



Oral health

December 2018

Good oral and dental health is important for overall health and wellbeing. Having healthy teeth enhances overall health along with mental and social well-being.

Some of the problems associated with poorer oral health can include;

- > Pain and irritability – which can lead to sleeping difficulties
- > Missing teeth – which can lead to difficulty talking and pronouncing words, speech and language difficulties and difficulty eating
- > Adult teeth not coming in properly when baby teeth are missing early causing cosmetic issues which can affect self-esteem and social interactions
- > Gum infections and tooth abscesses
- > In the long term there is an increased risk of cardiovascular disease (such as heart attacks and strokes) in people with poorer dental hygiene
- > Dental caries (tooth decay) in baby teeth is a predictor of dental caries in permanent teeth

Dental problems are very common in Australia; around 4 in 10 of all five to ten year olds have at least one tooth with decay, a filling or missing.¹

Solutions to improving oral health relate to improving access to healthy food, fluoridated drinking water and tooth-brushing. Schools and pre-schools located in non-fluoridated areas could consider tooth-brushing programs particularly as a method to increase fluoride. Care must be given to infection control in these programs (i.e. labelling toothbrushes and ensuring suitable storage of toothbrushes).

The good news is that dental disease is mostly preventable if supported by healthy environments and settings. Improvements in the oral health of children in Australia have been made over the past 20 years. However, we need to provide a supportive environment to enhance oral health for Aboriginal children and their families.

Health messages

- > Breast milk is best – but if breastfeeding isn't possible then use a suitable infant formula.
- > Give bub breast milk or suitable infant formula exclusively until six months. After six months of age, tap water (boiled until 12 months) can be given in addition to breast milk or formula. After one year of age, cow's milk can also be given (instead of formula or in addition to breast milk);
 - These should be the only drinks offered.
 - Tap water is best because it usually contains fluoride.
- > Don't give children soft drinks, fruit juices, flavoured milks, cordial, coffee or tea.
- > If a child uses a dummy;
 - Do not put anything sweet on it.
 - Clean dummies under running water and not in your mouth.
- > If bottle feeding;
 - Avoid putting children to bed with a bottle.
 - Take the bottle away after a child has finished feeding.
 - Try to give up using a bottle by one year; transition to a 'sipper' cup.



¹ DH Ha, KF Roberts-Thomson, P Arrow, KG Peres and LG Do 2016. Children's oral health status in Australia, 2012–14, p 101. In: Do LG & Spencer AJ (Editors). Oral health of Australian children: the National Child Oral Health Study 2012–14. Adelaide: University of Adelaide Press.

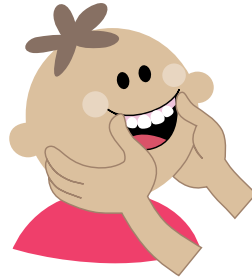
- > Start cleaning children's teeth as soon as they come through;
 - You can start with a clean cloth or a small toothbrush.
 - Brush teeth twice a day – morning and night.
 - No toothpaste is needed before 18 months of age.
 - After 18 months of age a low fluoride children's toothpaste should be used.
- > 'Lift the Lip' – lift children's top lip once a month to check for early signs of tooth decay;
 - White lines along the tooth near the gum line can be the start of tooth decay.
- > Take children to the School Dental Service or other dental professional once the first tooth is through;
 - Children as young as six months can attend the School Dental Service.
 - Dental care for children under five years is free at the School Dental Service.
- > Most Aboriginal children will be eligible for a Child Dental Benefit Schedule, a new program that provides \$1,000 over two years for dental care;
 - The School Dental Service will bulk-bill Medicare, and there will be no out-of-pocket expenses when using the School Dental Service.
- > Reduce children's exposure to passive smoking;
 - Exposure to passive smoking is associated with poorer oral health.

Examples of practical actions


- > Lift the Lip program;
 - Perform Lift the Lip screening and referral program or partner with SA Dental staff to provide this service.
- > Targeted supervised tooth brushing in early childhood settings;
 - Work with SA Dental Service staff to implement tooth-brushing programs in non-fluoridated areas or in settings where there is a high rate of tooth decay.
 - Where these programs are appropriate, provide 'tooth brush stations' for safe storage of labelled toothbrushes and toothpaste.
- > Promote and provide tap water for drinking rather than sugar-sweetened beverages;
 - Supply drink bottles and regularly refill with tap water.
 - Clean drink bottles regularly.
 - Tap water is much better than bottled 'spring water' because of the fluoride content; bottled 'spring water' has none.

- > Targeted provision of fluoride toothpaste and toothbrushes to families in non-fluoridated areas and other groups where there is a high rate of tooth decay;
 - Consider regular mail-outs of toothbrushes and toothpaste where budgets allow.


Lift the Lip




Lift your child's top lip to check for early signs of tooth decay.
Please seek dental advice if you notice any change in your child's teeth.




Healthy Teeth



Early signs of decay: White lines near the gum can be the beginning of tooth decay.



More advanced decay can look like brown spots on the teeth.



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