Healthy Mouths for Pregnant Moms and their Babies

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OHNEP
Oral Health Nursing Education and Practice

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Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research

Date: Oct 24 2020 | **Policy Number:** 20203

Key Words: Pregnancy, Dental Health, Oral Health, Insurance Coverage

Abstract

Oral health is integral to overall health and a healthy pregnancy. Periodontal disease (gum disease) during pregnancy increases the risk for delivering a preterm and/or low birth weight infant. Only 46% of U.S. women have an oral prophylaxis (dental cleaning) during pregnancy. Routine prophylaxes reduce the potential for periodontal disease. In addition, children of mothers with untreated dental caries (tooth decay) are at high risk for

Integrating Oral Health Care into Primary Care

A Resource Guide

Prepared by
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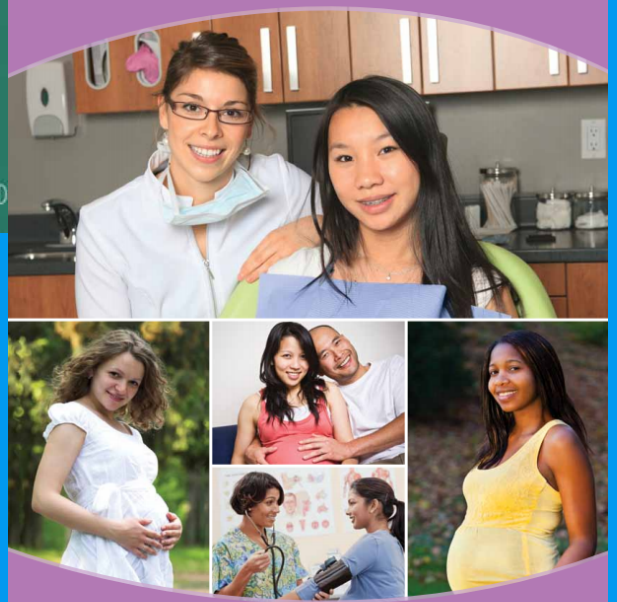
Oral Health in America: A Report of the Surgeon General

Oral Health in America

Advances and **Challenges**

NIH

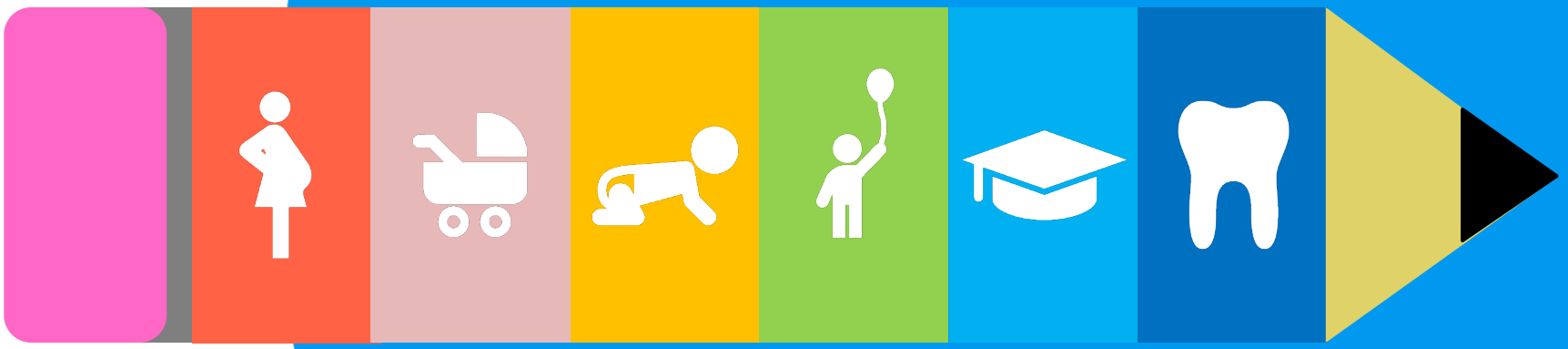
Oral Health Care During Pregnancy: A National Consensus Statement



Leading Health Conditions

- Addiction
- Arthritis
- Blood Disorders
- Cancer
- Chronic Kidney Disease
- Chronic Pain
- Dementias
- Diabetes
- Foodborne Illness
- Health Care-Associated Infections
- Heart Disease & Stroke
- Infectious Disease
- Mental Health & Mental Disorders
- ***Oral Conditions***
- Osteoporosis
- Overweight & Obesity
- ***Pregnancy & Childbirth***
- Respiratory Disease
- Sensory or Communication Disorders
- Sexually Transmitted Infections

Oral Health Across the Lifespan



Pregnancy
Establish mother's oral health

Birth
Oral health in well-child visits

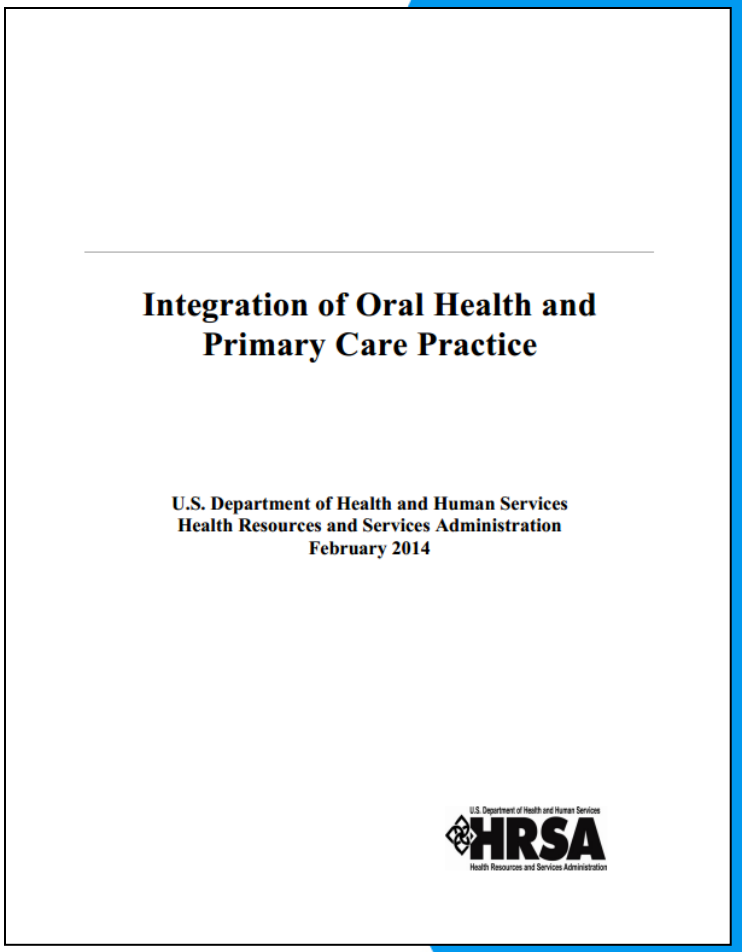
Infant
Preventive care
Caries arrest

Toddler
Dental home
Dental check ups

Childhood
School care
Dental check ups

Adulthood
Dental check-ups
Cavity-free!

HRSA Report (2014)



- Health History
- Physical Health Exam
- Oral-Systemic Risk Assessment
- Action Plan (preventive interventions, management within scope of practice)
- Collaboration
- Referral

HEENT to HEENOT

attendance at healthcare appointments. *Cochrane Database Syst Rev.* 2012;3:CD007458.

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Putting the Mouth Back in the Head: HEENT to HEENOT

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Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences.

