



# Did you say Dental Check by One?



Strategies for managing your youngest

patients are imperative in order to support BSPD's Dental Check by One campaign. **Claire Stevens**, spokesperson for BSPD, explains how to examine a child under two.

Our Dental Check by One (DCby1) campaign has been positively welcomed by many organisations and individuals; if you work in one of the dental practices which has got on board, thank-you! If you are not on board yet, see Box 1 for how to support the campaign. The British Society of Paediatric Dentistry (BSPD) is working hard to ensure that the importance of an early introduction to the dentist is supported everywhere and you, dental team members, are valuable allies.

We have an indication of how much work is still needed thanks to dental student Emma Morgan who undertook a survey<sup>1</sup> among fellow students at Liverpool University. Her project (which won BSPD's National Student Elective Prize) found that only 8% of Liverpool dental students were aware of DCby1. This illustrates just how much more campaigning we have to do.

Additionally, Emma found that most students were willing to examine a young child but less prepared to provide advice on breastfeeding and weaning. Since our September conference, where Emma's research was presented, BSPD has been pressing for DCby1 to be included in the undergraduate curriculum. We are hopeful that dental students of the future will be more aware!

Meanwhile, a Mumsnet survey<sup>2</sup> of parents last year found that 50% of parents were more aware of Dental Check by One, which was gratifying. But frankly, we know the real challenge is to influence the parents who are

## Box 1 How to get on board with Dental Check by One

BSPD has resources to support DCby1 including a poster (pictured) to display in the practice and a certificate to give to a child after their first visit. Downloadable from: [www.bsdpd.co.uk/resources](http://www.bsdpd.co.uk/resources).



less likely to be on forums like Mumsnet. We know that poor oral health and dental caries is more likely to affect those in the most deprived areas.

In order for DCby1 to be accepted as the norm, it's imperative that everyone who comes into contact with young families is aware of the campaign, most importantly, the whole dental team but also teachers and nursery nurses, all healthcare workers and parents and carers. The aim of this article is to set out why the campaign is so important and outline how to carry out a dental check on a young child.

Dental caries affects the youngest members of society, with one in eight children aged 3 and almost a quarter of 5-year olds having clinically obvious signs of dental caries.<sup>3</sup> It's the most common reason for hospital admission in children aged between 5-9 years.<sup>3</sup> The impact of dental decay doesn't end there as parents will be kept awake at night by their child suffering from toothache and they will then need to take time off work to get their child to the dentist.

While NHS dental treatment is free for those under 18 years (and those in full-time education up to the age of 19), 41% of children aged 0-17 did not access NHS dental care last year. The poorest attendance rates are in preschool children. Statistics<sup>3</sup> show that only 42% of 0-4 year olds accessed NHS care last year.

Meanwhile, new research<sup>4</sup> from

YouGov, commissioned by the Oral Health Foundation, shows that once children are at school, less than a third (29%) are being given lessons in good oral care.

The statistic<sup>3</sup> which is perhaps most shocking is the cost to the NHS of extracting the teeth of children with dental decay – around £50m a year. During the 2017-18, 26,111 children aged 5-9 had a tooth extracted under general anaesthetic. At the launch of DCby1 in September 2017, my prop was a jar containing over 60 teeth, extracted in one theatre session and including 16 teeth from a single 2 year old child. (Figure 1)

Because I routinely undertake multiple extractions in children aged three and under, I believe it's essential to reach out to parents and get children into a dental practice by their first birthday at the latest or ideally as the first teeth come through. This first visit is an important opportunity to get some preventative messages across. The dental team – ideally the oral health promoter if the practice has one - can engage with the parent or carer about the family's diet, advising on keeping sugar consumption to mealtimes only and recommending twice daily toothbrushing



Fig. 1 A jar containing over 60 teeth, extracted in one theatre session

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with fluoride toothpaste. Our Practical Guide to Children's Teeth is a useful resource.<sup>5</sup>

The lap-to-lap examination (Figure 2) is a useful technique to understand and master. It's important for the child to be positioned in a way which is comfortable and safe for them, and provides a clear view of the emerging primary teeth.

Don't worry if you cannot carry out a full exam at the first visit. Children under the age of 3 may be described as 'pre-cooperative' if they lack the co-operative ability for a full examination. This should be added into the patient's notes.

The important thing is to acclimatise the child and educate the parents or carers. In order to be able to give evidence-based

advice, you may find the Delivering Better Oral Health (DBOH) toolkit<sup>6</sup> or SDCEP's Prevention and Management of Caries in Children<sup>7</sup> are useful resources.

A discussion about weaning or diet can be a difficult one to have with parents; it is important to approach the topic of diet in a supportive manner. The BSPD position statement<sup>8</sup> on infant feeding provides evidence-based recommendations for parents and is a useful aid for the delivery of such advice.

With your help, and by making children's oral health everyone's business, we can consign tooth decay to the history books. I hope I have inspired you to implement Dental Check by One and to spread the word.



1. Seat the parent or carer on the edge of the dental chair with the child on their lap and facing them, holding both hands. The clinician should sit on a chair facing the parent or carer, knee to knee.



2. The parent should gently lower the child backwards so its head lies on the lap of the clinician.



3. The clinician is slightly lower than the parent and should be able to lean forward and use a mirror to look into the mouth of the child.

Fig. 2 The lap-to-lap examination

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Lifelong oral health is a gift and, I like to think, a child's right.

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