



World Federation of Public Health Associations
Fédération mondiale des associations de santé publique
Federación mundial de las asociaciones de salud pública

Oral Health for Children

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Every child has a right to good oral health. Oral health problems in children can impact on many aspects of their general health and development, causing substantial pain and disruption to their lives and often altering their behaviour. Oral health is an integral part of overall well-being and essential for eating, growth, speech, social development, learning capacity and quality of life.

To promote oral health every child should have access to:

- Oral health education including oral hygiene instructions and dietary advice, and access to affordable toothbrushes and toothpaste containing fluoride as soon as the first primary tooth erupts
- Preventive interventions, appropriate to the infrastructure and priorities of the country, which may include dental sealants, community fluoridation, and regular fluoride varnish applications
- Treatment of early stage decay to stop it from progressing to cavities, and treatment of dental cavities, acute pain and other oral diseases
- Environments that eliminate advertising of unhealthy foods to children.

Through good oral health all children will have an equal opportunity to thrive and reach their full potential for a promising future.

Evidence base

1.0 Introduction

Dental caries is the most common chronic condition in childhood. Worldwide it affects 60-90% of schoolchildren in industrialized countries. Reducing risk of dental caries can be achieved through the use of topical fluorides from several sources. It is clear that fluoride toothpaste is the most efficacious and readily available intervention across the world, although higher risk populations can also benefit from the application of fluoride varnish or other preventative measures.

2.0 Oral hygiene and fluoridated toothpaste

Regular tooth brushing with fluoridated toothpaste reduces both caries risk and gingival inflammation by mechanically removing food debris and cariogenic bacteria. In addition, the fluoride effect promotes the restoration of mineral to tooth sites that have been softened by decay.

3.0 Dental sealant

Studies found that resin-based sealants can induce a reduction in dental caries experience of around 90 percent after 12 months and 60 percent at 48–54 months. Any primary or permanent tooth judged at risk would benefit from sealant application.

High-risk pits and fissures should be sealed as soon as possible. Sealants also slow caries progression if the lesion is not cavitated.

4.0 Fluoride varnish

Many clinical trials have confirmed the anti-caries effect of professional topical fluoride treatments, including 5% neutral sodium fluoride varnish. Fluoride varnishes can prevent or reverse enamel demineralization. In children with moderate to high caries risk, fluoride varnishes and fluoride-releasing restorative and bonding materials have been shown to be highly effective in stopping and hardening existing decay and reducing the risk of new decay and are best utilized as part of a comprehensive preventive program in the dental home.

When a dental home cannot be established for individuals with increased caries risk as determined by caries risk assessment, periodic applications of fluoride varnish by trained non-dental healthcare professionals may be effective in reducing the incidence of early childhood caries.

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