





Photo: Early childhood caries

services are major contributors to the high rates of dental caries in young Aboriginal children. Many isolated communities receive treatment only when a dentist is flown in. Due to the high demands of these visits, only the most severe patients are treated, leaving less time for preventive care (Tait, 2008).

## Risk Factors

Prolonged feeding or sipping from a bottle or sippy cup containing sugary liquids (fruit juices, pop) and poor toothbrushing habits are risk factors for ECC. Bottle feeding during sleep with a sugary liquid is particularly harmful to the teeth. Saliva acts as a protective barrier for teeth and decreases during sleep. In its absence, the teeth are more susceptible to decay. If a bottle must be given during sleep, plain water is recommended. Parents or caregivers should brush their young child's teeth twice daily with the recommended amount of fluoride toothpaste.

## Prevention and Treatment

Changing harmful feeding practices and adopting daily oral hygiene routines are recommended preventive strategies (Slättelid Skeie, et al., 2009; Mejåre, et al., 2009). Also, caregivers should routinely lift the child's lips to check for white spots or

lines on the teeth. The Canadian Dental Association (2013) recommends that all children see a dental professional within 6 months of eruption of their first tooth or by one year of age. At the dental office, parents will be advised on proper feeding habits and toothbrushing techniques suitable for their child and the child's dental status will be assessed. If appropriate based on the child's risk, fluoride varnish may be applied. Together, these approaches may help stabilize the dental decay.

However, once early dental caries has progressed to cavitation, a child may require invasive treatment like fillings or even extractions. Frequently, younger children require treatment under general anesthesia in a hospital setting. Despite the fact that registered First Nations and Inuit people are covered by dental health benefits through the Non-Insured Health Benefits (NIHB) program, ECC often remains untreated because of challenges with access to complex care (Health Canada, 2013). The First Nations Regional Health Survey reported that only 40.6% of infants affected by baby bottle tooth decay had received treatment (FNIGC, 2012), and less than 30% of decayed teeth in Inuit children aged 3-5 had been filled (Health Canada, et al., 2011).

## For More Information

- **Canadian Dental Association**  
[www.cda-adc.ca/en/oral\\_health](http://www.cda-adc.ca/en/oral_health)
- **BC Dental Association**  
[www.bcdental.org/Dental\\_health](http://www.bcdental.org/Dental_health)
- **BC Dental Hygienists' Association**  
[www.bcdha.com/?page\\_id=23](http://www.bcdha.com/?page_id=23)
- **Health Canada – Dental Benefits – First Nations and Inuit Health**  
[www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/dent/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/dent/index-eng.php)

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