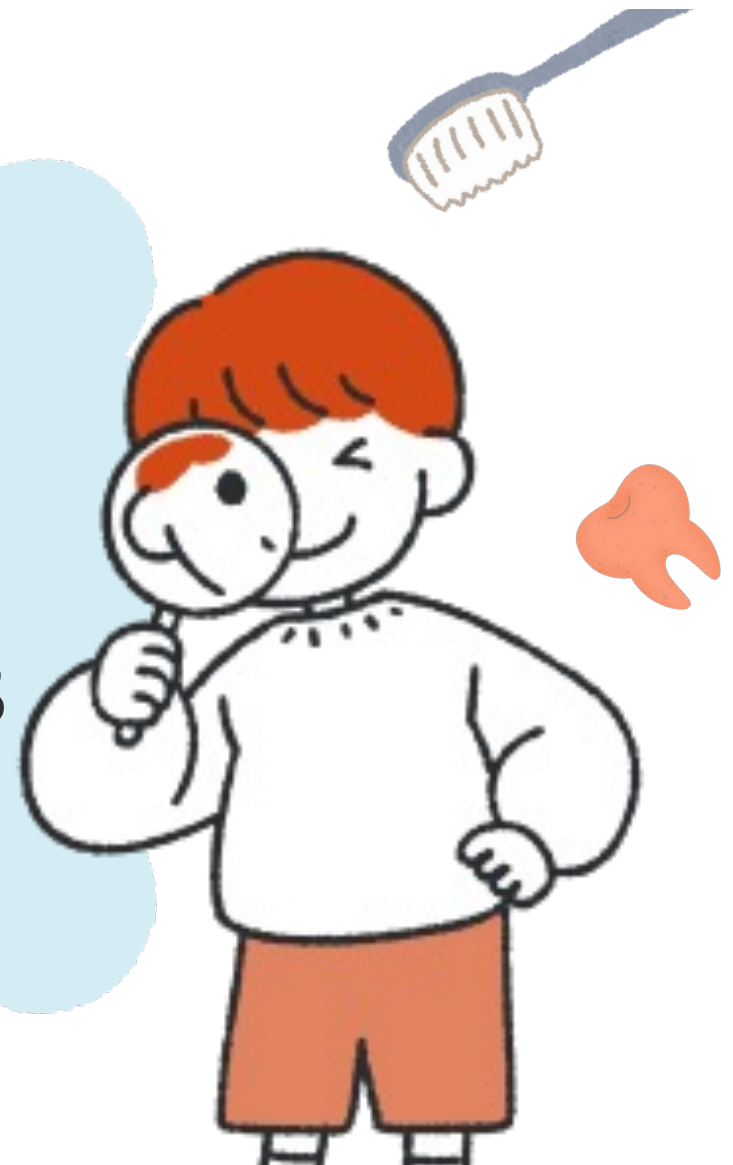
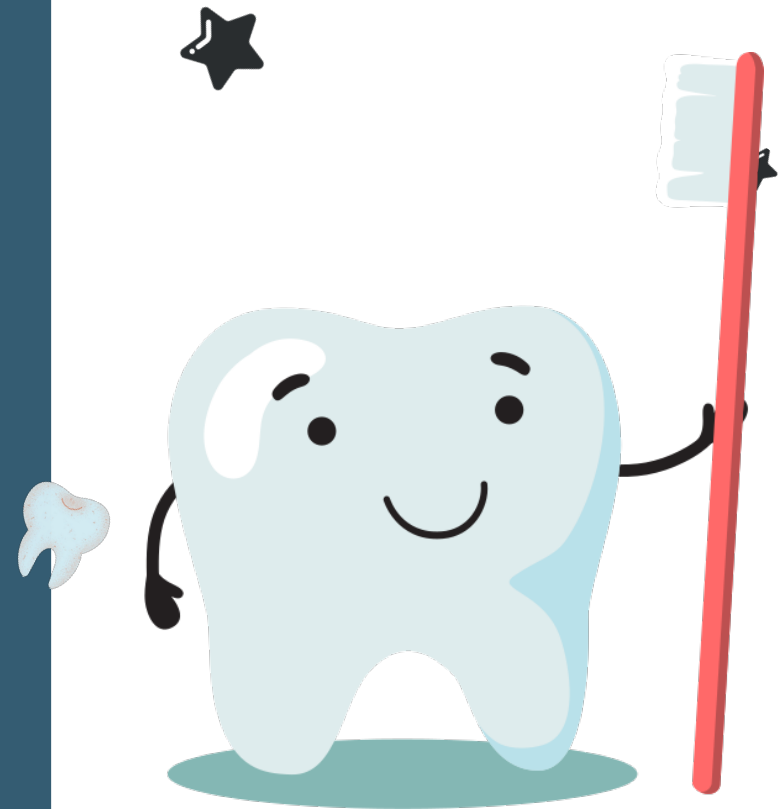


