

## **2.6 Children's Oral Health**

The oral health of children remains one of the Government's public health priorities and is mentioned in the Public Health White Paper (2010). It has been confirmed that the oral health of five year olds will be monitored as a public health measure in future.

It is accepted that the condition of a person's teeth when they are five years old is a good predictor for their oral health in later life. It is therefore vital to promote good oral health habits from an early age.

It has been recognised that there is a link between poor oral health, determined by dental decay experience (decay that is untreated or treated by restoration or extraction of teeth) and social and economic factors with a clear link to deprivation.

Many expectant mothers are unaware of the implications of poor oral health on themselves and also their unborn baby. Evidence continues to link gum disease to pregnancy outcomes including low birth weight babies and not carrying to full term. Additionally mothers who have high levels of oral bacteria are at greater risk of infecting their children and increasing the risk of early childhood decay. Pregnancy therefore presents an ideal opportunity to inform.

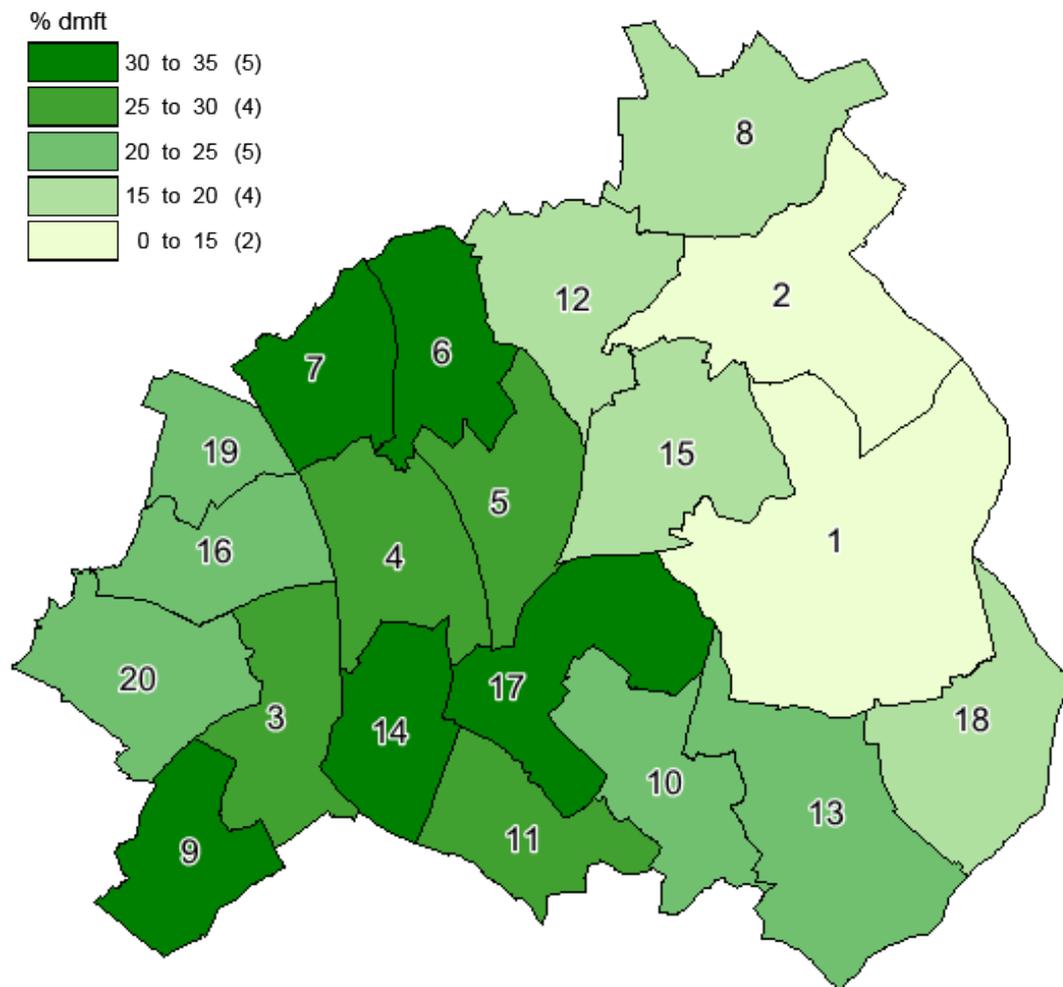
The first four years of age is a vital stage for oral health promotion for children and parents. A regular attendance at a dentist should also be established. Managing extensive dental disease in a young child can be very complex and often treatment is offered under a general anaesthetic as this is the least distressing option. Recent figures for 5 year olds with decayed / missing / filled teeth in Walsall are lower when compared regionally and nationally (2.97 compared to 3.23 and 3.45 respectively).

### **Analysis of decay, missing and filled teeth by ward**

The following map shows the distribution of the % of children with decay, missing and filled teeth (dmft) in Walsall. Although this is a good indicator, showing which wards have the largest issues and will be useful for targeting and planning, there are caveats to the data. This is a good sized study of 1,682 children, aged 5, but there is a wide range in sample size between wards, varying between 33 and 167 children. In addition, confidence intervals have not been supplied with the results, so care must be taken when interpreting results.

A correlation test was performed for each ward between the deprivation score (using IMD 2015) and dmft%. The result was a strong positive correlation, with  $r = 0.76$ .

Figure 1: % of decay, missing or filled teeth in 5 year olds (sample of 1,682 children) by Ward (2014/15)



Source: Public Health England

Key to wards in the above map:

1 Aldridge Central and South	11 Palfrey
2 Aldridge North and Walsall Wood	12 Pelsall
3 Bentley and Darlaston North	13 Pheasey Park Farm
4 Birchills Leamore	14 Pleck
5 Blakenall	15 Rushall-Shelfield
6 Bloxwich East	16 Short Heath
7 Bloxwich West	17 St. Matthews
8 Brownhills	18 Streetly
9 Darlaston South	19 Willenhall North
10 Paddock	20 Willenhall South

Priorities for action:

- *Pregnancy is an ideal opportunity for oral health promotion and signposting into NHS dental services. Further work is required on this.*
- *Maintain fluoridation of the water supply*
- *To raise awareness of the need for oral health improvement outside of the dental community*
- *Health visitors will have a crucial role to play as they have contact with all families with preschool children.*
- *Link dental practices with early years setting across the borough*
- *Key stage 2 curriculum has the function and care of teeth as a topic alongside good nutrition. In order to maximise this opportunity we need to ensure classroom input is evidence based and consistent*
- *Partnership between the dental profession and other agencies will underpin all efforts to improve oral health across Walsall.*