



This fact sheet for general practitioners (GPs) and practice nurses outlines evidence-based recommendations for providing oral health screening, referral, and preventative advice to families with young children.

## Early Childhood Caries

Early childhood caries (ECC) is the presence of one or more decayed, missing or filled primary teeth in children aged five and younger. ECC presents a pattern of caries where the primary upper incisors and molars are more severely affected. The development of ECC is caused by many risk factors such as bacterial, dietary, environmental and social determinants, and oral hygiene. In Australia, ECC is the highest cause of acute, preventable, hospitalisation in children.<sup>2</sup> Largely preventable, ECC remains the most common chronic disease of childhood and can have a profound impact on a child's health and quality of life.<sup>3</sup>

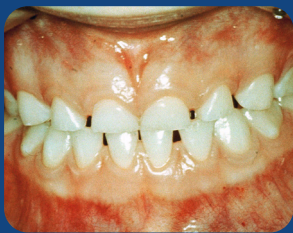
Left untreated, ECC can lead to poor health outcomes by causing:

- Pain and discomfort
- Difficulty sleeping
- Difficulties chewing; affecting growth and development
- Poor self-esteem and social isolation
- Speech development problems
- Damage to developing permanent teeth
- In rare cases, mortality

More than 2 in 5  
Australian children  
experience dental caries  
in their primary teeth.<sup>1</sup>

## RACGP Red Book recommends to 'Lift the lip' of children 0-5 years

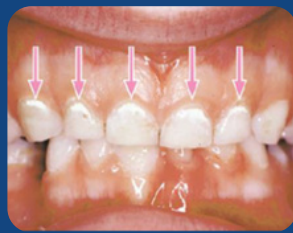
- Inspect mouth for dental caries, stains, worn or broken teeth and inflamed or swollen gingiva for early identification of oral problems.<sup>4</sup>
- If signs of ECC are identified, make a referral to a dental practitioner.



**Healthy teeth and gums**

Look for: pale pink or grey-brown, moist gums. Whitish teeth that are smooth and free from plaque.

Referral is optional. May refer to a dental practitioner for a routine check-up.



**Early signs of ECC**

Look for: dull, white band of demineralised enamel in the primary maxillary incisors along the gingival margin.<sup>5</sup>

This stage is reversible, if treated early. Refer to a dental practitioner for a routine check-up.



**Moderate stage of ECC**

Look for: yellow or brown cavitated lesions in the primary maxillary anterior teeth.<sup>5</sup> Caries beginning to spread to maxillary molars.<sup>6</sup>

Make an urgent referral to a dental practitioner (within one week).



**Severe stage of ECC**

Look for: blackened areas, brownish black stumps, complete destruction of the crown in maxillary teeth, and caries spread to mandibular teeth.<sup>6</sup>

Make same day emergency referral to a dental service.



Every child should have access to a 'lift the lip' examination by age one. By carrying out these exams, GPs and practice nurses play an important role in prevention of early childhood caries.

## Provide toothbrushing advice

Advise parents:

- Even before teeth appear, wipe baby's gums using a damp, clean cloth.
- As soon as teeth appear, continue using a damp, clean face washer or use a small, soft toothbrush with water (no toothpaste).
- Clean baby's teeth twice a day – in the morning and before bed at night.
- From 18 months of age, brush teeth with a pea-sized amount of low-fluoride children's toothpaste twice a day, using a small soft toothbrush.
- From 6 years of age, brush with a pea-sized amount of standard fluoridated toothpaste. Children need assistance to brush their teeth until they are at least 8 years old.

Translated videos to share with families: Brushing with babies and preschoolers



## Provide infant feeding and dietary advice

Advise parents:

- Breastmilk is the ideal food for babies and not associated with an increased risk of caries.<sup>7</sup> Infant formula is the only suitable and safe alternative to breastmilk.
- From 6 months of age, introduce drinking from a cup rather than a bottle and phase out bottles by 12 months of age.
- Infants should not be put to sleep with a bottle containing sugary drinks or milk.
- After 12 months of age, tap water or plain milk are the best options for healthy teeth. Children do not need fruit juice or other sugary drinks – limit these, particularly in between meals.
- Limit intake of sugary foods, choose healthy snacks such as fresh fruit and vegetables. By 12 months of age, children can eat a variety of healthy foods just like the rest of the family.

## Refer to a dental practitioner

Refer the child and family to their regular dental practitioner (if they have one), a private practice or to a public dental service. All children aged 0-12 years can access the public dental service for free or low cost. Children 0-12 are eligible for priority access. This means they are not placed on the waiting list and are offered the next available appointment.

Families who receive Family Tax Benefit A or other Government payments are eligible for the Child Dental Benefit Schedule (CDBS). CDBS covers part or the full cost of general dental services for children aged 0-17. For more information visit <https://www.dhsv.org.au/our-services/information/cdbs>

Patients can visit [www.dhsv.org.au](http://www.dhsv.org.au) or phone **1300 360 054** to locate their nearest public dental clinic for more information.