**A GUIDE TO PROMOTING
ORAL HEALTH IN EARLY
CHILDHOOD
FOR PUBLIC HEALTH NURSES**



Learning Objectives

- Identify your role as a PHN in early oral health promotion
- Understand the importance of oral health in overall child health
- Recognise common oral conditions affecting children
- Describe evidence-based strategies for preventing oral disease



Why your role as PHN is important



- Often the initial contact with new parents and infants in community healthcare
- Trusted source of information within communities and trusted relationships with other health professionals
- Regular, ongoing contact
- Early identification of high-risk groups
- Holistic approach to child health
- Ability to reinforce key messages, identify obvious issues and facilitate timely referrals





Module Outline

What is normal/abnormal in the mouth

What is tooth decay?

General advice and establishing a dental home

What to do in a dental emergency

When to refer

Test your knowledge!



What is normal in the mouth?



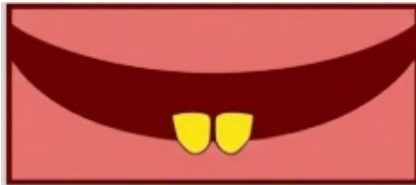
Gums: Pale pink and moist

Teeth: Baby teeth appear naturally whiter than adult teeth

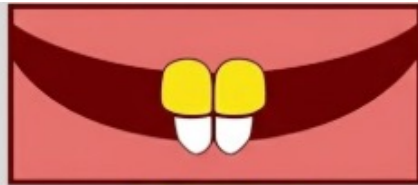
Smooth and glossy except for biting surfaces of the back teeth which will be grooved and pitted