We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral–systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classroom, simulation, and clinical experiences. This was associated with increased dental–primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral–systemic health across the lifespan. (*Am J Public Health.* 2015;105:637–641. doi: 10.2105/AJPH.2014.302466)

DURING THE DECADE FOLLOWING publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse–midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."[1] The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Smiles for Life: A National Oral Health Curriculum"[2] represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.[3,4] Data from the 2009–2012 National Health and Nutrition Examination Survey[5] reveal that approximately one in four children (14%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 20% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (11%) and 6 to 9 years (14%).[6] Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.[7]

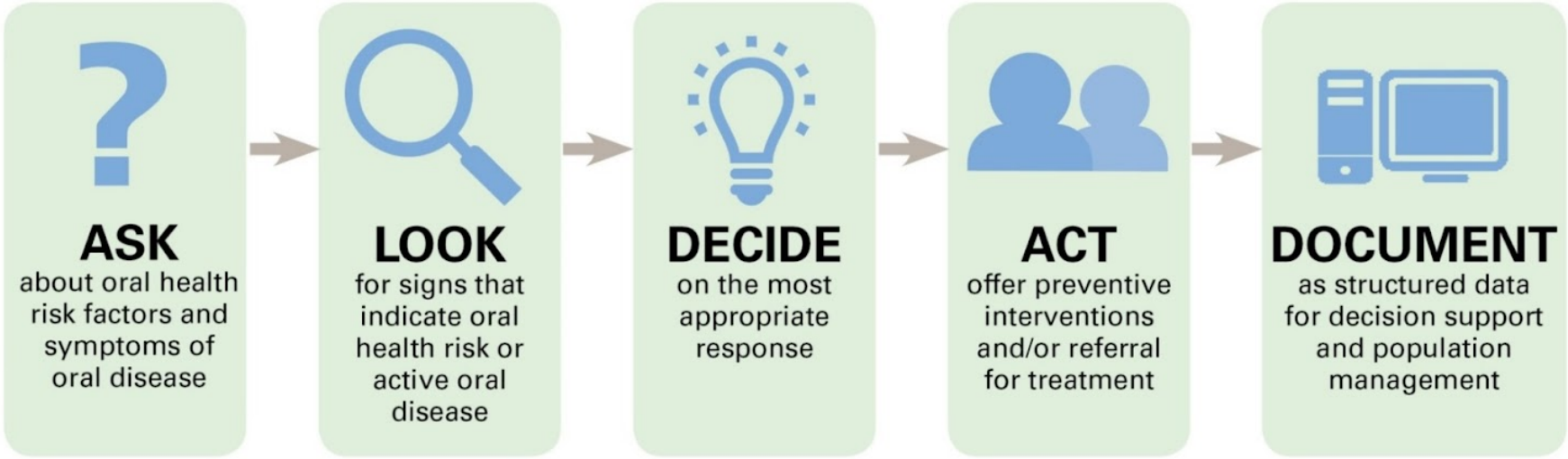
In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,[8] and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.[9] Among adults aged 65 years and older, only 30% have a dental benefit.[10] Primary care providers have been challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.[10]

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.[11] Similarly, NPs and NMs have also not had a defined oral health curricular knowledge base nor a set of oral health clinical competencies.[12,13] The PA programs have generally followed medical school curricula and have not required curricular oral health content or competencies.[13]

The recent publication of several important national reports, two oral health reports by the Institute of Medicine,[10,14] the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,[15] the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"[16] and the dissemination of "Oral Health Care During Pregnancy: A

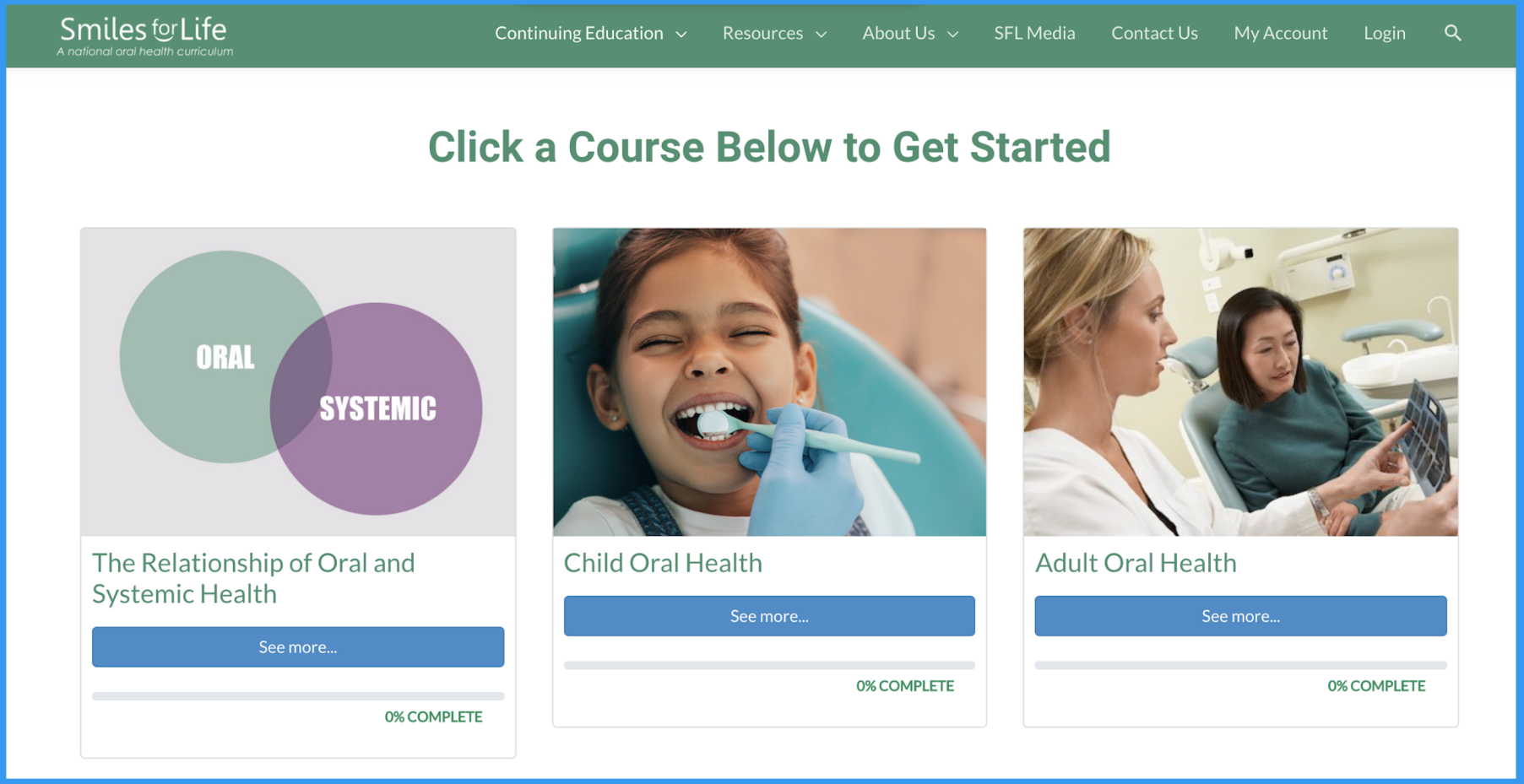
Putting the Mouth Back in the Head: HEENT to HEENOT
American Journal of Public Health, 2015

Oral Health Delivery Framework



Oral Health: An Essential Component of Primary Care
Qualis Health, 2015
www.QualisHealth.org/white-paper

Smiles for Life: A National Oral Health Curriculum



smilesforlifeoralhealth.org

“Too many pregnant women are not getting timely dental care.”
-The New York Times

Oral Health in Pregnancy

Judith Haber, PhD, APRN, FAAN
Ursula Springer Leadership Professor in Nursing
Executive Director, OHNEP
NYU College of Nursing

REALITY

A pregnant woman's physical and oral health are key to responsible health planning and promotion.

GOAL

Ensure that *every* pregnancy is a healthy pregnancy.

Oral Health Care in Numbers

- 35% of U.S. women reported that they did not have a dental visit within the past year
- 56% did not visit a dentist during pregnancy
- 60% of women did not have their teeth professionally cleaned during their last pregnancy
- Even when an oral problem occurs, only half of pregnant women attend to it

Oral Health Myths

1. You shouldn’t have any dental work done during pregnancy.
2. For every pregnancy, you lose a tooth.
3. Fetus will be harmed by x-rays or medications used during dental visit.

