Healthy snacks Delighted Mouth!

Information Guide for Managers of Early

Childhood Centres and Family Day

Care Services



2010 September



HEALTHY SNACKS... DELIGHTED MOUTH!



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Produced by

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In this document, the masculine form is used without discrimination to designate both men and women, in order to lighten the text



TABLE OF CONTENTS

WORD	OF THANKS	V
FORE	WORD	VII
PART	I - CHOOSING A SNACK	1
1.1 1.2 1.3	Snack Nutritive snacks that do not encourage dental caries Classification of snacks	5
1.4 1.5	"Hidden" sugar in food Celebrations and rewards	7
PART	II - TEETH	11
2.1 2.2	Eruption of primary teeth	14
2.3 2.3 2.4	Brushing of tooth 1 Brushing Method Dental floss	16
2.5 2.6 2.7	Dental caries process Early childhood caries Notice on the brushing of tooth in daycare	21
2.8	Dental trauma	
PART	III - FLUORIDE	29
3.1 3.2	Quantity of toothpaste Effects of fluoride	
PART	IV - VISIT TO THE DENTIST	35
4.1	First visit at the age of 1 year	37
APPEN	NDIX I - GAMES	41
APPEN	NDIX II - SONG	51
APPEN	NDIX III - INFORMATION TO PARENTS	53
BIBLI	COGRAPHY	59



WORD OF THANKS

The "Snacks and dental health" project was created following a regional consultation with the CSSS of Abitibi-Témiscamingue. We wish to emphasize the collaboration of the various professionals, such as dental hygienists, nutritionists and early childhood workers. We thank them for their precious advice which greatly contributed to the development of the project and the promotional tools.

We also thank Ms. Léopoldine Gagnon, dental hygienist, at the CSSS Les Eskers de l'Abitibi, for her contribution to the originality of the document title.

More specific consultations on nutrition were done with:

Ms. Lise Therrien, nutritionist, CSSS de la Vallée-de-l'Or.

There was also the contribution of these people for the validation of promotional tools during the project:

- Ms. Lise Therrien, nutritionist, CSSS de la Vallée-de-l'Or;
- Ms. Monia Champagne, dental hygienist, CSSS de la Vallée-de-l'Or;
- Ms. Manon Picard, dental hygienist, CSSS de la Vallée-de-l'Or;
- Ms. Isabelle Lamarche, nutritionist, CSSS de Rouyn-Noranda;
- Ms. Judith Frisko, dental hygienist, CSSS de Rouyn-Noranda;
- Ms. Manon Arseneault, dental hygienist, CSSS de Rouyn-Noranda;

In conclusion, we acknowledge the collaboration of all the dental hygienists at the CSSS for their reading of and comments on the document.





FOREWORD

A word on food allergies

In their first years of life, the risk of developing an allergy is often higher since the young child's immune system is not completely developed.

Our defence system (the immune system) normally protects the human body against various assailants:

viruses
bacteria
parasites

and produces ANTIBODIES

Sometimes, the system becomes hypersensitive; certain harmless substances are then considered as threatening or dangerous. One can provide the example of foods that thereby become **ALLERGENS**.

During an initial exposure, the organism does not seem to react but:

 This is the sensitization phase; specific antibodies are developed and the defence system is formed.

During an upcoming contact with the allergen, no matter how small it is:

 The allergic reaction takes place; the antibodies recognize the allergen (the food in question) and powerful substances are liberated leading to an inflammatory reaction.





• These "immune" reactions are sometimes so strong and serious that they can be fatal if we do not treat them rapidly. This is called an **anaphylactic shock**.

Prevention measures:

- Identify all known children with allergies, with a bracelet or other means;
- Avoid the allergenic food since simple contact or inhalation can trigger an allergic reaction;
- Pay close attention during community meals;
- Inform the persons preparing the meals and snacks on the phenomena surrounding food allergies;
- Provide the concerned persons with dietary information on the preparation of food and on the way to examine the list of ingredients.

List of main foods involved in food allergies

· peanuts · eggs

· nuts · wheat

sesame seeds · fish

 \cdot soy \cdot crustaceans

· milk · shellfish

· certain fruits

As opposed to an allergy, a **food intolerance** has nothing to do with the immune system. Instead, it involves the digestive system which functions worse in the presence of certain foods. The symptoms occur hours after the ingestion of the food (cramps, diarrhea, gas...).





List of symptoms During an allergic reaction*

- . Hives: raised plaques with itching
- . Edema (swelling): of skin or mucous membrane
- . Itching of mouth, lips, roof of mouth and tongue
- . Swallowing difficulty
- . Breathing difficulty
- . Nausea, cramps, vomiting, diarrhea
- . Nasal obstruction and drip
- $. \ \, \text{Dizziness}, \ \text{loss of consciousness}$
- .Lowering of blood pressure
- . Death

More serious
reactions:
Anaphylaxis

* Source: MINISTERE DE L'AGRICULTURE. Allergies food, Alimentaction, 1999.