- No ulcers on lips or sores
- 

Primary tooth eruptions



8 months



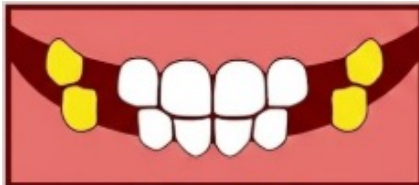
10 months



11 months



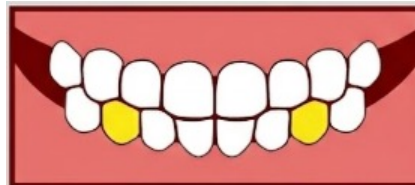
13 months



16 months



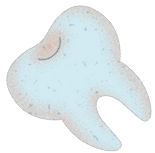
19 months



20 months



27 to 29 months



Primary tooth eruptions

- **Teeth erupt in pairs:**

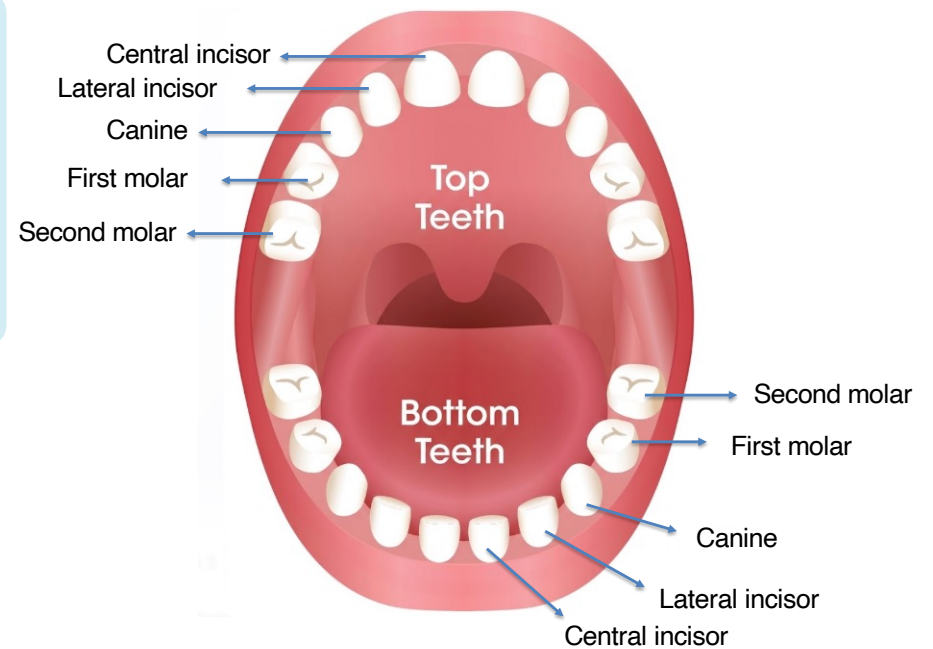
Right and left erupt at the same time

- **Sequence of eruption:**

Central incisor → Lateral incisor → **First molar** →

Canine → Second molar

- **Exact eruption timing is variable**



- **When to refer:**

- The same tooth on the opposite side is not erupted
- Disrupted tooth sequence

What is abnormal in the mouth?



Normal

Abnormal

Number

20 baby teeth at 3

Extra teeth or Missing teeth

Size

Average size

Extra large or Extra small

Shape

Smooth, rounded edges with a typical tooth outline

- Cone- shaped
- Barrel-shaped
- 2 teeth joined together appearing as one

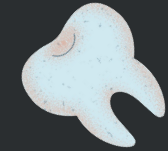


Oral lesions with an unusual appearance:
Non-healing sores or ulcers
White or red patches appearing on the lips, tongue or gums





What is tooth decay?



- A preventable bacterial disease causing demineralization of tooth enamel and dentine
- Most common chronic disease in children, affecting 1 in 3 five year olds that is preventable

Why are baby teeth important

- They are important for eating, speaking, and wellbeing
- They guide adult teeth into the correct position
- Untreated decay can cause pain and infection
- Dental tooth extractions may be needed and given the child's age and co-operative ability, this often requires general anaesthetic which is costly and carries additional risk





Steps for assessment of dental decay



1. Caries risk assessment

2. Physical Assessment 'lift the lip'

3. Give advice

4. Refer if appropriate



1. Caries risk assessment

Purpose

- Identify children at risk of developing decay early
- Prevent disease rather than treat it
- Guide tailored oral health advice and intervention

How to use it

- Screen during routine visits
- Categorise risk (high or low)
- Provide oral health advice
- Refer early if clinical signs present



Contributory factors to tooth decay

- 1) Dietary factors
 - Frequent sugary food and drinks
 - Bottle or sippy cup use with milk or sweet drinks
- 2) Oral Hygiene factors
 - Infrequent or ineffective toothbrushing
- 3) Clinical factors
 - Signs of decay
- 4) Behavioural factors
 - Irregular dental attendance

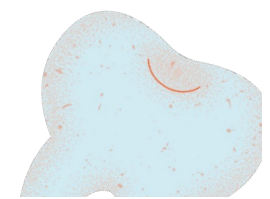
Protective factors to tooth decay

- 1) Fluoride exposure
 - Fluoride toothpaste
 - Drinking fluoridated water
- 2) Oral hygiene practices
 - Brushing twice daily
- 3) Dental care
 - Early dental visits and regular check-ups



(For Physicians and Other Non-Dental Health Care Providers)

Factors	High Risk	Low Risk
Biological		
Mother/primary caregiver has active cavities	Yes	
Parent/caregiver has low socioeconomic status	Yes	
Child has >3 between meal sugar-containing snacks or drinks per day	Yes	
Child is put to bed with a bottle containing natural or added sugar or tea	Yes	
Child has special health care needs	Yes	
Child is a recent immigrant	Yes	
Protective		
Child receives optimally-fluoridated drinking water		Yes
Child has teeth brushed daily with fluoridated toothpaste		Yes
Child receives topical fluoride from health professional		Yes
Child has dental home/regular dental care		Yes
Clinical Findings		
Child has white spot lesions or enamel defects	Yes	
Child has visible cavities or fillings	Yes	
Child has plaque on teeth	Yes	
<p>Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar containing snacks or drinks, visible cavities) in determining overall risk.</p>		
Overall assessment of the child's dental caries risk: High <input type="checkbox"/> Low <input type="checkbox"/>		