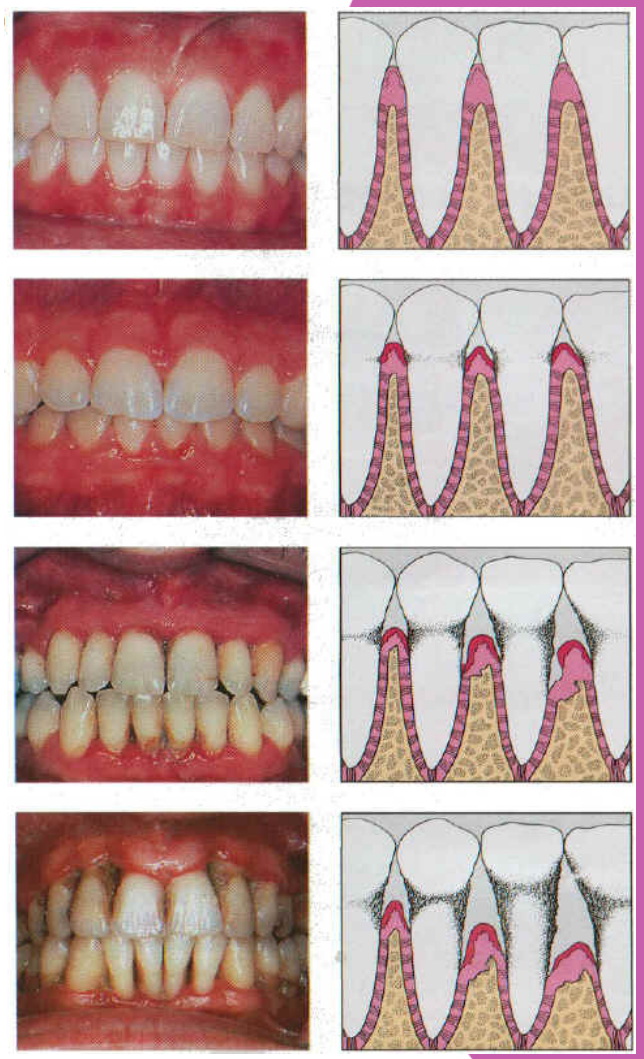
Oral Health Facts

1. Optimal maternal oral hygiene during the perinatal period may decrease the amount of cavity-producing oral bacteria transmitted to the baby.
2. Studies show an association between periodontal infection and preterm birth.
3. NO research demonstrates negative effect of periodontal treatment during pregnancy.

Risks in Pregnancy

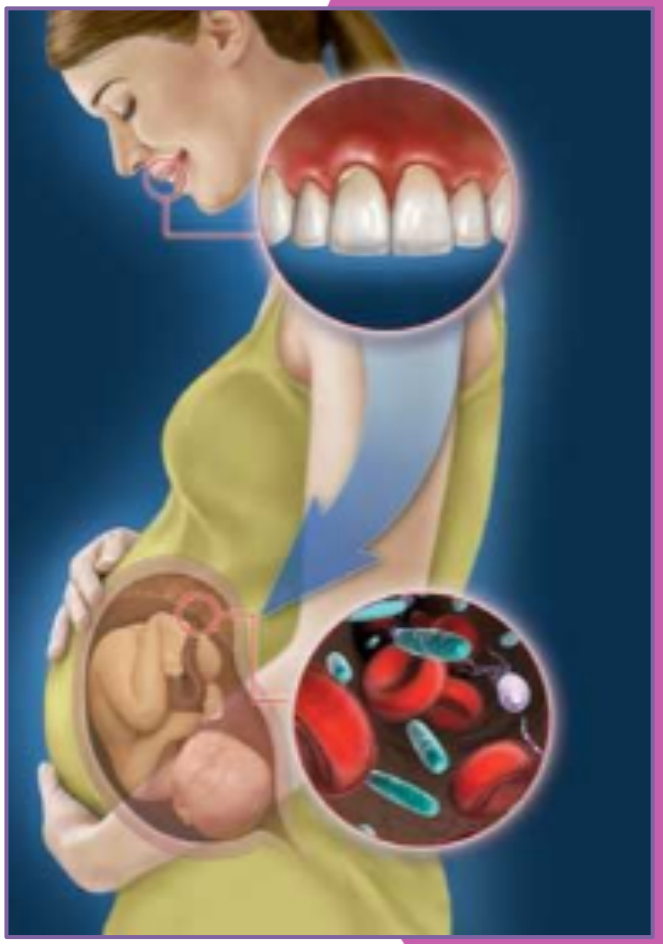
- **Cavities**: 41% of pregnant women
- **Gingivitis**: Most common oral disease in pregnancy affects 60-75% of pregnant women
- **Periodontitis**: Affects approximately 30% of women of child-bearing age

Gingivitis and Periodontal Disease



- ***Gingivitis*** is inflammation of the superficial gum tissue and is the most common oral disease in pregnancy
- ***Periodontitis*** is a severe form of gum disease causing destruction of gums and bones leading to tooth loss
- You don’t have to lose a tooth with each pregnancy!

Untreated Periodontal Disease

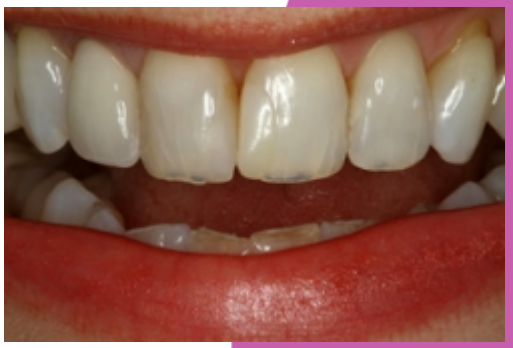


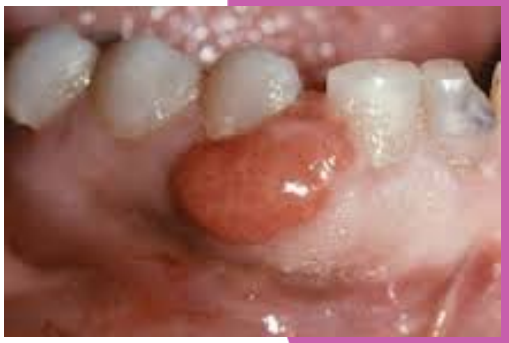
Bacteria from the mothers' mouth can reach the blood stream, and consequently reach the baby.

When left untreated it may be associated with:

- Pre-Term Labor
- Pre-Term Birth
- Poor glycemic control

Enamel Erosion, Pregnancy Granulomas, and Cavities





- **Enamel Erosion:** Caused by vomiting or reflux
  - Can be reduced by having woman rinse with water or water with baking soda after vomiting
- **Granuloma:** 5% of pregnant women are affected
  - Usually resolves itself after delivery
  - If bleeding or problems with chewing occur, refer for removal
- **Cavities**: Mothers with high rates of cavities are more likely to have children with high rates of cavities

What can you do to help?

- Address dental hygiene as a part of well-women health by including oral health on intake form or during initial visit
- Include **HEENOT** exam every trimester
- Proactively recommend dental care during pregnancy
- Discuss healthy diet for healthy pregnancies and provide ongoing nutritional support
- Reassure women that prevention, diagnosis and treatment of oral conditions including dental x-rays (with abdominal shielding), and local anesthesia (lidocaine with or without epinephrine) are safe during pregnancy

What can you do to help?

- ❑ Integrate oral health topics in home visits
- ❑ Refer women and help them find dental care providers that will take care of them during pregnancy
- ❑ Establish community partnerships with dental resources
- ❑ Support women and help them advocate for the care that they need and should be receiving during pregnancy

The Bottom Line

In NYS, dental care is covered by a public insurance dental benefit, which helps to keep mom's mouth healthy!