The "food allergy" diagnosis must be confirmed by a physician.

Recommendations:

It is necessary to have a written protocol regularly revised with a health professional.

All the staff must know the procedures to be followed in the event of serious allergic reactions.

The child with food allergies should wear a medical bracelet identifying the allergen.

In the event of anaphylaxis:

- use an epinephrine injection device (ex.: Epipen¹);
- take the child to a hospital environment.

^{1.} It is important to regularly check the expiry date, to clearly indicate the method of use and place the device in a known and easily-accessed place for the responsible staff.

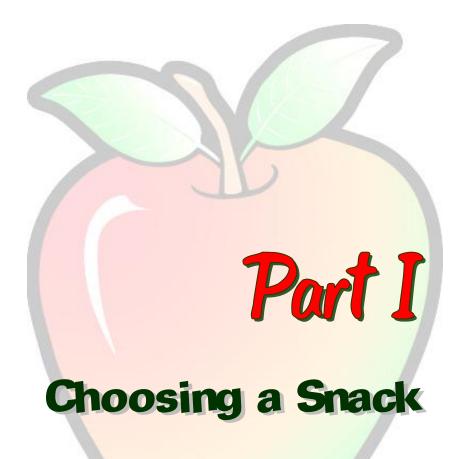




The Risk of Choking for Young Children

Seeing as young children have narrower airways, there is a higher and more present risk of obstructing the respiratory tract. It is preferable to adopt certain rules which will help us prevent such situations among children under the age of 5 years.

- During snack time, we should:
 - allow for a break, a relaxation period;
 - ensure monitoring;
 - ensure that the children are properly seated (not lying down or laughing... this can lead to an aspiration hazard and thereby block the respiratory tract);
 - encourage children to thoroughly chew their food.
- Food to avoid:
 - hard candy bars;
 - chewing gum;
 - peanuts, nuts, sunflower seeds;
 - popcorn;
 - certain raw vegetables;
 - whole fresh grapes or raisins;
 - chips;
 - small pieces of sausage.
- Preparation of certain foods to make them "safe":
 - shredded or cooked vegetables;
 - whole fresh grapes cut lengthwise;
 - sausage cut lengthwise.





PART I Choosing a Snack

1 1 SNACK

For young children, snacks represent 20-25% of their calories and nutritional needs for one day. Therefore, we must make an adequate choice because a snack is considered nutritive if it offers nutritive elements as well as calories.

A healthy snack at the right time complements (but does not replace) the preceding meal, satisfies the hungry child and sustains him until the next meal. By planning snacks at regular hours, we ensure that the child will be hungry at the time of the next meal.

A good snack² choice:

- satisfies hunger without spoiling one's appetite for the next meal;
- completes a breakfast or lunch that is too light;
- gives energy and vitality;
- helps one remain attentive and favours better concentration;
- completes the nutritional elements necessary for the growth, maintenance and repair of tissue;
- prevents problems of obesity and dental caries.

^{2.} CLSC SUZOR CÔTE WITH THE CLSC-CHSLD DE L'ERABLE. Guide d'informations sur les collations, 1999, 36 p.



Choose snacks from among the four food groups of the "Canada Food Guide":

- dairy products;
- vegetables and fruits;
- meat and substitutes;
- cereal products.



1.2 NUTRITIVE SNACKS THAT DO NOT ENCOURAGE DENTAL CARIES

Considering that preschool-age children consume a large part of their daily food as snacks, it is therefore important to take steps to ensure that this habit does not increase the risk of dental caries. We can favour dental health for preschool-age children by taking the following measures³:

- ▶ Offer healthy snacks from the four food groups. Certain snacks, although nutritive, can cause caries because aside from containing natural sugars, they stick to the teeth for a long time (ex.: raisins, dates, granola bars, etc.).
- Reserve sticky foods (such as dried fruits, fruit bars and sweetened and sticky pastries) for dessert or for when children can brush their teeth after having eaten.
- Avoid snacking on sweetened foods throughout the day or sipping juice since they supply an additional dose of sugar to the acid-producing bacteria in the mouth. The acid attacks the teeth and causes caries. See the caries process on Item 2.5, p. 19.
- Finish your snack with a piece of cheese when the brushing of teeth is not possible.

 The cheese neutralizes the acidity caused by the sugars.

^{3.} HEALTH CANADA. Canada's Food Guide to Healthy Eating. Information on preschoolers for educators and communicators. [On line], 2003. [http://www.hc-sc-gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_preschoolers_f.html] (October 9, 2003).





1.3 CLASSIFICATION OF SNACKS

The poster at the end of the document represents the four food groups. Healthy Snacks were divided into two categories:



Healthy Snacks not followed immediately by tooth brushing.



Healthy Snacks followed by tooth brushing.