Assessment Positions

Knee to Knee



Chair



Child on parent's lap





	The 'knee-to-knee' exam (Figures 2-7)	Child on parent's lap	Alternative chair/setting
What?	The child sits in his/her parent's lap and leans back into the lap of the dentist.	Child sits with a parent, facing the same direction as the parent. The child's head may be positioned in the nook of the parent's elbow.	Child may be seated on a beanbag, a wheelchair/buggy or on the floor.
Who?	From birth to two years approximately.	Children aged two years and older.	Children aged two years and older.
Where?	Dental professional and parent on standard chairs.	Parent can sit on dental chair.	May take place in a waiting room, car or office space.
Advantages	Avoids separation anxiety; child and parent are facing each other at all times. Parent plays active role in holding child. Good visibility for parent. Can be completed in a non-dental environment.	Parent assists in holding the head and/or hands. Access to dental light, air and water syringe, and bracket table. Introduces the dental chair.	Child may feel more comfortable. Can be used to empower a child by giving them a choice. Can be completed in a non-dental environment.
Disadvantages	Dental professional, child and parent in very close proximity. Child may resist lying back.	May become reliant on parent.	Lighting may not be ideal. May be more difficult to access air and water syringe and bracket table.



Physical Assessment 'Lift the lip'

A simple, quick visual oral health screening tool to identify early signs of tooth decay in infants and young children.

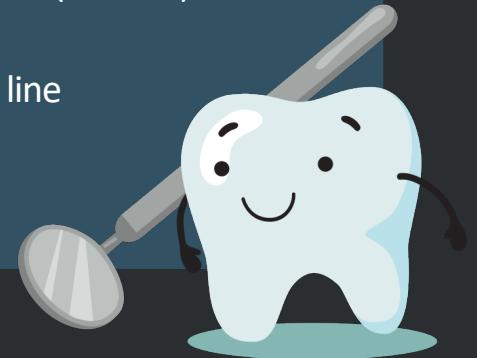


How do I look?

1. Wash hands and put on gloves
2. Lift the upper lip using a finger

Where do I look?

- Upper front teeth (Incisors): often most affected first
- Along the gum line



What am I looking for?

Plaque:

- Colourless or thick creamy white film that forms on the teeth
- Can be easily removed with gauze.



Early sign of decay:

White spot lesion (white, chalky patches often near the gum)



More advanced sign of decay:

Yellow/brown spots (may be hidden under plaque if oral hygiene is poor)



Severe dental decay:

Large holes in teeth





General Advice

A. Oral hygiene Advice

B. Teething Advice

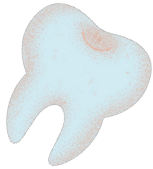
C. Pacifier Advice

D. Bottle & Breastfeeding advice

E. Weaning & Dietary advice

F. Visiting the dentist





Toothpaste Advice



Why toothpaste matters

- Fluoride makes enamel stronger by
 - Strengthening enamel, making teeth more resistant to acid attack
 - Helps repair early enamel damage (**remineralisation**)
 - Reduces bacteria linked to tooth decay

Amount of toothpaste

- Age 0-2: do not use toothpaste
- Age 2-7: pea-size amount of toothpaste

Safety and key messages

- Toothpaste should be kept out of reach of your children
- Using too much toothpaste increases risk of swallowing excess fluoride





Toothbrushes Advice



Types of toothbrushes available

- Manual toothbrushes
- Electric toothbrushes
- Modified toothbrushes (useful for children with limited manual dexterity)
 - **Dr. Barman's Superbrush:** A three headed superbrush that cleans 3 surfaces at the one time (Instructions: https://growingsmiles.co.uk/aiovg_videos/superbrush-triple-headed-toothbrush/)
 - **Collis curve:** Specially designed with curved bristles to clean tooth surfaces, clean the sulcus, and massage the gums all at the same time. (Instructions: <https://colliscurve.com/>)

Manual toothbrush



Electric toothbrush



Dr Barman's Superbrush



Collis Curve





Universal toothbrushing advice

- Brush twice daily (at night and one other time during the day usually in the morning)
- Use fluoridated toothpaste
- Spit out toothpaste after brushing, do not rinse
- Brush all tooth surfaces (On the tops along the biting surfaces, front, back and along the gum line)





Brushing guidelines by age

(Visit: <http://youtu.be/CmJX4GEg-h0>)

0-2 years old

- Wipe gums clean with damp soft cloth
- When first tooth appears at around 6 months, brush teeth with a small, soft toothbrush
- Do not use toothpaste (risk of swallowing) until child turns 2

