

PEDIATRIC DENTISTRY: FROM THE CRIB TO THE DENTAL CHAIR

PUERICULTURA: DO BERÇO À CADEIRA ODONTOLÓGICA

PEDIATRÍA DENTAL: DE LA CUNA A LA SILLA DENTAL

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ABSTRACT

Report on dental appointment practices during pediatric visits in the municipality of Pereiro CE, Brazil. Experience report described by nursing and dentistry professionals, from March to September 2022. 136 pediatric visits were held for children ages 0 to 2 years old. Field diaries were used as the data collection method. It was found that: only 13% cleaned the child's mouth in the absence of teeth; initiating brushing with a toothbrush when the first tooth erupted was done by only 18%; using fluoride toothpaste on the brush was done by only 8% and all mothers were unaware of the information that increased fruit intake prevents cavities. Finally, implementing pediatric dentistry in the unit's routine. And the "cold dental chair" is transformed into smiles, thus considering this work innovative and relevant so that children can go from the crib to the dental chair safely, with support and free of fear.

Descriptors: *Child Health; Child Care; Dental Care for Children.*

RESUMO

Relatar as práticas da consulta odontológica durante a puericultura no município de Pereiro-CE. Relato de experiência descrito por profissionais das áreas de enfermagem e odontologia, de março a setembro de 2022. Foram realizadas 136 puericulturas de 0 a 2 anos. Como método de coleta de dados, foi utilizado diário de campo, resultando que: apenas 13% realizavam limpeza da boca da criança na ausência dos dentes; iniciar a escovação com escova no rompimento do primeiro dente - apenas 18% realizavam; usar creme dental com flúor na escovação - apenas 8% realizavam; e todas as mães desconheciam a informação que o aumento da oferta de frutas previne a cárie. Por fim, implantar na rotina da unidade a puericultura odontológica. E o "frio da cadeira odontológica" se transforma em sorrisos, assim considerando esse trabalho inovador e relevante para que crianças possam ir do berço à cadeira odontológica com segurança, apoio e livre de medos.


Descritores: *Saúde da Criança; Cuidado da Criança; Assistência Odontológica para Criança.*


RESUMEN

Informe sobre las prácticas de las citas dentales durante las visitas pediátricas en el municipio de Pereiro CE, Brasil. Informe de experiencia descrito por profesionales de enfermería y odontología, de marzo a septiembre de 2022. Se realizaron 136 visitas pediátricas para niños de 0 a 2 años de edad. Se utilizaron diarios de campo como método de recolección de datos. Se encontró que: solo el 13% limpiaba la boca del niño en ausencia de dientes; iniciar el cepillado con un cepillo dental cuando erupcionó el primer diente lo hizo solo el 18%; el uso de pasta dental con flúor en el cepillado lo hizo solo el 8% y todas las madres desconocían la información de que un mayor consumo de frutas previene las caries. Finalmente, se implementó la odontología pediátrica en la rutina de la unidad. Y la "silla dental fría" se transforma en sonrisas, considerando así este trabajo innovador y relevante para que los niños puedan ir de la cuna a la silla dental de forma segura, con apoyo y sin miedo.

Descritores: *Salud Infantil; Cuidado del Niño; Asistencia Odontológica para Niños.*

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INTRODUCTION

The family health strategy (FHS), the main gateway of the user in the unified health system (SUS), emerged as a family health program in 1994, bringing the national policy of primary care (PNAB) as the ordering of the program and its practices. Thus, the FHS has been consolidated as an important strategy to achieve the principles and guidelines of the SUS, bringing primary care closer to the family and community.¹

Childcare is a FHS program focused mainly on the aspects of prevention and health promotion of children. It acts in the sense of keeping the child healthy to ensure its full development, so that it reaches adult life in a healthy and trouble-free way. In the routine of childcare, actions to monitor child growth and development are performed by a doctor and nurse from the Family Health team. They include anthropometric measurements, assessment of neuropsychomotor development, guidance on breastfeeding, complementary feeding, immunizations, hygiene and adequate stimuli.²

Launched in 2000, an ordinance No. 267 of the Ministry of Health guaranteed the inclusion of oral health teams (OHT) in the FHS, strengthening multidisciplinary care in the units, thus providing the presence of the dentist as part of them. In the OHT are inserted dental professionals (dentist, oral health assistant or oral health technician) who together with other primary care professionals (nurses, doctors, nursing technicians, community health agent) strengthening and enhancing the teams that make up the FHS.^{3,4}

Dentistry has an important role to the first care, because the sooner the prevention begins the better the long-term result will be, in this way it emphasizes the beginning of the care of the newborn, observing from the lingual frenulum as soon as it is born, as the prevention of oral diseases, deleterious habits to health, facial abnormalities such as cleft palate of the newborn, bone and facial muscle development, as well as teething care and continuous care.⁵

The dentists' consultation is not mentioned as a routine childcare consultation, where this issue often goes unnoticed by the family health teams, and this preventive care is outside the care of dental professionals, thus making it necessary to include in the routine of these professionals the family health strategy.

