Oral Health for Children With Disabilities

TIPS AND RESOURCES FOR FAMILIES

Taking good care of the teeth and gums is critical to a person’s overall health. Healthy teeth and gums allow people to chew food, speak properly, avoid pain and tooth loss, smile, and feel good about themselves. Children with disabilities are almost twice as likely to have unmet oral health care needs than their peers without disabilities. The following tips can be helpful in getting the oral health needs of your child met.

Before the Dental Visit

It is important to make the first visit to the dentist a success. Some things to keep in mind before the visit:

- If your child has medical conditions that affect the heart, lungs, or other internal systems, your dentist may need to consult with your child’s primary care physician before starting treatment.
- If your child has challenges with anxiety, consider requesting that the initial paperwork be sent to you before the appointment so that you can concentrate on keeping your child comfortable in the waiting room.
- Speak with the dentist ahead of time to discuss any concerns or behavior challenges that may occur during the visit. You may want to request that the appointment be as short as possible.
- Share a list of medications your child is taking and share information about allergies.

Prepare Your Child for the Visit

To reduce anxiety in your child before a visit, consider:

- Playing dentist. Let your child switch between being the patient and being the dentist.
- Helping your child count his or her teeth. Take pictures of the teeth and then talk about them. Using visual supports such as picture books or photographs that illustrate what will happen during the visit.
- Arranging for a tour prior to the visit so your child can become familiar with the office, staff, and equipment. If taking your child to the office isn’t possible, arrange to take photographs of the actual office and look over the photos with your child.
- Practicing lap to lap positioning, the most common way of providing oral care for small children. In this position, the caregiver holds the child facing them and then lays the child backwards across their legs with the child’s head cradled in the lap of the dentist.

During the Visit

- Stay with your child throughout the exam. Acknowledge discomfort and share concerns with the dental team, as needed.
- Remain calm. Speak softly and in a soothing voice.
- Don’t be afraid to stop the exam if your child is having too much difficulty. It is not unusual for an exam to take more than one visit.
- Praise your child for good behavior.

Oral Health Tools and Routines

Brush every day. Many children can be taught how to brush, rinse, and floss independently. Some may need continued supervision throughout adulthood, while others may need the task performed for them.

- Before the teeth come in, wipe the mouth with a soft moistened cloth. Begin brushing when the teeth first erupt. Brushing should ideally take place daily after each meal.
- Many children understand far more than they can communicate. A good method is to use the “tell-show-do” approach. Tell what you will do before you do it. Show what you will do by doing it in your own mouth first. Brush the front, back, and chewing surfaces of all teeth and the tongue. Do the steps the same way that you’ve explained them. The lap to lap positioning (see above) can be used when brushing your child’s teeth.
- After brushing, rinse with water. If your child has trouble rinsing you may give him/her a small amount of water to drink or wipe the mouth.
- Have a routine, same place, same time, and same steps. This consistent routine builds confidence and your child will look forward to the daily oral care.
- Be creative in your approach. You may want to let your child hold a favorite toy or listen to a favorite song while brushing. Make it fun! Praise your child for his or her efforts. Stay positive and keep working at it. The goal is for your child to do this task independently.

Toothbrush. There are many different types of toothbrushes. Choose a brush that is the right size for your child’s mouth with soft bristles. Remember to change the brush every three (3) months or earlier if the bristles are worn, or if there has been a contagious illness. A power (electric) toothbrush may be a good choice when there are dexterity challenges.

Please see reverse.
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Toothpaste. Toothpaste with fluoride is recommended to prevent cavities in children over age 2. For children under age 2, a fluoride-free paste or even plain water may be sufficient. Reinforce safe habits from the start by teaching the child to spit when he or she brushes. The amount of toothpaste should be adjusted to the age of your child.

Dental Floss. Dental floss is designed to clean the area between the teeth which cannot be reached by the toothbrush. All flosses work the same. Your child should floss every day. The lap to lap positioning (see reverse) also can be used with flossing. Floss one tooth at a time. If you or your child have trouble holding the floss with your fingers, a floss holder can be used.

Prevent Cavities. Avoid giving your child foods and drinks that are high in sugars – especially in a bottle or sippy cup. Avoid giving your child sticky candies like gummies, taffy, or Fruit Roll-Ups. To avoid developing cavities from added sugars in medicines, rinse your child’s mouth with water after giving the medicines and brush more frequently.

Damaging Oral Habits. Some children may have damaging oral habits that can be managed. Some of the most common concerns and strategies to manage them are:

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<tr>
<th>Physical Behavior/Concern</th>
<th>Management/Strategies</th>
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<tbody>
<tr>
<td>Trauma/grinding of teeth (Bruxism)</td>
<td>Mouthguard and/or helmet.</td>
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<tr>
<td>Picking at teeth or gums</td>
<td>Soft gloves. Keep hands clean and nails trimmed.</td>
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<tr>
<td>Mouth breathing</td>
<td>Frequent rinsing with water to reduce dry mouth and to prevent damage to tongue and lips. Lip balm to soothe dry lips. Inspection of mouth after meals and snacks. Frequent brushing, flossing, and dental visits.</td>
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<tr>
<td>Storing food in mouth (pouching) or tongue thrusting</td>
<td>Mouth guard. Frequent inspection of the mouth.</td>
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<td>Eating non-food items such as gravel (Pica)</td>
<td>Rinse mouth frequently. Place child in upright position to keep acid down. Have dental sealants placed. Frequent brushing, flossing, and dental visits.</td>
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<tr>
<td>Stomach acid that splashes back up (Reflux) or vomiting food to re-chew it (Rumination)</td>
<td>Rinse mouth frequently. Place child in upright position to keep acid down. Have dental sealants placed. Frequent brushing, flossing, and dental visits.</td>
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Who We Are and Who We Serve

The Vanderbilt Kennedy Center (VKC) works with and for people with disabilities and their family members, service providers and advocates, researchers and policy makers. It is among only a few centers nationwide to be a University Center for Excellence in Developmental Disabilities, a

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