Although the brushing of teeth should be done after eating, certain healthy snacks are not conducive to dental caries, which does not necessitate the immediate brushing of teeth.

On the other hand other healthy snacks contain more sugars and/or starch. Therefore, they require the brushing of teeth.



1.4 "HIDDEN" SUGAR IN FOODS

It is important for our young children, to eat nutritive, varied and tasty snacks. A snack is considered nutritive if it supplies all the nutritive elements in addition to calories. To make this choice among the multitude of products that can be used as snacks and are designed for children, one must carefully *read the labels*. Most pre-packaged products now feature a **nutritional facts table**. By consulting this table, the list of ingredients and the nutritional claims, one can make informed decisions.

It is important to specify that 45% to 65% of the total required daily energy intake must come from **carbohydrates**. This intake, which is essential for global health, is found under various names in our food.

Carbohydrates go by different names. Here are some of them:

Fructose (naturally in fruit, honey)

· Glucose (fruit, honey, corn syrup) · ·

· Galactose (milk)

 Sucrose (white sugar, maple syrup, brown sugar)

Lactose (milk)

· Maltose

 Starch (complex carbohydrate): found in refined or whole-grain cereals, pasta, potatoes, white and brown rice, legumes Dextrose

Molasses

Honey

Caramel

Brown sugar

· Corn, maple or malt syrup

Dietary fibres



Several products have a lot of added sugar and are low in nutrients, vitamins and minerals. It is essential to be able to recognize these foods. This is where the nutritional facts table and the list of ingredients become important. When the ingredients are on top of the list, this means that they are present in large quantities in the mentioned portion.

Some useful tips:

- Avoid adding sugar to cereal, fruit, oatmeal... the child will learn to develop a taste for the simple flavour of foods.
- Try to offer less sweetened versions; a home-made muffin or breakfast bread or cake rather than a commercial pastry; a home-made dairy dessert; a fruit salad in its own juice rather than in light syrup; a fruit compote without added sugar.
- Modify certain recipes by reducing the required amount of sugar; this will make them "healthier".
- Limit the daily intake of juice to 125 ml ($\frac{1}{2}$ cup). We must then offer a variety of fresh fruit to our children.
- ▶ Beware of fruit-flavoured punches, drinks and cocktails and energy drinks because they are "fake juices" to which a lot of sugar has been added. These beverages do not supply the vitamins found in authentic juices that are "100% pure" or "made from concentrate".



- ▶ Do not encourage your children to constantly snack or drink while doing other activities. Reserve a time for each thing...
- Offer water to children to quench their thirst between meals and snacks.
- ▶ Be critical and do not let yourself always be convinced by the children's choice!

There is a simple method that allows us to discover the approximate quantity of carbohydrates hidden in the chosen food. You just take the amount of carbohydrates indicated in the nutritional facts table and make a simple calculation. We can say that there is 1 teaspoon of sugar (including sugars, starch and fibres) for every 5 grams of carbohydrates contained in the food. For example, in cookies in which there are 25 grams of carbohydrates, we can estimate that they contain 5 teaspoons (in different forms).



1.5 CELEBRATIONS AND REWARDS

There are situations for celebrations and rewards during the year:

- Birthday
- Halloween
- Christmas
- Easter
- St. Catherine
- St. Valentine
- Etc.

Do not forget that in these situations when the children eat foods containing sugar (cake, homemade cookies, etc.), it is recommended to brush the children's teeth after snacking.

There are always opportunities to educate children on healthy snacks. We can also replace sweetened treats by:

- Tasting vegetables, fruit and cheese
- Greeting card
- · Small personalized gift
- Sticker
- Diploma
- Etc.





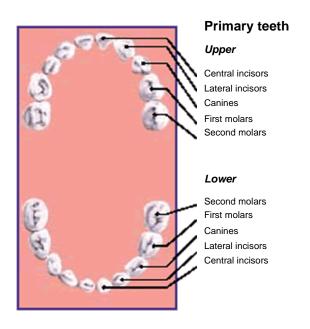
PART II Teeth

2.1 ERUPTION OF PRIMARY TEETH

Primary teeth, also called baby teeth or milk teeth, start to develop during pregnancy. The diet of pregnant women has a large influence on the baby's bone and dental structure during its development.

The first teeth usually appear at the age of 6 to 8 months. At the age of $2\frac{1}{2}$ - 3 years, the 20 primary teeth should all be present. The eruption can vary from one child to the next without this necessarily causing a problem.

The health of primary teeth is very important since it contributes to the maintenance of good general health and will have major influence on the future permanent teeth.



Eruption

between 7 and 12 months between 9 and 13 months between 16 and 22 months between 13 and 19 months between 25 and 33 months

Eruption

between 20 and 31 months between 12 and 18 months between 16 and 23 months between 7 and 16 months between 6 and 10 months



2.2 THE ROLE OF TEETH

Milk teeth are important since they:

- allow the child to properly chew food and eat well;
- are used in language learning;
- guide the space for future permanent teeth which helps avoid crooked teeth;
- favour good general health;
- provide an attractive smile and appearance that contribute to the development of high self-esteem in the child.