During routine nursing childcare, she observed many doubts of the mothers regarding hygiene and care related to the baby's mouth, chronology of tooth eruption, feeding, correct brushing technique and the right time to start brushing. These doubts that nursing professionals are often not able to answer, requiring help from the professional trained for this subject, in this case the dental surgeon.

In this way, a multidisciplinary work was carried out including the Dental Surgeon in the routine of childcare care, during the consultations where we noticed, in addition to the engagement of the family with the professional, many children ceased to be afraid of the dental chair, facilitating the conduct and clinical care when necessary.

In the clinical day to day of the dental consultation and in the epidemiological examinations developed in the schools, the children already present a high index of the presence of caries in the initial ages and in the milk teeth, which reveals the need to work the dental childcare since the birth of the child in all its stages of development.

There is still a culture that the tooth is milk and will fall later, however those responsible do not know the risks and problems that this can entail, such as changes in the size of the dental arch, which leads to chewing and aesthetic consequences, problems in speech, occlusion and delay in the eruption of the permanent tooth.

Thus, this article aims to report the practices of dental consultation during childcare in the city of Pereiro CE.

METHODS

The present experience report is characterized as the record of professional experiences, whose main characteristic is the description of the intervention performed. It maintains this descriptive character, since it describes phenomena and establishes possible causal relations from the action developed. The experience

report has great relevance for the health area, as it allows to document and reflect critically on professional practices.⁶

This experience was restricted to the activities developed at the ESF Dona Lili, located in the municipality of Pereiro, metropolitan region of Fortaleza, Ceará. The ESF Dona Lili is characterized by being an area of rural and urban coverage, with a population of 3120 users and 1127 registered families. It consists of the entire list of primary care services, with a team composed of a nurse, a doctor, a dentist, an oral health technician, two nursing technicians and eight health agents.

The period of experience was March to September 2022, described by health professionals in the areas of nursing and dentistry. The participants of the experience constitute 136 childcare consultations of children from 0 to 2 years old attended at the FHS Dona Lili.

The data collection method used was the field diary, an instrument commonly used in qualitative research. The field diary consists of notes made by the researcher about his experiences, observations and reflections obtained through immersion in the context studied. This type of experience is carried out in three stages: First stage is the insertion in the group, where the dental surgeon is inserted in all childcare consultations; in the second stage is data records in field diaries, where the field diary is characterized as a data collection instrument and third stage which is the systematization and organization of data⁷.

RESULTS

FIRST MOMENT

Routine nursing childcare consultations are held every Friday with children from 0 to 2 years old registered at the health unit, scheduled according to their date of birth. Children undergo an evaluation of growth and development in certain periods which are: at birth, 7 days of birth, 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 1 year and 6 months and 2 years.

Childcare appointments were scheduled monthly by the nurse, according to the age of the children registered at the unit. The babies were called to attend the basic health unit in order to perform evaluation of growth and development, in addition to receiving guidance on health care. Dental consultations, on the other hand, occurred by referral from nursing, and children from 1 year of age, with the presence of teeth, or 2 full years of age, were prioritized. Children with some apparent oral alterations were also referred for evaluation and conduction of dental treatment.

After the dental chair suffered a breakdown and the activities of the dentist were temporarily suspended, the opportunity arose to perform multidisciplinary joint care between the nurse and the dentist during the childcare consultations. On the first Friday after the event, all children with appointments scheduled that day were attended in an integrated manner by the nurse and dentist.

In view of the benefits observed with this joint approach, such as greater comprehensiveness and problem-solving capacity of care, this practice was incorporated as a routine in the unit's childcare services. Since then, during the childcare consultations, not only the general clinical evaluation of the child by the nurse has been performed, but also the oral examination by the dentist, in addition to unified guidance on general and oral health.

In the first phase of the experiment, 136 childcare consultations were conducted from March to September 2022 with the nurse and dentist in a multidisciplinary manner.

