

INTERPROFESSIONAL ACTION OF DENTISTRY IN CHILDCARE

ATUAÇÃO INTERPROFISSIONAL DA ODONTOLOGIA NA PUERICULTURA

ACCIÓN INTERPROFESIONAL DE LA ODONTOLOGÍA EN LA PUERICULTURA

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ABSTRACT

Objective: The purpose of this study is to report dental consultation practices integrated with interprofessional childcare services. **Methods:** The practice setting was a basic health unit in Paracuru-Ceará, Brazil. Weekly consultations were carried out between August and September 2024, treating 15 children aged 0 to 2 years. Three were selected for reflective analysis. Based on the systematization of experiences, practices were correlated with scientific evidence. **Results:** Ill-founded beliefs among caregivers were found, leading to poor oral health habits. A more dynamic collaboration was observed between the nurse compared to the physician. **Final Considerations:** It was concluded that the dentist's role in childcare is crucial, particularly through knowledge sharing within a multidisciplinary team focused on health promotion.

Keywords: *Interprofessional Relations. Child Care. Dentistry. Child Health.*

RESUMO

Objetivo: Objetivou-se com este estudo relatar práticas de consultas odontológicas integradas ao atendimento interprofissional de puericultura. **Métodos:** O cenário de prática foi uma unidade básica do município de Paracuru-Ceará. Realizaram-se consultas semanais entre agosto e setembro de 2024, tendo sido 15 crianças atendidas na faixa etária de 0 a 2 anos. Dessas, foram selecionadas três para análise reflexiva. A partir da sistematização das experiências, correlacionou-se a prática às evidências científicas levantadas. **Resultados:** Constataram-se crenças mal fundamentadas das cuidadoras, acarretando maus hábitos de saúde bucal. Observou-se, ainda, uma maior dinâmica colaborativa com a enfermeira em comparação à profissional médica. **Considerações finais:** Concluiu-se que a atuação do odontólogo é essencial na puericultura a partir do compartilhamento de saberes com a equipe multiprofissional, com vistas à promoção de saúde.

Descritores: *Relações Interprofissionais. Puericultura. Odontologia. Saúde da Criança.*

RESUMEN


Objetivo: El objetivo fue relatar las prácticas de consulta odontológica integradas con la atención interprofesional. **Métodos:** El escenario de práctica fue una unidad básica del municipio Paracuru-Ceará. Se realizaron consultas semanales entre agosto y septiembre de 2024, atendiendo 15 niños, de 0 a 2 años. De ellos, tres fueron seleccionados para el análisis reflexivo. A partir de la sistematización de experiencias, se correlacionó la práctica con la evidencia científica. **Resultados:** Se encontraron creencias infundadas de los cuidadores que conducen a malos hábitos de salud bucal. Hubo una mayor dinámica colaborativa con el enfermero, en comparación con el profesional médico. **Consideraciones finales:** Se concluyó que el papel del odontólogo es fundamental, basado en compartir conocimientos con el equipo multidisciplinario, con miras a promover la salud.

Descriptores: *Relaciones Interprofesionales. Cuidado del Niño. Odontología. Salud Infantil.*

INTRODUCTION

The Family Health Strategy (ESF) aims to promote the overall health of users in assigned territories through multiprofessional teams responsible for the health maintenance of a defined population. This model provides interventions based on the social determinants of health. In this context, childcare assumes an important role. It is part of the ESF program focusing on the prevention and health promotion of children

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through the monitoring of child development by multidisciplinary teams. The role of the dentist in the ESF was regulated by Ministry of Health Ordinance No. 267/2000, which ensured the inclusion of Oral Health Teams (ESB), enhancing the multiprofessional aspect of assistance in primary healthcare units. These teams consist of dental professionals who work alongside other healthcare professionals in Basic Care.

Thus, oral health work is essential in preventive strategies for early care of children up to 24 months, as early adoption of good oral health habits significantly reduces the likelihood of oral diseases in later stages of life. However, despite the importance of dental professionals, dental consultations are still not a standard routine in childcare procedures, and often are not prioritized by family health teams. In this context, Resolution No. 3/2002 by the National Education Council (CNE) updated the National Curriculum Guidelines (DCN) for Dentistry courses in Brazil to align dental education with SUS (Unified Health System) needs. This led to greater integration of Dentistry into ESF, prioritizing the work of multiprofessional teams for health promotion and comprehensive care.

Nevertheless, it is often observed that, from the formation process, dentists primarily focus on clinical procedures, leaving collective actions related to oral health education and promotion in the background. Therefore, the restructuring of work practices to improve pediatric dental care is essential. Primary healthcare allows for closer ties with users, periodic and multidisciplinary follow-ups, comprehensive care, and health promotion with the individual and integrated perspectives of each professional. Therefore, it is highly relevant to propose a multiprofessional approach to childcare, including the dentist as part of the family health team.

Thus, this study is justified by the need for the prevention and maintenance of children's oral health through dental evaluations and guidance during childcare consultations. The general objective of this study is to report a personal experience based on integrated dental consultations within interprofessional childcare services.