Eating



Talking



Smiling





2.3 THE BRUSHING OF TEETH

The brushing of teeth and use of dental floss are very important to eliminate <u>plaque</u> which is responsible for dental caries. Plaque is a thin layer made up of food and bacterial debris which sticks to teeth and gums. It comes back continually and in the presence of sugar, it causes caries. See the caries process in Item 2.5, p. 19.

Oral hygiene must begin at birth:

Before eruption of the teeth: Clean the child's gums and mouth with a small washcloth at least twice a day.

After eruption of the teeth: Use a small toothbrush with soft bristles. Brush the child's teeth after each meal and at bedtime. Brushing before the night is very important since the child has less saliva and the food debris sticks more to the teeth.

When the child grows, they can ask to brush their own teeth (around 18-24 months). Show them by helping and encouraging them. However, the adult must complete the brushing of the child's teeth, particularly at bedtime, until the child has acquired enough skills at about the age of 7 years.







In daycare services, brushing can be done after the meals and snacks. The educator can then supervise the children. See "Notice on the brushing of teeth in daycare" in Item 2.7, p. 23.

A helpful tip:

To reduce the risk of caries, it is recommended to:



- complete a meal or snack by a piece of hard <u>cheese</u> wich reduces the acidity caused by foods containing sugar;
- rinse the mouth with water.

Nonetheless, it is smart to always brush the teeth after eating.

2.3.1 Brushing method:

Hold the brush at a 45 degree angle on the gum line and the top of the tooth. Brush the teeth in the direction they grow by using rolling movements:

From the top to the bottom of the teeth.



Upwards for the bottom teeth.



Make back-and-forth movements on top of the molars.

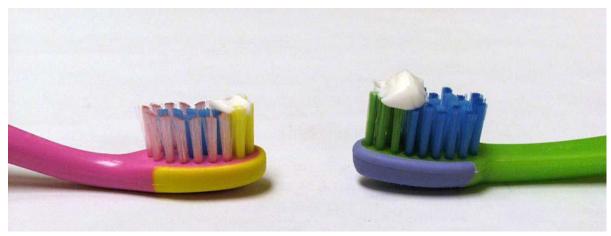
N. B. It is more important for the child to brush his teeth everyday instead of insisting on the method. With time, the child will improve his skills.



- Use a small toothbrush with soft bristles, with rounded tips, adapted to the child's age and mouth.
- Wet the toothbrush bristles in warm water before the first use to soften them.
- Quantity of fluoride toothpaste to use :

As soon as the first tooth erupts (6 months) untill 2 years old: a rice grain sized portion

More than 2 years old : a pea-sized portion



Picture from: Canadian Dental Association (CDA), 2008

- ▶ A good brushing of the teeth lasts about 2 minutes.
- A toothbrush with bent bristles is less efficient. Toothbrushes have to be changed every 3 months.



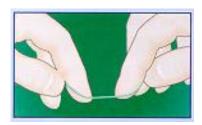
2.4 DENTAL FLOSS

Dental floss is used to remove plaque under the gum and between teeth. We use it once a day, preferably before the last brushing of the evening. For young children, the parent can start flossing when the teeth touch. It is recommended that the parent do the flossing of the child's teeth until the age of 8-9 years.

Method:

Take a length of dental floss of about 45 centimetres (18 inches) and roll it around the two middle fingers. Hold the floss between the thumb and the index by leaving about 5 centimetres of space (2 inches) between the teeth. Slide the floss between the teeth by gently going under the gum. Support the floss against the tooth by forming a half-circle and making small downwards movements about 2 to 3 times. Before sliding the floss between two other teeth, unroll this one a few centimetres in order to obtain a length of clean floss.









2.5 THE DENTAL CARIES PROCESS

Dental caries is an infectious and transmissible disease. The baby's mouth does not contain bacteria that can cause caries at birth. These bacteria are transmitted to it through various contacts, such as: when the baby puts objects in its mouth (pacifier, utensils, toys, etc.) or food contaminated by the saliva of a parent, babysitter, another child or by a kiss on the mouth.

The dental caries process is linked to several factors:

- plaque (bacteria);
- the tooth (our personal susceptibility);
- food (sugar) and the contact time on the teeth;
- saliva (buffer capacity to regularize acid).





Bacteria found in plaque (streptococcus mutans) transform sugars coming from our intake into acid. The repeated contact of this acid attacks the enamel and causes demineralisation of the tooth, causing caries.

Plaque (bacteria)	4	+	sugar	=	acid
			SUCAR TOG		ACID
tooth	+	(acid	=	caries



After sugar intake, the pH of the saliva remains acid during about twenty minutes. If the intake of sugar is frequent during the day, it maintains the teeth in an acid environment thereby favouring dental caries. This is why it is important to brush the teeth after eating sweetened foods.