- *Consistent and regular dental visits* are key especially important during pregnancy
- It is not only *safe* to see the dentist, it is the *right choice* for mother and baby
- Get to know the dentists in your area and refer *all* pregnant women

Evidence-based Resources

Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Analgesics	
Acetaminophen	May be used during pregnancy.
Acetaminophen with Codeine, Hydrocodone, or Oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin	May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	
Antibiotics	
Amoxicillin	May be used during pregnancy.
Cephalosporins	
Clindamycin	
Metronidazole	
Penicillin	
Ciprofloxacin	Avoid during pregnancy.
Clarithromycin	
Levofloxacin	
Moxifloxacin	
Tetracycline	Never use during pregnancy.
Anesthetics	Consult with a prenatal care health professional prior to using intravenous sedation or general anesthesia.
Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine)	May be used during pregnancy.
Nitrous oxide (30%)	May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional.
Over-the-Counter Antimicrobials	Use alcohol-free products during pregnancy.
Cetylpyridinium chloride mouth rinse	May be used during pregnancy.
Chlorhexidine mouth rinse	
Xylitol	

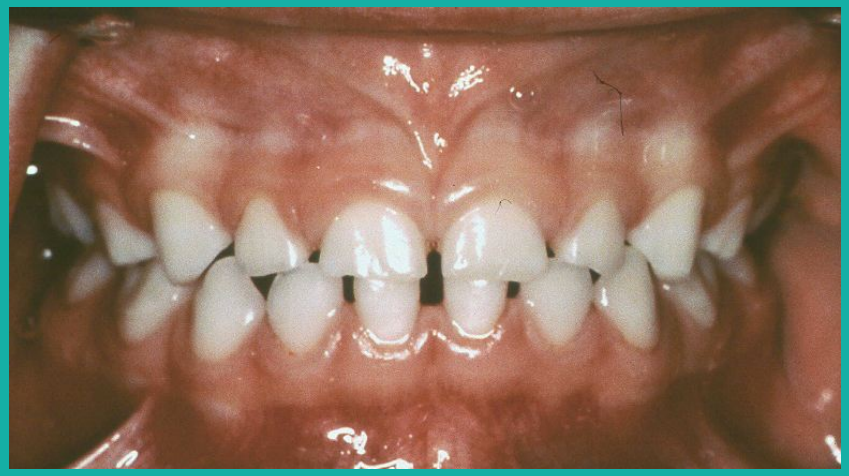
https://www.mchoralhealth.org/PDFs/OralHealthPregnancyPharmacological.pdf

Early Childhood Oral Health

Lauren Feldman, DMD
Director, Postdoctoral Pediatric Dentistry
NYU College of Dentistry

The World of Pediatric Dentistry

What we want to see…



The World of Pediatric Dentistry

What we sometimes see…

This is preventable!

Scope of the Problem

Cavities are:

- the ***#1 unmet health care need*** among preschoolers
- the ***most common chronic childhood*** disease
  - 5x more common than asthma
  - 7x more common than hay fever

- **45% of children and teens age 2-19** have cavities
- **Over 50% of 6- to 8-year old children** have at least one cavity

Scope of the Problem

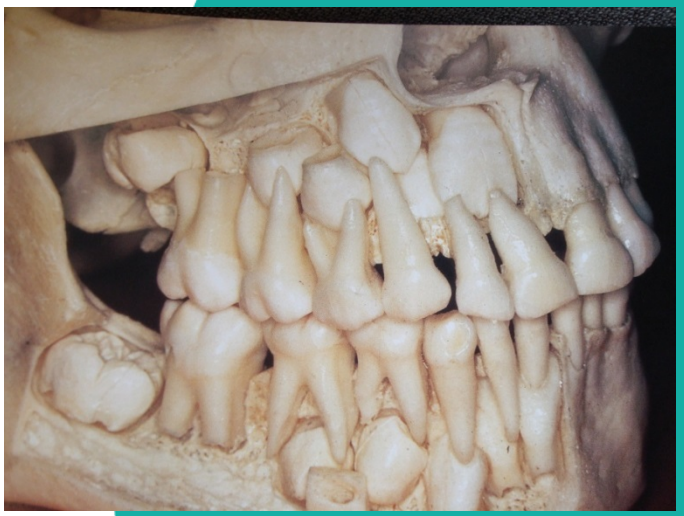
- Poor children suffer almost twice as many cavities as their more affluent peers, and their disease is more likely to be untreated
  - Cavities present in 56.3% of children from families living below the federal poverty level, compared to 34.8% of children from affluent families
- Cavities are higher in youth of color than in white youth
  - Non-Hispanic Black (17.1%)
  - Hispanic (13.%)
  - non-Hispanic White (11.7%)
  - non-Hispanic Asian (10.5%)

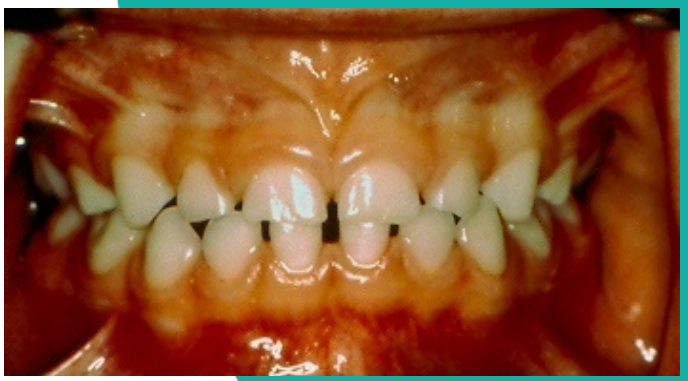
Social Determinants of Health

Contributing factors include:

- Low socioeconomic status
- Limited access to dental care
- Food deserts and poor nutrition
- Low level of maternal education and dental IQ
- Inadequate home oral hygiene supplies and practices