METHODS

This is an experience report, intended to share personal experiences, detailing the context, actions taken, and lessons learned. The focus is on sharing practice with the aim of inspiring or guiding similar practices in other contexts. The practice setting was a Basic Health Unit in the municipality of Paracuru-Ceará, located in the western coastal region of Ceará state, 90 km from the state capital Fortaleza, with a population of 38,980 inhabitants according to the 2022 IBGE Census. The unit serves 1,057 families, totaling 3,492 individuals. Interprofessional childcare consultations were conducted weekly between August and September 2024, with 15 children aged 0 to 2 years treated. Three children were selected for description and reflective analysis. The selection was based on the relevance of these cases for the discussion. Data were collected through qualitative observation during consultations and subsequent recording in a field diary. Experiences were then systematized.

Regarding ethical considerations, as this is a report of practical actions performed in the professional routine without the collection of sensitive data, submission to an Ethics Committee was not required. However, privacy and confidentiality were respected,

ensuring benefits for participants without harm or exposure to risk. The commitment to reporting the experience in accordance with current ethical guidelines is emphasized.

RESULTS

During the period of professional practice as a resident at the health unit, the author observed and became familiar with certain beliefs, behaviors, and attitudes of users concerning children's dental health. Many mothers and caregivers had doubts about how to properly clean and care for infants' teeth, the chronology of tooth eruption, correct feeding, brushing techniques, when to start brushing, and other related issues. During the intervention, it was possible to observe the effects of common oral health practices carried out by the children's caregivers.

The first consultation described was for a six-month-old child who had only one tooth. The child's mother was instructed on recommended oral health practices for babies who had already had their first tooth erupt, such as using the smallest available soft-bristled toothbrush due to the child's sensitive gums, applying fluoride toothpaste the size of a small grain of rice, and brushing three times a day. Additionally, it was emphasized that finger brushes, typically made of silicone or similar material, are useful only for massaging the gums and stimulating blood flow, not for brushing the teeth as often believed.

During this consultation, the importance of using fluoride toothpaste was reinforced, explaining its role in fighting cavities and protecting tooth enamel. The pediatrician and nurse also discussed the importance of administering iron supplements (ferrous sulfate) to the child, and the mother inquired whether such supplements could stain the teeth. It was explained that with proper guidance, iron supplementation does not cause tooth discoloration.

The second consultation described was for a one-month-old child with no teeth. Guidance was provided on cleaning the child's gums with gauze soaked in filtered water. It was also mentioned that using a finger brush could help relieve discomfort and itching associated with the early stages of tooth eruption.

The third consultation described was for a child aged 10 months with four teeth, who had never received dental care. The mother reported that the child's diet was no longer exclusively breast milk but included fruits and soups. She was instructed on proper oral hygiene, emphasizing the importance of the first dental visit. In parallel, it was observed that, during the interprofessional childcare consultations, the nurse appeared to be more aligned with the interprofessional collaborative model than the physician. The nurse always requested notes on the guidance provided so she could replicate it during future consultations, while the physician initially seemed more distant and focused on medical practices without as much interest in sharing knowledge and practices.

DISCUSSION

Based on the presented reality, it was observed that several ill-founded beliefs about children's oral health led to poor hygiene practices by caregivers. Additionally, aspects of the multiprofessional approach were noted, particularly with the nurse's greater engagement compared to the physician's.

A recurrent behavior among many caregivers of children under 24 months was the exclusive use of finger brushes even after the eruption of the first teeth. This habit is based on the belief that finger brushes and toothbrushes have the same effect. There is also the misconception that oral hygiene is unnecessary at this stage because primary teeth "will soon be replaced by permanent ones." This neglect can lead to risks such as changes in the dimensions of the dental arch, affecting aesthetics, speech, occlusion, and delayed eruption of permanent teeth.

Such cases highlight the harmful effects of widespread misconceptions that lack scientific support. Research by Balasooriyan et al. examined parents' perspectives on children's oral health, revealing that, due to families' complex daily realities, there is resistance to establishing and maintaining healthy oral hygiene habits. The goal is to encourage behavioral changes in families through preventive guidance during interprofessional consultations.

In terms of inadequate oral hygiene for children under 2 years, a study by Santos, Cruz, and Fontes revealed that many children under 24 months use nighttime bottles and do not receive oral hygiene despite high sugar intake from six months of age, aligning with the experiences shared in this report.

Regarding collaborative practices, it became clear that the nurse was more receptive to interprofessional relationships compared to the physician, which may stem from differences in medical training, which often lacks integration with other healthcare disciplines. Silva et al. confirm that interdisciplinary practice is still a distant reality in ESF, with or without ESB, due to challenges in implementing a well-coordinated, systemic multidisciplinary approach.

FINAL CONSIDERATIONS

Based on the experiences reported here, it can be concluded that the integration of ESB in the family health team is crucial. The multiprofessional approach allows for an interdisciplinary approach that facilitates knowledge sharing and the essential aspects of oral health education for children and caregivers. Despite advancements in the interprofessional role of the dentist in primary care, integration still faces many challenges, especially due to compartmentalized training in healthcare, which traditionally lacks a comprehensive view of health. Limitations of this study include the difficulty in coordinating multiprofessional consultations with the three professionals (physician, nurse, and dentist) due to discrepancies in schedules.

Finally, this study was designed to provide a theoretical contribution to family health teams, specifically in providing care for children. It is hoped that it offers an internal perspective on how oral health is integrated into ESF during interprofessional childcare consultations.

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