- The frequency of eating sweetened foods, the consistency of these foods (sticky) along with the length of contact on the teeth are therefore factors that play a role in the development of dental caries.
- Avoid having the child sip juice or snack on sweetened foods throughout the day.
- Reserve sweetened foods for dessert and brush the teeth after the meal.
- For young children, teeth that have erupted in the mouth are more vulnerable to caries since the maturing of enamel is not complete.
- One should not believe the expression that an apple cleans teeth. The use of a toothbrush and dental floss are required to remove plaque.



2.6 EARLY CHILDHOOD CARIES

Early childhood caries is a premature and severe type of caries that spreads quickly on primary teeth and could cause to their loss.

It occurs most often between the ages of 1 to 3 years and affects about 10% of children in this age group. It starts with whitish lines or stains close to the gums of the upper incisors.

The main causes of early childhood caries are the presence of plaque on teeth and the <u>frequent</u> and <u>prolonged</u> exposure to liquids or foods containing sugars.

Bad practices linked to the frequent use of baby bottles (several times a day or during the night) containing naturally sweetened liquids or with added sugar



(fruit juice, sweetened water, fruit drink, etc.) and the use of a pacifier covered in a sweet substance, are factors that can cause early childhood caries.

Milk contains lactose, a natural sugar. Milk is not considered as a cariogenic food, but, under certain conditions, if it remains often and a long time in the child's mouth without the brushing of teeth (presence of plaque), it can lead to dental caries. Between meals, give them water in the bottle.

It is very important to clean the child's mouth and to brush his teeth each day.



In order to prevent early childhood caries, good habits must begin right after birth:

- begin oral hygiene care right after the birth of the child and particularly during the eruption of teeth.
- avoid putting the child to bed with a bottle.
- encourage the child to drink from a cup at the age of 6 months. The child should be
 weaned from his bottle at around 12-14 months.
- avoid putting juice in the baby bottle. The juice must be offered in a cup at the age of 6 months and be limited to once a day (60 to 125 ml or $\frac{1}{4}$ to $\frac{1}{2}$ cup).
- do not dip the pacifier in sugar, honey or corn syrup.
- clean the teeth or rinse the mouth of the child after having given him medicine,
 syrup or vitamins containing sugar.
- offer children snacks that do not cause caries. See the classification of snacks at the end of the document in the appendices.
- consult the dentist with your child at the age of 1 year for his first visit.
- give fluoride supplements (drops or tablets) if the child is considered to have a high risk of caries.



2.7 Notice on the Brushing of Teeth in Daycare4

In order to prevent infections, several hygiene measures are applied in daycare services (ex.: washing of hands, disinfecting of toys, precautions with blood). In addition, hygiene measures must be respected during the brushing of teeth.

Infections that can be transmitted by a toothbrush are mainly caused by germs present in the secretions of the nose and mouth, responsible for breathing infections and gastritis. These germs can survive for several hours on objects. Hygiene measures during the brushing of teeth, like other hygiene measure, reduce the risk of infections.

More rarely, an infection caused by the Hepatitis B virus can be transmitted if there was use of a toothbrush contaminated by this virus. This situation can occur if children exchange toothbrushes or if there is contamination by direct contact with a contaminated toothbrush. This virus can survive up to a week on an object. However, the application of hygiene measures recommended for the brushing of teeth allows one to control this event.

Avoid the sharing of toothbrushes among children and store them in a way that they do not touch or drip onto others.

^{4.} Gouvernement du Québec, Ministère de la Santé et des Services sociaux, Avis de santé publique sur le brossage des dents en services de garde, 1996, 4 p.





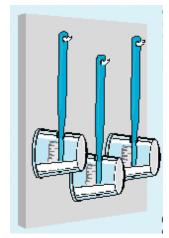
Here are some tips:

TOOTHBRUSH:

- Rinse each toothbrush with water without touching the bristles.
- Change the brushes when the bristles are bent.
- Never disinfect toothbrushes. If a child uses the toothbrush of another child or if two toothbrushes come into contact, throw them away and give the children new toothbrushes.

TOOTHBRUSH HOLDER:

- Use a toothbrush holder designed in a way that the toothbrushes do not touch or drip onto others (ex.: rectangular acrylic toothbrush holder with brass hooks 7 cm apart).
- N. B. Wash the **toothbrush holder** once a week in a disinfecting solution (one part bleach to nine parts water) for 2 to 3 minutes then rinse in cold water or put it in the dishwasher as the manufacturer recommandations.
- Let the toothbrushes bristles air-dry, in a dust-free place (ex.: use a plastic medicine glass and pierce the side to insert the toothbrush).
- N. B. Medicine glasses are disposable and must be changed once a week.