2-7 years old

- Brush your child's teeth
- Use a pea size amount of fluoride toothpaste (normal adult toothpaste with 1450ppm)

8-12 years old

- Supervise your child when toothbrushing



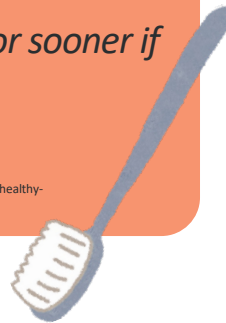
Toothbrushing techniques

(Visit: <https://youtu.be/qQj0ajzomZk>)

1. Brush two teeth at a time (width of the toothbrush).
2. 'Count to ten' for every two teeth you brush.
3. Brush gums and teeth with a toothbrush and toothpaste in a circular motion.
4. Brush top and bottom teeth.
5. Brush outside of teeth and gums, inside of teeth and gums and biting surface.
6. Spit out after brushing - no rinsing so the effects of fluoride are maintained.

Note: Replace toothbrush every three months or sooner if bristles fray

Dental Health Foundation. Effective toothbrushing. Retrieved from <https://www.dentalhealth.ie/adult-oral-health/the-healthy-mouth/effective-toothbrushing/>



Teething Advice



1. Timing:

- Infants usually start teething around 6 months of age, but it can begin earlier or later. If no teeth appear by about 14 months, dental advice is recommended.

2. Common signs

- Red cheeks, dribbling, chewing more, sore gums, and irritability are typical indications of teething.

3. Soothing tips:

- Giving a cool teething ring or cold washcloth to chew on, gentle gum massage, and cold water can help reduce discomfort.

4. Health cautions:

- High fever, diarrhoea, or general unwellness are not normal teething symptoms and should prompt contact with a GP or PHN.

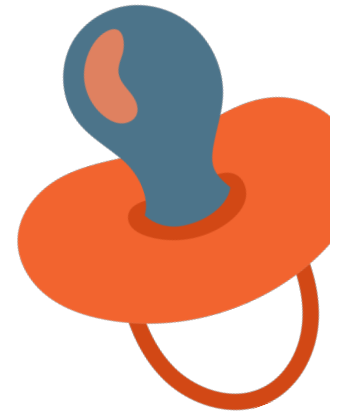
5. Earliest tooth care links:

- HSE guidance also ties into early oral care (e.g., cleaning gums before teeth, introducing brushing when the first tooth appears)



Pacifier advice

- Pacifiers can be helpful for comforting infants
- Prolonged use may affect tooth alignment and jaw development
- Never dip pacifiers in sugary substances - increases risk of decay
- Frequent or night-time use can increase risk of dental decay
- Gradual weaning after 12 months is recommended
- Ensure pacifiers are washed with warm soapy water and sterilised at least once daily, soothers are frequently colonised with microorganisms





Bottle & Breastfeeding Advice

Transition from Bottle to Cup

- From around 6 months, introduce a free-flow cup (no valve)
- Gradually move to an open cup as coordination improves
- By 12 months, aim to stop using:
 - Bottles
 - Sippy cups with valves
- Prolonged sucking increases the risk of tooth decay

Breastfeeding and Oral Health

- Breastfeeding supports healthy jaw and tooth development
- Breastfeeding during the first 12 months may reduce caries risk
- After feeds:
 - Wipe gums with a clean, damp cloth
 - Brush teeth twice daily once teeth erupt

Mode of Feeding and Caries Risk

- Breastfeeding
 - Protective for oral development
 - Maintain good oral hygiene after feeds
- Bottle or sippy cup use
 - Prolonged sucking increases contact time between sugars and teeth
 - Increases risk of tooth decay, especially with frequent or night-time use



Weaning and dietary advice



Weaning (Introducing Solid Foods)

- Introducing solid foods is called weaning
- Weaning usually begins at around 6–7 months
- This is the same for breastfed and formula-fed babies

Dietary Advice

- Keep sugary foods and drinks to mealtimes only
- Avoid snacking between meals
- Avoid sticky foods i.e. raisins, toffees