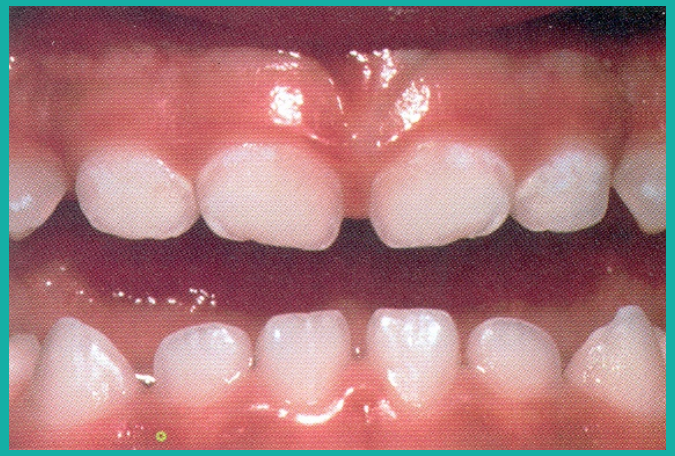
The Importance of Primary Teeth

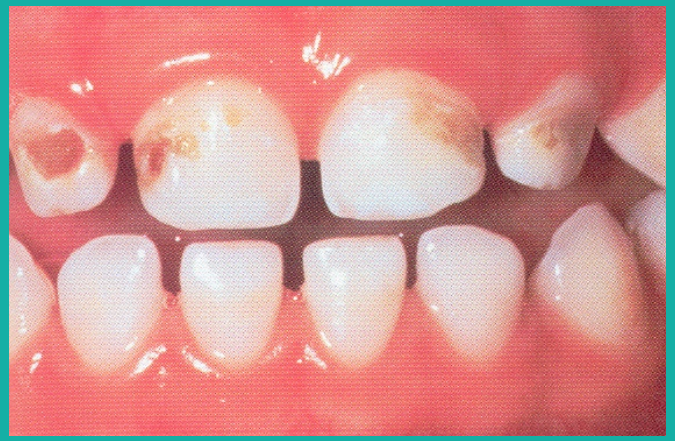


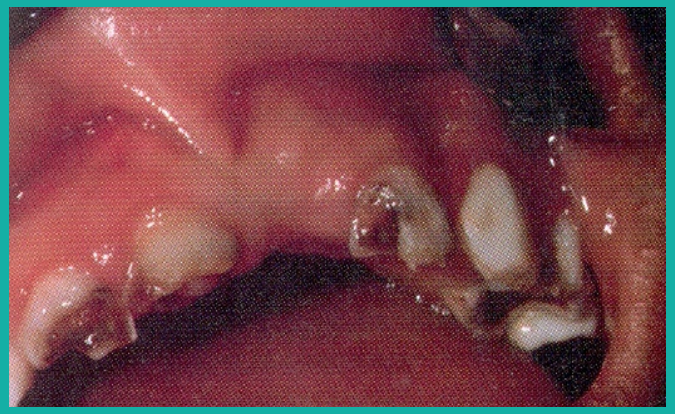


- Speech
- Feeding
- Dental and jaw growth
- Socialization

Progression of Cavities



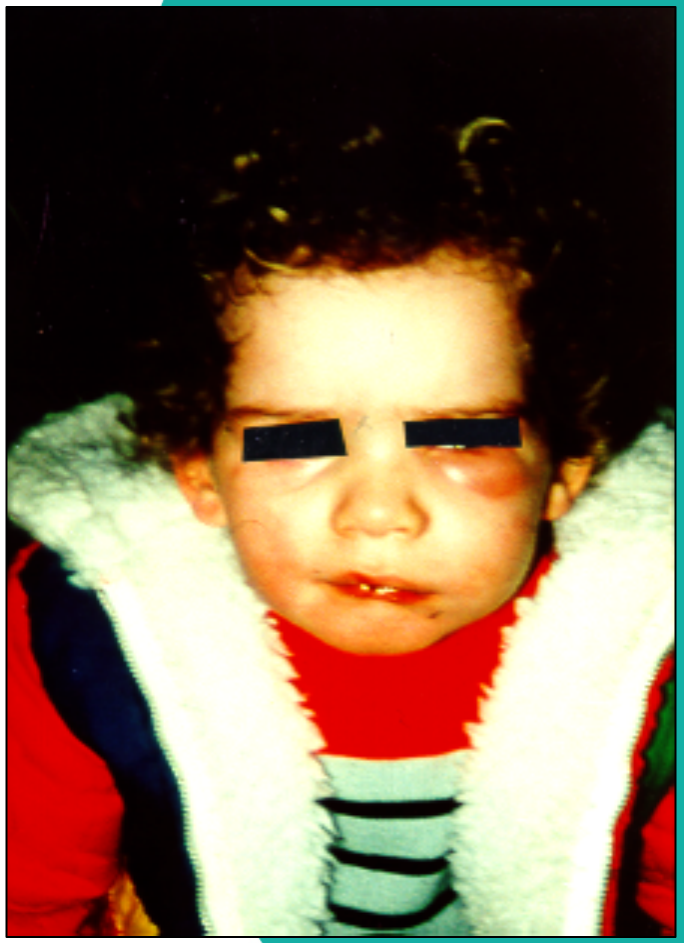




Consequences of Cavities

- Higher risk of new carious lesions in primary and permanent dentition
- Risk for delayed physical growth and development
- Loss of school days and increase in days with restricted activity
- Diminished oral health-related quality of life
- Hospitalizations and emergency room visits for advanced disease
- Increased treatment costs

It’s about much more than baby teeth!



This facial cellulitis resulted from a cavity in a primary tooth.

This child is in pain, can’t eat and is suffering. If she is not treated, her ability to breathe could be compromised and she may lose the sight in her eye.

Risk Factors

- Frequency of eating
- Sleep time habits
- Bed-time breastfeeding
- Inappropriate bottle use
- Bacterial transmission from caregiver to child
- Disruption of tooth development (enamel hypoplasia)

Join the Fight!

Healthy Mouths for Pregnant Moms and their Babies:

How Home Visitors Can Make a Difference

Jessamin Cipollina, MA
Assistant Director, OHNEP
NYU College of Nursing

Oral Health Education

Oral health education during pregnancy and the postpartum & newborn period is the ideal time to begin primary prevention strategies to prevent cavities.

Healthy Mouths for Pregnant Moms and their Babies

Aims:

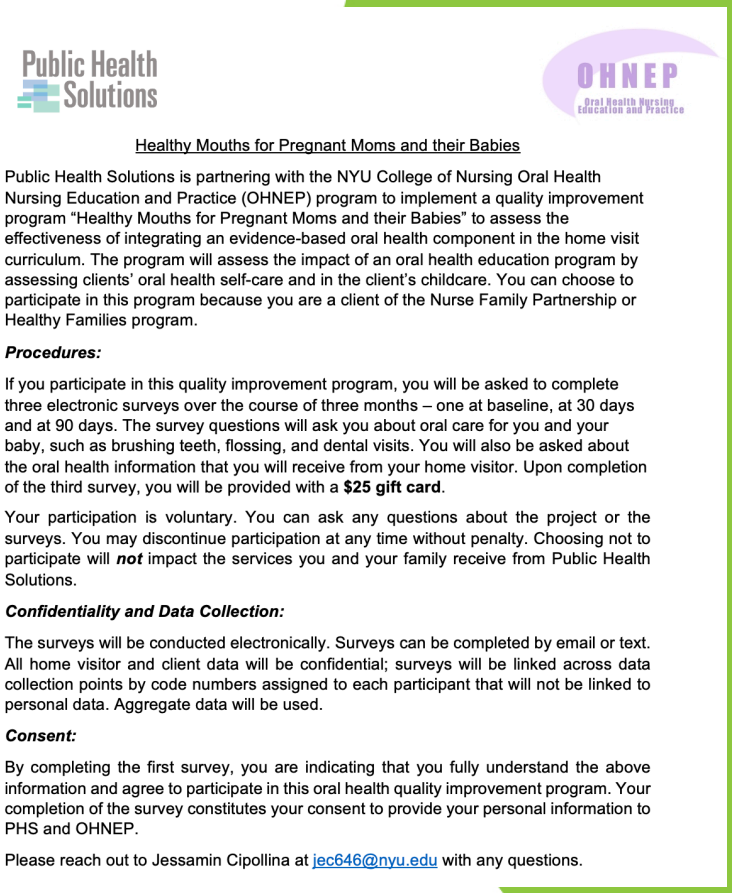
1. Assess the impact of exposure to an oral health education program on change in oral health knowledge for NFP and HF home visitors

2. Assess change in integrating oral health in NFP and HF home visits

3. Assess the impact of integrating oral health in mothers' oral self-care

4. Assess the impact of integrating oral health in mothers' childcare

Healthy Mouths for Pregnant Moms and their Babies



Public Health Solutions

OHNEP Oral Health Nursing Education and Practice

Healthy Mouths for Pregnant Moms and their Babies

Public Health Solutions is partnering with the NYU College of Nursing Oral Health Nursing Education and Practice (OHNEP) program to implement a quality improvement program "Healthy Mouths for Pregnant Moms and their Babies" to assess the effectiveness of integrating an evidence-based oral health component in the home visit curriculum. The program will assess the impact of an oral health education program by assessing clients' oral health self-care and in the client's childcare. You can choose to participate in this program because you are a client of the Nurse Family Partnership or Healthy Families program.

Procedures:

If you participate in this quality improvement program, you will be asked to complete three electronic surveys over the course of three months – one at baseline, at 30 days and at 90 days. The survey questions will ask you about oral care for you and your baby, such as brushing teeth, flossing, and dental visits. You will also be asked about the oral health information that you will receive from your home visitor. Upon completion of the third survey, you will be provided with a **$25 gift card**.

Your participation is voluntary. You can ask any questions about the project or the surveys. You may discontinue participation at any time without penalty. Choosing not to participate will ***not*** impact the services you and your family receive from Public Health Solutions.

Confidentiality and Data Collection:

The surveys will be conducted electronically. Surveys can be completed by email or text. All home visitor and client data will be confidential; surveys will be linked across data collection points by code numbers assigned to each participant that will not be linked to personal data. Aggregate data will be used.

Consent:

By completing the first survey, you are indicating that you fully understand the above information and agree to participate in this oral health quality improvement program. Your completion of the survey constitutes your consent to provide your personal information to PHS and OHNEP.