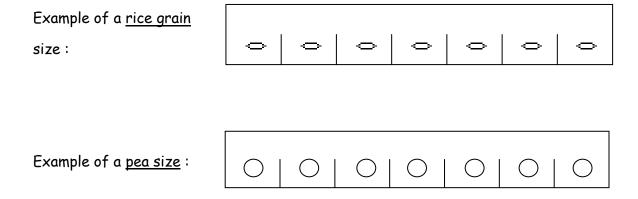
IDENTIFICATION:

 Write the child's name on the toothbrush and the medicine glass (permanent-ink pen).

TOOTHPASTE:

When only one toothpaste tube is used:

- avoid touching the tube opening with the toothbrushes;
- take a sheet of wax paper and cut it into strips that are 1 cm wide \times 1 cm high. On each strip, place a dot of toothpaste the size of a grain of rice or a pea depending of the age. Refer at the image on the quantity of toothpaste to use (p. 17);



• then separate the strips and put the toothpaste on the toothbrush of each child.



2.8 DENTAL TRAUMA

Here are some tips to follow in the event of injuries to the teeth and mouth:

BITTEN TONGUE OR LIPS:

- if there is bleeding, apply pressure with a clean cloth directly on the injury;
- apply compresses of iced water or crushed ice if the lip swells (avoid direct contact
 with ice on the skin, it must be placed in a towel);
- if bleeding persists or if the wound is large and requires stitches, immediately take
 the child to the dentist.

BROKEN TOOTH:

- gently clean the injured area with warm water;
- place ice-water compresses on the mouth;
- consult a dentist.

OBJECT STUCK BETWEEN TWO TEETH:

• do not try to remove the object with a pointed or sharp instrument;



- try to remove it with dental floss;
- if you do not succeed in removing it, consult a dentist.

EJECTED PRIMARY TOOTH:

- do not replace the tooth, go see the dentist immediately;
- control the bleeding by lightly applying sterile gauze (or a small clean washcloth).

EJECTED PERMANENT TOOTH:

- recover the tooth;
- place the tooth in milk conserved on ice;
- go see the dentist immediately, the tooth must be replaced in the following minutes;
- if it is impossible to go directly to the dentist, try to replace the tooth as soon as
 possible:
 - take the tooth by the crown, rince it with milk without scrubbing it (or use physiologic water)
 - put it back, make sure that it is in good position (check the other teeth beside)
 - o go see the dentist for an appropriate follow up
- apply ice in a compress on the area.





PART 111 Fluoride

Fluoride efficiently protects teeth against dental caries.

Sources of fluoride:

- drinking water in certain cities;
- bottled water;
- certain foods;
- fluoride drops or tablets;
- toothpaste;
- mouthwash;
- topical application (gel, foam, varnish).





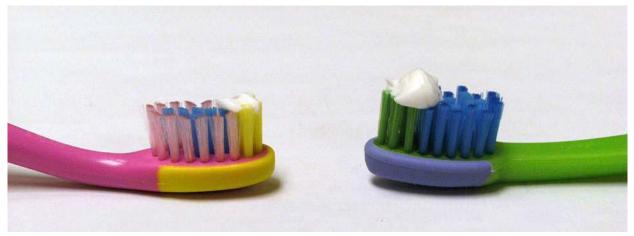
3.1 QUANTITY OF TOOTHPASTE

Choose a toothpaste containing fluoride in order to prevent caries.

Quantity of fluoride toothpaste to use:

As soon as the first tooth erupts
(6 months) untill 2 years old:
a rice grain sized portion

More than 2 years old : a pea-sized portion



Picture from: Canadian Dental Association (CDA), 2008

Ensure that the toothpaste is not swallowed. The child must spit out the toothpaste after brushing. It is preferable not to rinse the mouth immediately after brushing in order to extend the contact of fluoride on the teeth. See "effects of fluoride" p. 33.

Flavoured toothpastes (bubble gum or other) are not necessarily recommended since children are more likely to ingest them. Use them with adult supervision.



3.2 EFFECTS OF FLUORIDE

Fluoride absorbed orally (fluoridated water, drops or tablets):

- is used for the mineralization of enamel when teeth are forming. It is incorporated with the tooth's enamel to strengthen it;
- also has a topical effect when the chewed tablet remains in contact with the teeth for a certain period.

Fluoride applied on teeth (toothpaste, mouthwash, gel, foam, varnish...):

- helps remineralize the enamel when caries begin;
- increases the resistance of enamel against acids produced by bacteria during sugar intake.

When the drinking water is not fluoridated, drops or tablets are recommended for children with a high risk of caries. The parent can receive information when visiting the dentist.

Daily dosage of fluoride supplements for children with a high risk of dental caries

Age of the child	Fluor	de present in drinking water			
Age of the child	< 0.3 ppm	0.3 to 0.6 ppm	> 0.6 ppm		
0 to 6 months	None	None	None		
6 months to 3 years	0.25 mg	None	None		
3 to 6 years	0.50 mg	None	None		
6 to 16 years	1.0 mg	None	None		

Attention: With the use of fluoride tablets, it is important that the toothpaste not be swallowed in order to avoid the risk of dental fluorose (white spots on the teeth if the child is overexposed to the fluoride).