Drinks and Medicines

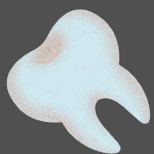
- Water and milk are the healthiest drinks for young children
- Avoid:
 - Fruit juice
 - Squash (MiWadi)
 - Fizzy drinks (especially under 4 years)
- These drinks contain high sugar and acid, increasing decay risk
- Most Irish tap water contains fluoride, which protects teeth
- Use sugar-free medicines whenever possible



Visiting the dentist

- Take your child for their first dental visit when the first tooth appears (around 6-12 months)
- **Regular dental check-ups help to:**
 - Prevent dental problems
 - Detect tooth decay early
 - Avoid pain and emergency visits
 - Support long-term oral health and reduce future treatment needs
- **Check-up frequency**
 - Usually every 3-12 months, depending on the child's individual caries risk
- **Familiarisation with dental care**
 - Bringing your child to a parent's dental visit (where practical) can help them feel comfortable in the dental environment
- **Ongoing monitoring**
 - Dental visits allow monitoring of tooth development and bite alignment
 - Early referral for orthodontic review if needed





What to do in an emergency?

A. Infection

B. Trauma

HSE Emergency
Dental
Care

- **Eligibility:** All children under 16 years of age.
- **What is Covered:** Relief of pain, management of infection, and treatment of accidental injury (trauma) to teeth.
- **How to Access:** Call your local HSE dental clinic to book an emergency appointment.





Infection



Dental infection can develop when tooth decay or dental trauma is left untreated, allowing bacteria to enter the tooth and spread to the surrounding tissues. In young children, infection can spread quickly and may lead to abscess formation, facial swelling, or hospital admission. Dental infection can affect a child's feeding, growth, and overall wellbeing, and infection in baby teeth can also impact the development of the adult teeth underneath.

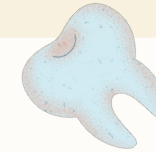
Signs & Symptoms

- Toothache or persistent pain
- Swelling of the face, gum, or jaw
- Red, inflamed or pus-filled gums
- Fever or general unwellness
- Bad taste or smell from the mouth





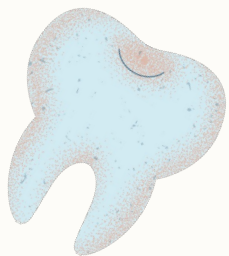
Trauma



Falls and accidents are common as children learn to crawl and walk. Falls or injuries can loosen, break, knock out or push a baby tooth up into the gum. This might damage the developing adult teeth.

Signs & Symptoms

- A tooth is knocked out, broken or moved
- There is bleeding or pain



When to refer?

HSE context

- All children under 16 years are entitled to free emergency dental care through the HSE

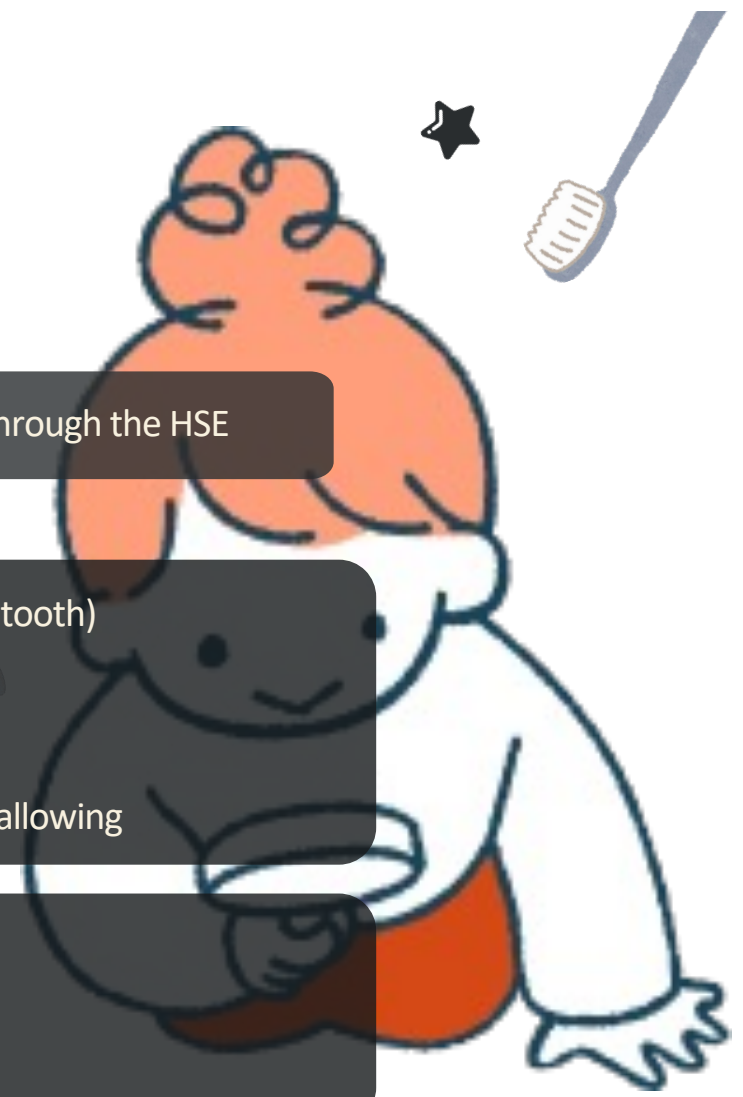
Urgent Referral
(Contact local HSE dental
clinic)

