



CDA Position on **Early Childhood Caries**

The Canadian Dental Association (CDA) recognizes that early childhood caries (ECC) is a complex and multifactorial chronic disease that is heavily influenced by biomedical factors (diet, bacteria and host) and by social determinants of health. ECC is defined as the presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child, i.e., between birth and 71 months of age. The advanced form of this disease (severe early childhood caries, S-ECC) has raised concerns among health professionals and the public, and overall management strategies should be devised to provide early assessment, prevention and treatment of ECC so it does not progress to S-ECC.

ECC is an infectious, transmissible, diet-dependent disease that may begin soon after dental eruption and that may progress rapidly. It has a lasting detrimental impact on both primary and permanent teeth. ECC is the most common childhood disease and is often accompanied by serious comorbidities affecting children, their families, the community and the health care system. Some of the potential consequences of ECC are acute and chronic pain; interference with the child's eating, sleeping and proper growth; tooth loss and malocclusion; increased expenses for dental care throughout life; and compromise of general health. Despite continued efforts to better understand the etiology of ECC and despite advances in prevention, the prevalence of ECC in Canadian preschool children is a growing concern. Dental surgery for ECC under general anesthesia is the most common day surgery procedure at most pediatric hospitals in Canada.

Combined efforts, including early dental visits (i.e., by 12 months of age), timely risk assessment, appropriate therapeutic interventions and preventive counselling of parents (to provide anticipatory guidance), are essential in reducing the risk of ECC.

CDA encourages dental assessments of infants within 6 months of eruption of the first tooth and no later than 12 months of age. At the first dental visit, the infant's risk of caries should be assessed and discussed with a parent or caregiver. Appropriate preventive interventions need to be planned to take into account any social challenges that the family may be experiencing and must be culturally appropriate. Health care professionals and all other stakeholders in children's oral health should support the identification of a "dental home" for all infants by 12 months of age. Dentists should recognize the importance of a first dental visit by 12 months of age. Dentists who choose not to perform this vital service have a professional responsibility to ensure that young children are connected with colleagues willing to see them by the time they reach this developmental milestone.

CDA recommends a multidisciplinary approach to controlling ECC. Health care providers who detect ECC should refer the patient to an appropriately trained dental professional for further

diagnosis, risk assessment and management. Immediate care is necessary to reduce further damage and prevent subsequent health problems. Preventive and therapeutic measures such as optimizing home care, interim therapeutic restoration, more frequent dental visits with regimented applications of topical fluoride (e.g., fluoride varnish) and full crown coverage are often necessary. The patient's developmental level and comprehension skills, as well as the extent of the disease process, must be assessed to determine the need for advanced behaviour guidance techniques, sedation or general anesthesia.

CDA encourages an understanding of health care as something to be provided to the individual throughout the life span, with early childhood oral health providing a foundation for lifelong oral health. CDA recommends the use of a variety of educational sources and tools, including social networking media to inform the public, dental professionals and allied health professionals about ECC. CDA supports existing public dental health programs directed at young children, as well as sustainable community-initiated approaches that assess better oral health and encourage better oral health practices for high-risk expectant mothers, infants and toddlers.

CDA Board of Directors
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