Please reach out to Jessamin Cipollina at jec646@nyu.edu with any questions.

A quality improvement approach will be used to assess…

- ❑ home visitor oral health knowledge and integration of oral health in their home visits
- ❑ mothers' oral health knowledge and oral self-care and childcare

You will provide informational flyers to potential participants describing the program and invite them to participate.

Home visitors and participating mothers will complete electronic surveys at baseline, and at 30 and 90 days.

Mothers will be offered a $25.00 gift card upon completion of the third survey.

Oral Health in Pregnancy "Bytes"

Two Healthy Smiles Brochure,
MICHC Manual, pg. 20

To protect baby's health, pregnant mothers need to…

- ❑ Implement positive oral health practices
- ❑ Brush 2x per day with fluoride toothpaste
- ❑ Floss 1x per day
- ❑ Eat healthy foods
  - Limit sugary foods and beverages
  - Stay hydrated with water; avoid juices, fruit-flavored drinks and soda
- ❑ Get dental check-ups

Oral Health in Pregnancy "Bytes"

Moms are the *oral health champions* of their families.

Mothers can be important oral health role models by promoting oral care among all family members.

Recommendations for Mom and Baby

Oral Health Recommendations Chart, MICHC Manual, pg. 33

ORAL HEALTH RECOMMENDATIONS CHART

Pregnancy by itself is not a reason to defer routine dental care and necessary treatment for oral health problems

- Dental treatment is safe and effective throughout pregnancy
- In the 1st trimester, dental x-rays are safe to diagnose dental problems for urgent and immediate treatment.
- The best time for dental treatment is in the 2nd trimester. However, routine dental care is recommended at any time during pregnancy.
- Both mother and child are at risk if dental treatment is delayed
- Elective treatment can be deferred but emergency treatment is important anytime during pregnancy
- Throughout pregnancy and after: Brush twice for two minutes; Use Fluoride Toothpaste; Floss between teeth
- For Moms: Have fruit, not fruit juice; Drink water or low fat milk; Limit food containing sugars
- Advise Moms to:
  -Wipe infant teeth/gums after feeding with soft bristle brush or soft cloth
  -Supervise children's brushing with an amount of toothpaste that is rice grain size for less than 3 year olds and pea size for more than 3 year olds
  - Avoid putting your child to bed with a bottle
  - After breastfeeding at night, wipe infant's teeth and gums with soft bristle brush or soft cloth
  - Avoid sharing spoon for tasting food; Avoid cleaning dropped pacifier by mouth
- Visit dentist by age 1

Source: New York State Department of Health. Oral Health Care during Pregnancy and Early Childhood. August 2006

The Five Basics of Child Oral Health

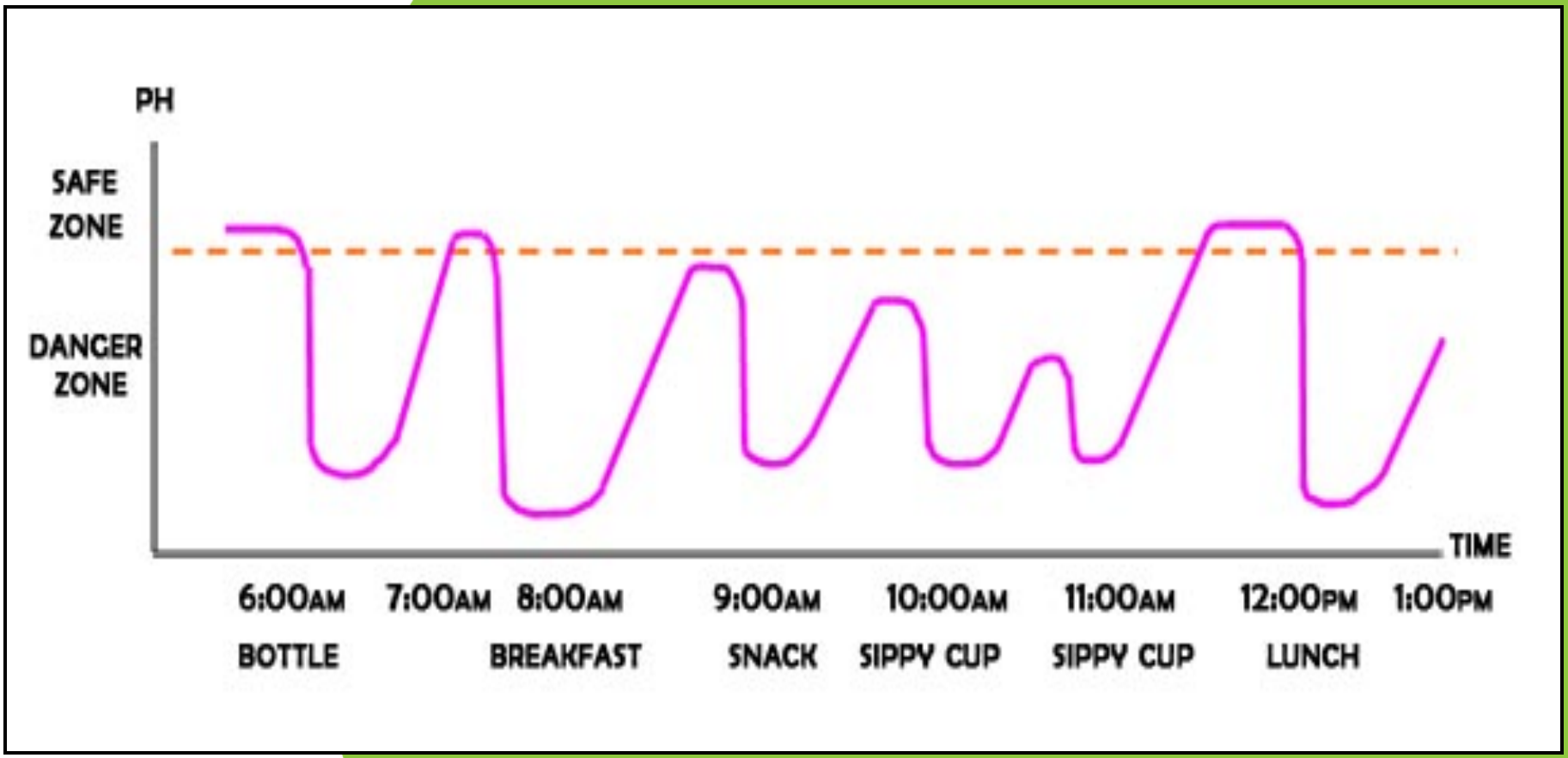
1. Baby Teeth Are Important
2. Water for Thirst
3. Tooth-Healthy Diets
4. Brush, Floss, Swish
5. Going to the Dentist

Baby Teeth

- ✓ Cavity-causing germs come from eating and drinking, and can be passed from mother to baby (kissing, sharing food and utensils, cleaning pacifier)
- ✓ Untreated cavities can lead to early tooth loss and serious decay or infection
- ✓ Children who lose baby teeth early due to decay may also be at risk for crooked teeth, as baby teeth hold space for adult teeth
- ✓ Mother needs to take care of her oral health and get regular dental care to prevent tooth decay for both herself and her baby

Water for Thirst

- ✓ Avoid sugary beverages, have child drink water instead
- ✓ Sippy cup should be a short-term transition to using a regular cup, not a long-term solution
- ✓ Repeated use of sippy cup can increase risk of cavities


PH
SAFE ZONE
DANGER ZONE
TIME
6:00AM
7:00AM
8:00AM
9:00AM
10:00AM
11:00AM
12:00PM
1:00PM
BOTTLE
BREAKFAST
SNACK
SIPPY CUP
SIPPY CUP
LUNCH

Tooth-Healthy Diets

Tooth Healthy Foods List

Apples
Bananas
Broccoli
Carrots
Cereals, low-sugar
Cheese
Cherries
Cottage cheese
Cucumber
Eggs
Fish
Grapes
Green beans
Lettuce
Meats
Melons
Nuts
Oranges
Peaches
Peas
Popcorn
Strawberries
Sweet potatoes
Tofu
Tomatoes
Whole grain breads
Whole grain crackers, rice and pastas
Yogurt

Beverages:
Water
Milk

Tooth Unhealthy Foods List

Bread (White)
Breakfast cereal, sugary
Cake
Candy
Chips
Cookies
Crackers
Fruit snacks
Graham crackers
Granola bars
Gum—with sugar
Ice cream

Beverages:
Juice
Soda pop
Sports drinks
Sweet tea
Sweetened milk
Sweetened coffee

★ Choose and prepare foods that are **age appropriate** for your child.

