimes in context sugar, only give sweet Reduced • It is good practice to use only a smear of of healthy eating foods including dried consumption of fruit at mealtimes toothpaste sugar in food and q drinks Support breastfeeding Increase in number you · The frequency and amount of sugary food generate of fluoride varnish Record whether their child Number of children If followed-up, the More children and drinks should be reduced applications via has attended the dentist in who have attended % change in no. of brushing their teeth are FP17s on children Parents/carers should be advised to children who have last thing at night the last 12 months the dentist in the take their children to visit the dentist as attended the dentist in and on one other past 12 months having the past 12 months soon as the first tooth appears in the occasion impact mouth, at about 6 months, and then on Number of children a regular basis Reduced burden Increased fluoride who have seen a and cost to NHS protection dentist when teeth services ass first erupted No. of children having attended Signpost to relevant services (e.g. dentist; essment the dentist in the health visitor; healthy child programme; school Categorise the services the Number of children past 12 months nurse; children's centre). When signposting child has been signposted to signposted to other services to a dentist, highlight that dental care is free for some groups, including pregnant women, mothers in the 1st year of the child's life, children under 18 (or 19, if in full time

Supportive resources: There is training available on child oral health (e.g. the Healthy Child Programme e-learning module 10)

education)

The Public Health England (PHE) framework 'All our health' has a section dedicated to child oral health, containing extensive literature on the different forms intervention can take.

^{*}Follow-up is optional and in many cases will not be possible. However, should the opportunity arise, the impact pathway highlights the data that could be collected to further demonstrate impact.