# Key Oral Health Messages

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Birth - Two Years</th>
<th>Three - Five Years</th>
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<tbody>
<tr>
<td>Make an appointment to have your teeth cleaned and checked and get any needed dental treatment completed.</td>
<td>Brush baby’s teeth twice daily with a smear of fluoride toothpaste beginning when the first tooth comes in.</td>
<td>Brush your child’s teeth twice daily with a pea-size amount of fluoride toothpaste.</td>
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<tr>
<td>Ask your dentist what you can do to lower the bacteria that cause cavities in your own mouth.</td>
<td>Make sure your baby receives 4 fluoride varnish treatments between the ages of 9-24 months.</td>
<td>Make sure your child receives 3-4 fluoride varnish treatments a year.</td>
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<tr>
<td>Brush twice daily with fluoride toothpaste.</td>
<td>Never put baby in bed with a bottle and wean from the bottle around 12 months of age.</td>
<td>Limit the amount and frequency of sweet drinks and food like chips, crackers, and sticky candies like fruit roll-ups.</td>
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<tr>
<td>Eat a healthy diet and limit sweets and other refined carbohydrates.</td>
<td>Lift the lip and look for chalky white or brown spots. If you see any signs of cavities, go to the dental clinic.</td>
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## About Health Education…

Education alone is not a best practice. Effective health education includes motivational interviewing, demonstrations, goal setting, and reinforcement.
Setting Goals

Child’s Name ________________________________

Healthy Snacks

Less candy and junk food

No soda pop

Brush twice daily with fluoride toothpaste

Drink tap water

Regular dental visits for child

No bottle in bed

Wean off bottle

Fluoride Varnish 3-4 times/year

On a scale of 1-10, how confident are you that you can accomplish this goal?

1  2  3  4  5  6  7  8  9  10

Not likely  Definitely

Date ___________________________    Signature ________________________________

Comments _____________________________________________________________________________________________

Staff initials ____________________    Review Date _______________

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