PART IV Visit to the Dentist

4.1 FIRST VISIT AT THE AGE OF 1 YEAR

We recommend holding the first visit to the dentist at the age of 1 year or 6 months after the eruption of the first tooth.

I visit the dentist at one year old



This is to:

- evaluate and prevent the risk of dental caries for the child;
- inform the parents on the eruption of teeth, dental hygiene care, diet, fluorides, thumb sucking;
- familiarize the child with the dental clinic environment.

Before the visit:

- prepare the child by talking about the dentist and the dental equipment as if they
 were friends;
- read a story or pretend to be a dentist and dental hygienist and exchange the roles;
- bring a reassuring object for the child.



During the visit:

- Most dentists prefer having the parent present during the dental examination.
 Sometimes they ask that the child be seated on the parent during the examination.
- The parent who accompanies the child could be the one who feels the most comfortable in the dentist's office.

A preventive visit every six months will be recommended for children with a high risk of caries.

Prevention is important to keep a healthy smile!







APPENDICES I Food Game

For a snack, choose foods that are healthy for teeth, cut them out and paste them on the following page.

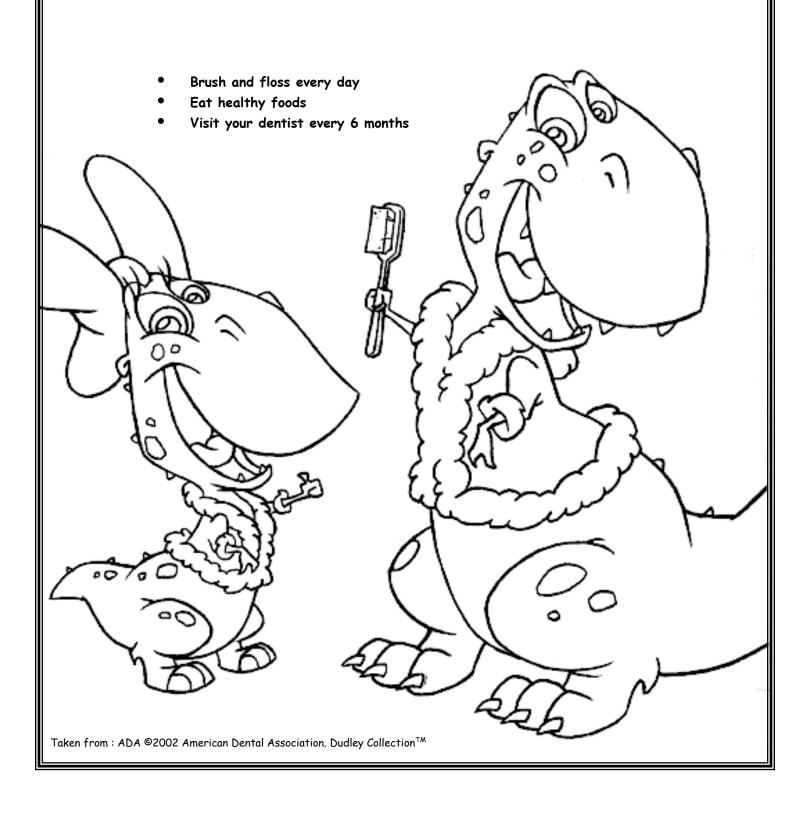
LAIT		



Food Game

I paste healthy foods for my snack (11).

KEEP YOUR SMILE BEAUTIFULI



KEEP YOUR SMILE BEAUTIFUL!

MY CALENDAR FOR A SPARKLING SMILE MONTHS:					For healthy teeth brush twice a day		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	and floss every day!
							00 00 00 00 00 00 00 00 00 00 00 00 00
							300

★ Draw a star in the corresponding box for every day that you took care of your teeth

Taken from : ADA ©2002 American Dental Association. Dudley Collection TM

KEEP YOUR SMILE BEAUTIFULI

This Certifcate For A Sparkling Smile Is Awarded To:

Presented to:

From:

Date: ______



- Brush and floss every day
- Eat healthy foods
- Visit your dentist every 6 months



Taken from: DA ©2002 American Dental Association. Dudley Collection™



APPENDIX II Song

Brush, brush, brush (Passe-partout)

Chorus

Brush, brush, brush
I brush my teeth
Those in the back
Those in the front
Brush, brush, brush
I brush my teeth
Brush, brush, brush
I brush them often

Right after breakfast
Because I want my teeth clean, clean
I get my toothbrush
And what do you think I do?

Right after lunch
Because I want my teeth white, white
I get my toothbrush
And what do you think I do?

Right after supper
Because I don't want any cavities
I get my toothbrush
And what do you think I do?