In childcare for newborn children, the nurse's evaluation of growth and development was performed and, subsequently, the dentist evaluated the presence of the lingual frenum, because we know that depending on the intensity of the brake the child may have difficulty breastfeeding, where it causes the child not to gain weight, frequent choking and pain in breastfeeding. Frenectomy surgery should be done.

At the time, the dentist advised the use of gases, clean and dry diapers, separated specifically for this purpose, wrapped in the index finger soaked in saline or filtered water, performing gingival massage after night breastfeeding (especially moms who use formula) for children who did not yet have teeth.

For children up to 6 months, topics such as tongue and border hygiene were added and addressed, where the technique and procedure have been mentioned previously. It was talked about the period of rupture of the teeth, because, in this phase, the child may have symptoms such as: fever, difficulties to eat.

They become irritated and more aggressive than usual because of the pain and swelling in the gums. Where symptoms usually appear three days before the tooth is born (but it depends a lot on the case, it can last more or less time). You have been informed of the measures that can help relieve symptoms, one of them is to wash your hands thoroughly and rub one of your fingers on the child's gums for a few minutes, or use topical anesthetics according to the dentist's guidance.

For children aged 6 to 9 months, the introduction of brushing was addressed. Where of the 82 children evaluated only 16 had already started, the others were not aware that they could already start, because it was a milk tooth and that it would fall later.

In addition, it was talked about the diet, which foods could be introduced, especially the use of fruits, where consuming foods rich in fiber maintains the flow of saliva, which helps create mineral defenses against caries. Nuts like dates, raisins, figs and fresh fruits like bananas, apples and oranges are good sources of fiber. Use of bottle, pacifier and habits of sucking the finger, which can cause problems of bone development, which leads to cause crooked teeth and other problems.

Of the children who already had teeth in the mouth, it was instructed the amount of toothpaste that should be inserted, where less than 2 years equals half a grain of rice, 2 to 5 years equivalent to a grain of rice, 6 years 1 grain of pea and never enter the total corresponding to the size of the brush. Size of the brush, which should be small, soft and toothpaste, where it should never be used without fluoride, and should follow the recommendation of the association of pediatric dentistry and other organs, and should be used above 1000 ppm of fluoride.

The 2-year-old children, in addition to all the subjects already mentioned, subjects such as the average time in which the teeth will be born were discussed, where I mentioned the chronological order of eruption, starting with the lower central incisors, upper central incisors, upper lateral incisors, lower lateral incisors, upper first molars, lower first molars, upper and lower canines. Subjects such as what to do in case of an accident, because at this stage the child already begins to take the first steps, walk alone and accidents can happen.

In the case of permanent tooth, put the tooth in milk, physiological solution or even in saliva as soon as possible, because time is critical for the success of the treatment, in addition to seeking the dentist as soon as possible.

SECOND MOMENT

The second moment consisted of the registration in a childcare form attached to the medical record of each child. This form served as a field diary, containing information such as: presence of altered lingual frenum, oral hygiene of the baby, guidance given to parents about oral health care, use of pacifier and bottle, signs and symptoms of tooth eruption and management, number of teeth erupted, if the child already performed brushing, amount of paste and presence of fluoride in the toothpaste, among other relevant information.

The standardization of records through the childcare form made it possible to collect structured data on the oral health of each child over time. In addition, the form served as a source of information for the planning of educational and preventive actions, aiming at the promotion of children's oral health. Thus, the use of the form as a field diary was an important tool for systematization of dental care and follow-up integrated with childcare.

THIRD MOMENT

In the third moment, the information was compiled to build a profile of the children from 0 to 2 years old attended at the unit during these six months.

Figure 1 – profile of children attended in dental childcare.

	Already performed	Oriented to perform
Cleaning the child's mouth even in the absence of teeth	13%	87%
Start brushing with a brush as soon as you break the first tooth	18%	82%
use fluoride toothpaste when brushing	8%	92%
Increased fruit supply to prevent caries	0%	100%

Source: Compiled by the author

During the period of integrated childcare consultations, it was possible to perceive greater demand and adherence of parents to joint care with the dentist. When doubts related to children's oral health arose, the mothers were more comfortable and safer with the guidance provided by the dentist.

This experience showed that most mothers and guardians do not have the habit of taking their children to regular dental appointments, seeking care most of the time only in cases of pain. The integration of dental evaluation with childcare, which already consists of a periodic routine for the family, facilitates addressing issues of oral health promotion collectively and establishing continuous monitoring.