Cavity Free Kids,
https://cavityfreekids.org

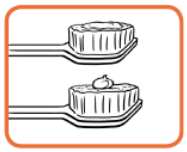
Brush, Floss, Swish

A smear when they appear and at 3 the size of a pea!

- ✓ Wipe infant's gums and teeth with a damp washcloth or xylitol wipes after feeding and before naps and bedtime
- ✓ Encourage dissociating feeding and sleep by age 1
- ✓ Use a smear of fluoride toothpaste when wiping or brushing child's teeth once teeth begin to appear
- ✓ Use a pea-sized amount of toothpaste at 3

Brush, Floss, Swish

How To Brush



Use a soft bristle toothbrush and fluoridated toothpaste.

Use a smear of toothpaste from the first tooth up to age 3, a pea-sized amount after that.

Hold your brush at an angle where the gum meets the tooth.

Food and germs like to stick there.

Move the toothbrush in small circles.

Count to 5 before moving the brush to another spot.

Remember the biting surfaces.

That is where the food gets stuck and germs hide.

Brush the tongue.

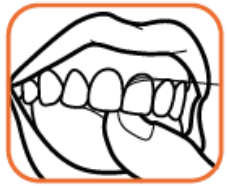
Germs hide there.

Brush after breakfast and before bed.

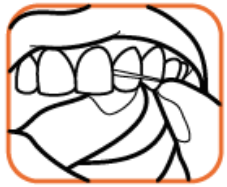
How To Floss

Wrap the "floss" around your middle or index fingers to get a firm grip.

Hold between your thumb and finger.



Gently slide the floss between two teeth (two fingers); now wrap the floss toward one tooth (finger) hugging it as you gently slide it back up and out.



Gently slide the floss between two teeth (two fingers); now wrap the floss toward one tooth (finger) hugging it as you gently slide it back up and out.

Repeat this process to all teeth—remember to hug that back tooth even if it is the last one in line.

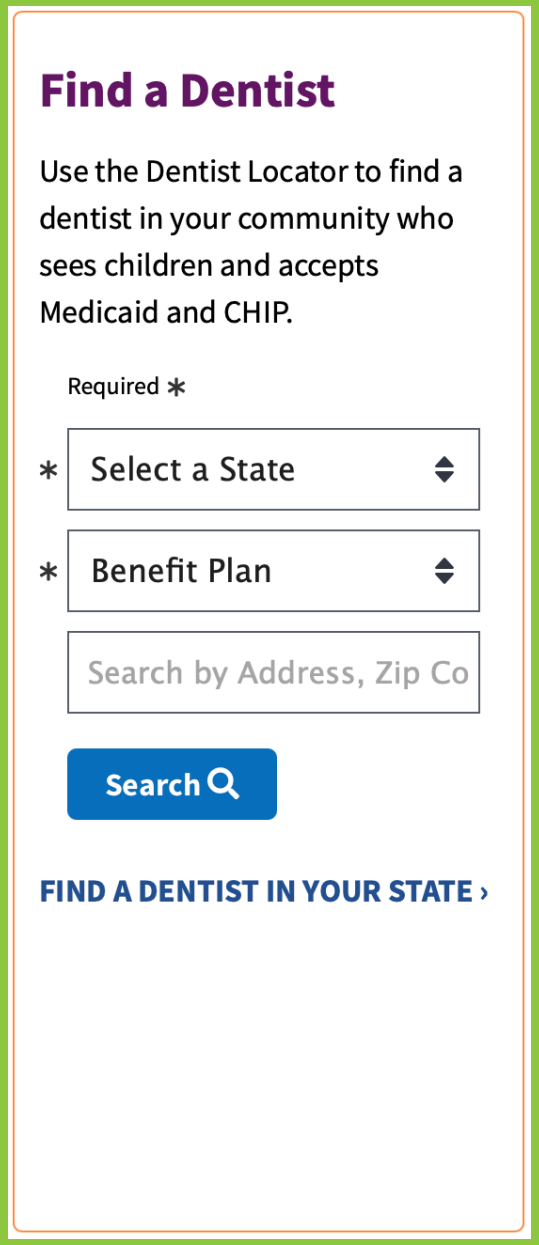
Flossing Tips

- Always use a clean piece of floss between teeth
- Never snap or force floss as this may cut or bruise gum tissue
- Children cannot do floss by themselves, they need your help
- Start flossing when the sides and backs of your child's teeth touch each other
- It will help your child learn good habits if they see you floss

Cavity Free Kids,
https://cavityfreekids.org

Going to the Dentist

http://insurekidsnow.gov/



Going to the Dentist

Manhattan & Staten Island Referrals

Call ahead to make sure child's insurance is accepted and the office is taking new patients

Manhattan

NYU College of Dentistry (pediatric & adult), 212-998-9800
NYU Langone (pediatric & adult), 718-630-6875
Bellevue Hospital Pediatric Dentistry, 212-562-5526
Bellevue Hospital Adult Dentistry, 212-562-8780

Staten Island

Dentistry for Children, 718-668-9160
Staten Island Pediatric Dentistry, 718-761-7316
G. Marie PC: Roubicek Susan D.D.S., 718-317-8524
Small World Dentistry, 718-967-2412
Staten Island University Hospital (pediatric & adult), 718-226-3200

Going to the Dentist

Brooklyn Referrals

Call ahead to make sure child's insurance is accepted and the office is taking new patients

Pediatric & Adult Dentistry:
***NYU Langone*,** (718) 630-8524
Brookdale Hospital, (718) 240-6281
Maimonides Medical Center, (718) 871-9111
Interfaith Medical Center, (718) 613-7375
New York Methodist Hospital, (718) 780-5410
Kings County Hospital Center, (718) 245-4914
Woodhull Medical and Mental Health Center, (718) 963-8000
Manhattan Avenue Health Center, (718) 349-8500
Williamsburg Family Health Center, (718) 599-6200

Pediatric Dentistry Only:
Little Tooth, (718) 230-7676
J. Galli D.D.S., (718) 680-2525
Maskell Maskell & Rubenstein, (718) 387-1365
E. Kaufman D.D.S., (718) 645-1588
Sunset Pediatric Dentistry, (718) 492-3677