Right before bedtime
Before I jump into bed
I get my toothbrush
And what do you think I do?



APPENDIX III Information to parents

THE BRUSHING OF TEETH

The brushing of teeth and use of dental floss are very important to eliminate <u>plaque</u> which is responsible for dental caries. Plaque is a thin layer made up of food and bacterial debris which sticks to teeth and gums. It comes back continually and in the presence of sugar, it causes caries.

Oral hygiene must begin at birth:

Before eruption of the teeth: Clean the child's gums and mouth with a small washcloth at least twice a day.

After eruption of the teeth: Use a small toothbrush with soft bristles. Brush the child's teeth after each meal and at bedtime. Brushing before the night is very important since the child has less saliva and the food debris stick more to the teeth.

When the child grows, they can ask to brush their own teeth (around 18-24 months). Show them by helping and encouraging them. However, the adult must complete the brushing of the child's teeth particularly at bedtime, until the child has acquired enough skills at about the age of 7 years.



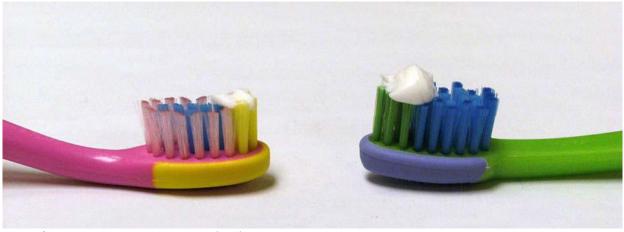




Quantity of fluoride toothpaste to use :

As soon as the first tooth erupts (6 months) untill 2 years old: a rice grain sized portion

More than 2 years old : a pea-sized portion



Picture from: Canadian Dental Association (CDA), 2008

- Ensure that the toothpaste is not swallowed. The child must spit out the toothpaste after brushing.
- It is preferable not to rinse the mouth immediately after brushing in order to extend the contact of fluoride on the teeth for a few minutes.

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Québec



Information to parents

DENTAL CARIES

The dental caries process is linked to several factors:

- plaque (bacteria);
- the tooth (our personal susceptibility);
- food (sugar) and the contact time on the teeth;
- saliva (buffer capacity to regularize acid).





Bacteria found in plaque (streptococcus mutans) transform sugars coming from our intake into acid. The repeated contact of this acid attacks the enamel and causes demineralisation of the tooth, causing caries.



Agence de santé et de services sociaux de l'A.-T.

Healthy Snacks... Delighted Mouth!



After sugar intake, the pH of the saliva remains acid during about twenty minutes. If the intake of sugar is frequent during the day, it maintains the teeth in an acid environment thereby favouring dental caries. This is why it is important to brush the teeth after eating sweetened foods.

The frequency of eating sweetened foods, the consistency of these foods (sticky) along with the length of contact on the teeth are therefore factors that play a role in the development of dental caries.

- Avoid having the child sip juice or snack on sweetened foods throughout the day.
- Reserve sweetened foods for dessert and brush the teeth after the meal.

Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue



Information to parents

EARLY CHILDHOOD CARIES

Early childhood caries is a premature and severe type of caries that spreads quickly on primary teeth and could cause to their loss.

It occurs most often between the ages of 1 to 3 years. It starts with whitish lines or stains close to the gums of the upper incisors.

The main causes of early childhood caries are the presence of plaque on teeth and the <u>frequent</u> and <u>prolonged</u> exposure to liquids or foods containing sugars.

Bad practices linked to the frequent use of baby bottles (several times a day or during the night) containing naturally sweetened liquids or with added sugar (fruit juice, sweetened water, fruit drink, etc.) and the use of a



pacifier covered in a sweet substance, are factors that can cause early childhood caries.



Milk contains lactose, a natural sugar. Milk is not considered as a cariogenic food, but, under certain conditions, if it remains often and a long time in the child's mouth without the brushing of teeth (presence of plaque), it can lead to dental caries. Between meals, give them water in the bottle.

It is very important to clean the child's mouth and brush his teeth each day.



In order to prevent early childhood caries, good habits must begin right after birth:

- begin oral hygiene care right after the birth of the child and particularly during the eruption of teeth;
- avoid putting the child to bed with a bottle;
- encourage the child to drink from a cup at the age of 6 months. The child should be weaned from his bottle at around 12-14 months;
- avoid putting juice in the bottle. The juice must be offered in a cup at the age of 6 months and be limited to once a day (60 to 125 ml or $\frac{1}{4}$ to $\frac{1}{2}$ cup);
- do not dip the pacifier in sugar, honey or corn syrup;
- clean the teeth or rinse the mouth of the child after having given him medicine,
 syrup or vitamins containing sugar;
- offer children snacks that do not cause caries;
- consult the dentist with your child at the age of 1 year for his first visit;
- give fluoride supplements (drops or tablets) if the child is considered to have a high risk of caries.



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