- Dental trauma (knocked or broken tooth)
- Facial swelling
- Uncontrolled oral bleeding
- Fever with dental infection
- Difficulty opening the mouth or swallowing



Routine Referral
(Follow local HSE referral
process)

- Ongoing dental pain
- Visible tooth decay
- Localised gum swelling



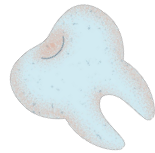


Key Takeaways

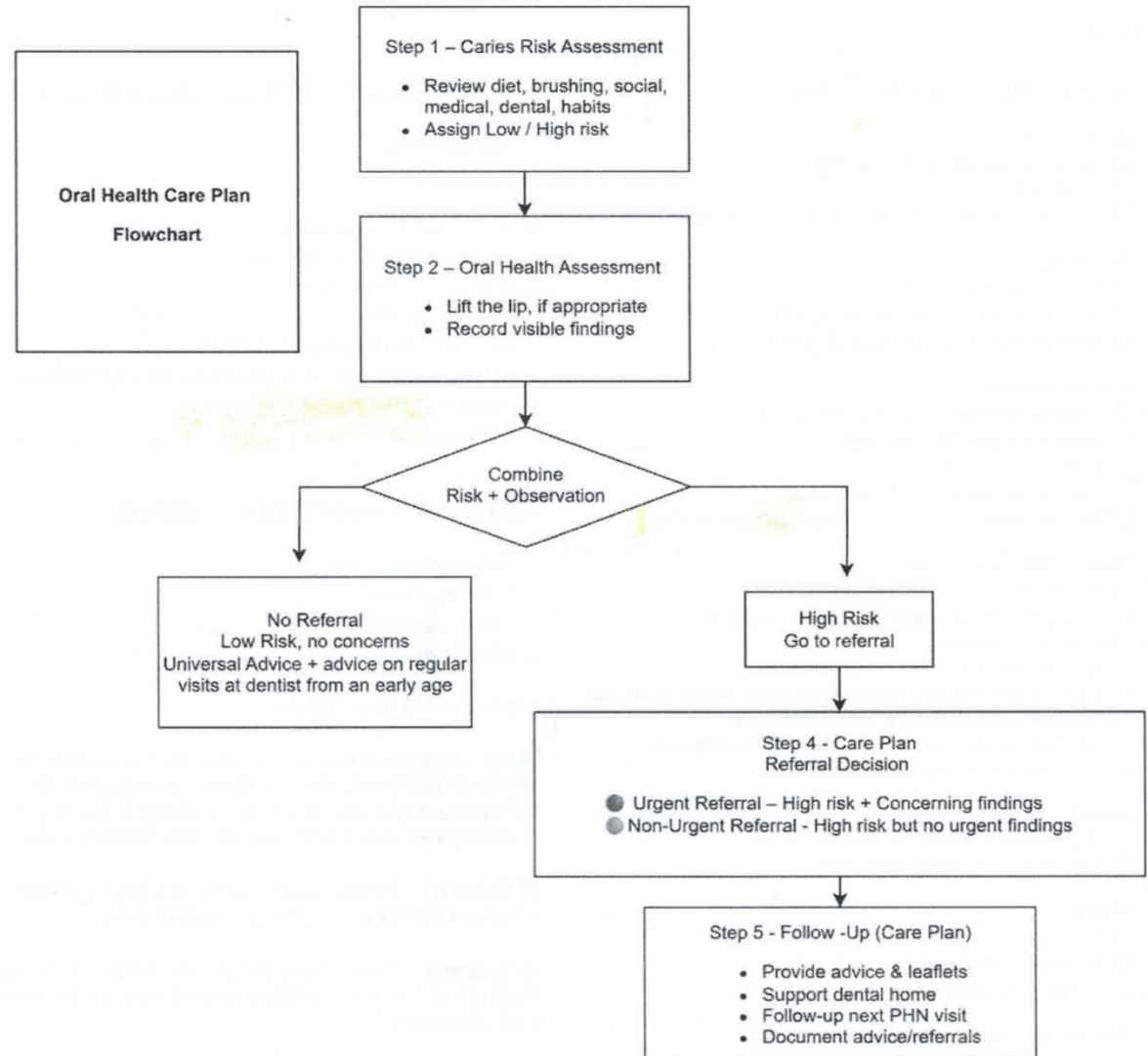
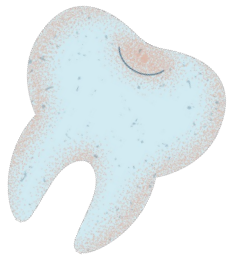