Going to the Dentist

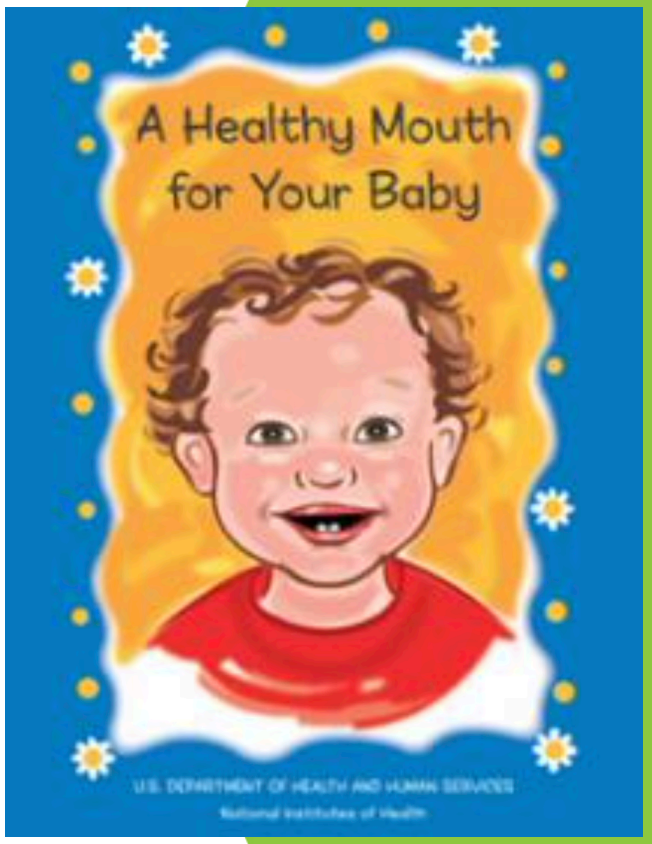
Queens Referrals

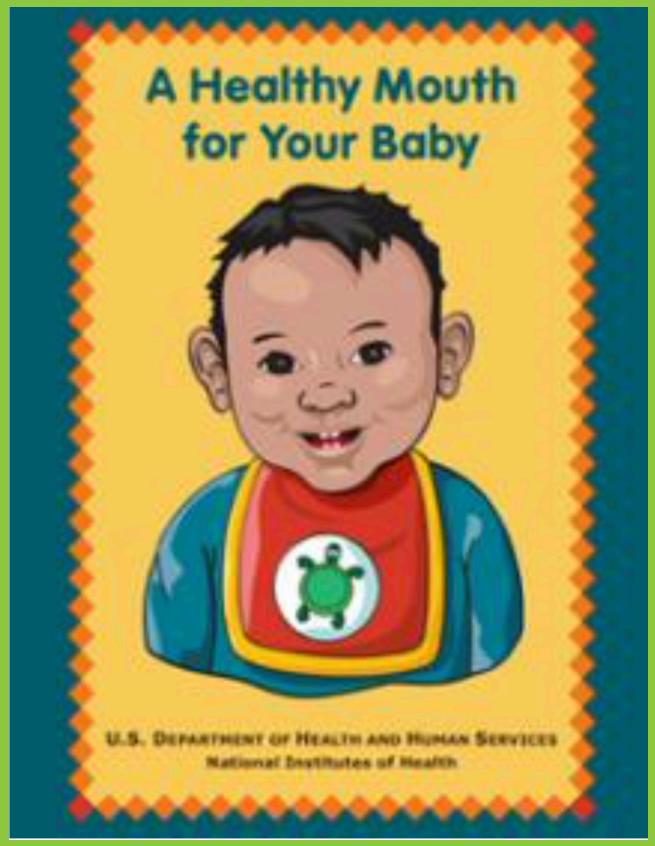
Call ahead to make sure child's insurance is accepted and the office is taking new patients

Pediatric & Adult Dentistry:
New York Hospital Queens, (718) 670-1060
Queens Hospital Center, (718) 883-3000
Flushing Hospital and Medical Center, (718) 670-5521
Peninsula Hospital Center, (718) 734-2000
Long Island Jewish Medical Center, (718) 470-3111
Comfort Dental Spa, (718) 699-9500

Pediatric Dentistry Only:
Y. Lee D.D.S., (718) 831-8325
Pediatric Dentistry of Flushing, (718) 997-6453
Pediatric Dental World P.C., (718) 478-2825
Suet Wu Pediatric Dentistry, Bayside, (718) 281-2808
Suet Wu Pediatric Dentistry, ***Flushing***, (718) 321-9288
Main Children's Dental: Dutta Chiranjib DDS, (718) 539-8762

Oral Health Resources



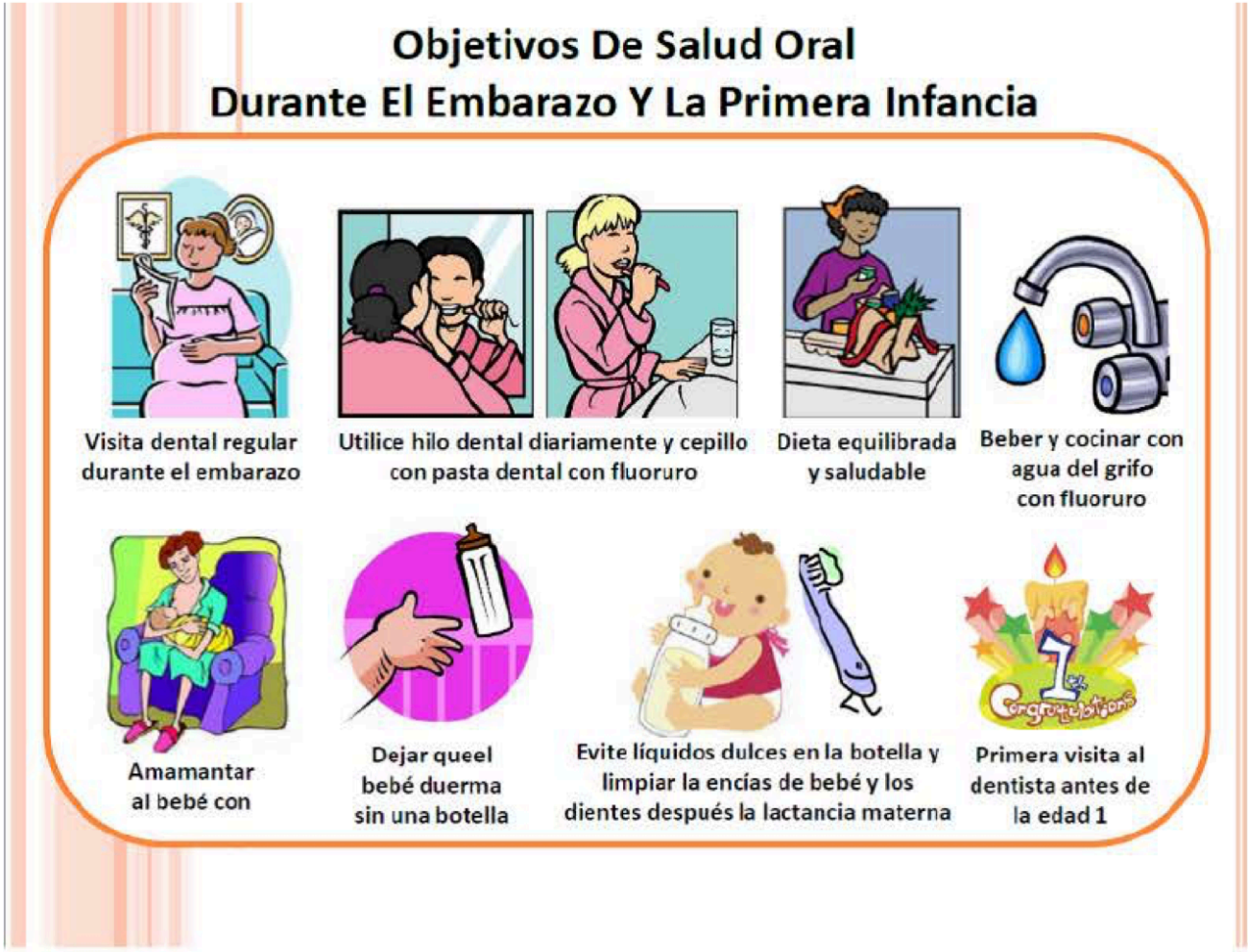


NIDCR Oral Health Brochures,
MICHC Manual, pg. 19

Oral Health Resources

Oral Health Self-Management Goals,
MICHC Manual, pg. 19

Oral Health Resources



Oral Health Self-Management Goals,
MICHC Manual, pg. 19

Resources

MICHC Oral Health Manual and Toolkit

- https://www.healthy-baby.net/wp-content/uploads/MICHC-Oral-Health-Manual-and-Toolkit-Final-08-29-17-restored-pictures.pdf

Smiles for Life

- www.smilesforlifeoralhealth.org

Cavity Free Kids

- http://cavityfreekids.org/

Georgetown National Maternal and Child Oral Health Resource Center

http://mchoralhealth.org/

Bright Futures

- https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx

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