Thus, it is possible to guide as to the importance of preventive dental consultations, reducing the fear and paradigms in relation to dental treatment. Thus, it contributes to full child growth, since comprehensive oral health begins from early childhood.

Among the limitations observed, it was identified that the dentist's agenda is still very focused on clinical procedures, to the detriment of collective actions of promotion and prevention in oral health. It is pointed out the need for training of professionals and reorganization of work processes in order to improve child dental care.

The results of this study have important relevance for public health, as they point out benefits of incorporating oral health promotion actions into childcare routines in Primary Care.

This integrated approach has several positive impacts:

- Expands children's access to oral health, given the greater reach of childcare compared to isolated dental consultations;
- Promotes early detection of diseases and timely intervention, which reduces complications and sequelae;
- It integrates general and oral health guidelines, with greater coherence and ability to cope with the determinants and risks to health;
- Creates early environment of the child to dental services, reducing fear and resistance;
- It strengthens the bond and co-responsibility of parents in the integral care of their children.
- It signifies the practice of professionals for a model centered on surveillance and health promotion.

Thus, the incorporation of integrated routines of attention to children's oral health in the scope of childcare can have a great impact on the prevention of diseases, improvement of oral health indicators and implementation of comprehensive and humanized care from early childhood.

DISCUSSION

Childcare, as child care, began to be implemented in the SUS after the 1980 conference, with the linking and creation of Primary Care and primary health care. Public policies focused on children's health were emerging, so childcare became inclusive, collaborative, intersectoral and child-centered.^{8,9} According to the authors cited, the implementation of childcare within the scope of the SUS represented an important advance in the promotion of child health, allowing monitoring and early detection of diseases. Childcare enables careful evaluation of child growth and development, with impacts on reducing mortality and improving quality of life

Moraes complements in his work that the childcare consultation in the context of primary health care is of great relevance and aims at a careful monitoring of the growth and development of the child by the health team.¹⁰

In addition, it is defined as monitoring of the child and in its historical concept is related to a science that adds knowledge of physiology, hygiene, nutrition, development and behavior of the child, directly influencing the reduction of infant mortality and quality of life.⁹

In Barbosa's article, it also brings the development of dentistry in primary health care with a predominance of clinical and traditional practice, requesting from the management of the SUS health policies and training for the dentist to develop educational and multidisciplinary activities.⁵

WC Carvalho mentions in his work that caries disease is a global public health problem, however it should be considered as a disease that can be controlled and avoided, he also mentions that one of the ways to avoid the disease is awareness through the education of parents and the multidisciplinary team in relation to the disease. It describes that preventive guidance is essential for the promotion of life and that this orientation should be part of the dental prenatal care for pregnant women.¹¹

The visit to the dentist already in the first year of life is justified, above all, by the maintenance of their oral health and also by the fact that the children grow up already acclimated with the offices, besides that the sooner the preventive care begins, the greater the chances of a healthy growth of the child in all its phases of evolution.¹

CONCLUSION

The incorporation of dentistry into the childcare routine carried out in Primary Care has the potential to positively impact oral health indicators in the child population, as demonstrated by the results of this professional experience. Improving access to dental guidance in early childhood has a direct impact on public health, potentially increasing the prevention of oral diseases, reducing the need for future clinical treatments and contributing to the adoption of good oral hygiene habits by the community in a sustainable way. The experiences reported strengthen the need for effective integration of dentistry into the care provided by Family Health teams.

The limitations found in the study were the agenda of the dental professional focused on clinical care or with great demands, absenteeism of children, professional qualification for childcare in dentistry considering that it is not a routine practice in dental practice.

The results of this study of professional experience have important implications for public and collective health, especially in the context of Primary Health Care. The incorporation of dental consultation in the childcare routine performed by Family Health teams can contribute significantly to the promotion of children's oral health, prevention of diseases such as caries and orthodontic problems, formation of good hygiene habits from early childhood.

The benefits in terms of reducing the costs of curative dental treatments in the future should also be considered within a public health perspective. Therefore, successful experiences such as this professional experience can serve as a model for implementation in other health units and municipalities, with positive results for the collective oral health of the population.

However, it is necessary new experiences on the subject, implementation in more health teams and acceptance of managers, in order to standardize the theme and provide teams or days so that care can occur by nursing and dental professionals. Implanting dental childcare in the daily routine of the unit with the presence of the dental surgeon during nursing care will generate greater adherence. And the "cold of the dental chair" turned into smiles, thus considering this innovative, significant and relevant work so that these children can go from the crib to the dental chair safely, supported, free of fears and with confidence in the whole team.

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