1. Start toothbrushing as soon as the first baby tooth appears
2. Bring your child to the dentist by their 1st birthday
3. Brush your child's teeth before bedtime and in the morning
4. Children should use a pea-sized amount of 1450ppm fluoride toothpaste from 2 years of age
5. Between 2 to 8 years of age, assist your child with toothbrushing
6. After 8 years of age, supervise your child with toothbrushing
7. Encourage your child to spit and not rinse their mouth after brushing. This gives the fluoride its best opportunity to work
8. Avoid frequent snacking in between mealtimes. *Remember: Water is the safest drink for teeth!*
9. Attend the dentist regularly





Summary Flow Chart



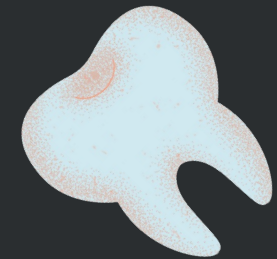
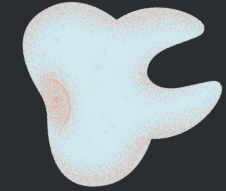
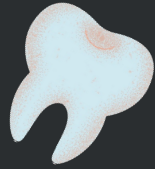
Additional resources:

- Oral Health in Ireland: A Handbook for Health Professionals Dental Health Foundation (3rd edition, 2024)
- Mychild.ie (HSE-endorsed information for parents and caregivers)
- Dental Health Foundation (DHF) (www.dentalhealth.ie) for leaflets, posters, and resources for children aged 0–5 years
- Local HSE Dental Services (Liaise with your local HSE dentist for advice, support, and updates on services)

Reference list

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- Children’s Health Ireland. Dental services [Internet]. Dublin: Children’s Health Ireland; [cited 2026 Feb 2]. Available from: [Oral Health in Ireland: A Handbook for Health Professionals Dental Health Foundation \(3rd edition, 2024\)](https://www.childrenshospital.ie/Oral-Health-in-Ireland-A-Handbook-for-Health-Professionals-Dental-Health-Foundation-(3rd-edition-2024))
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- [Local HSE Dental Services](#) (Liaise with your local HSE dentist for advice, support, and updates on services)

Test your
Knowledge





1. When should a child have their first dental visit?

a. When all primary teeth have erupted

b. At 2 years of age

c. When the first tooth appears (around 6–12 months)

d. Only if there are dental problems





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2. During a “Lift the Lip” check, where does decay in children most commonly appear?

a. Lower molars

b. Upper front teeth near the gumline

c. Upper molars

d. Lower front teeth





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3. Which finding is an early sign of tooth decay?

a. Cavitation

b. Brown or black holes

c. White chalky patches on teeth

d. Facial swelling





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4. Which feeding practice increases the risk of dental caries?

a. Drinking water from a cup

b. Breastfeeding during the first year

c. Sleeping with a bottle containing milk or juice

d. Eating meals at set times





4. Which feeding practice increases the risk of dental caries?

a. Drinking water from a cup

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c. Sleeping with a bottle containing milk or juice

d. Eating meals at set times





5. What is the recommended toothpaste advice for a child under 2 years?

a. No brushing is needed

b. Use adult toothpaste

c. Rinse with mouthwash

d. Brush twice daily with water





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