

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Y 1,000 diwrnod cyntaf | First 1,000 Days
FTD 07
Ymateb gan: Cymdeithas Ddeintyddol Prydain Cymru
Response from: British Dental Association Wales

1. BDA Cymru Wales is pleased to provide a response to the National Assembly consultation on the First 1,000 Days by the Children, Young People and Education running until Friday the third of February 2017. The British Dental Association (BDA) is the voice of dentists and dental students in the UK. We bring dentists together, support our members through advice, support and education, and represent their interests. As the trade union and professional body, we represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research.

2. *Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy).*

We believe that during pregnancy women need to take care of their health, including oral health. There is a greater association between low birth weights and pre term delivery of babies in pregnant women with uncontrolled gum disease and poor oral hygiene¹. Hormonal changes in pregnancy cause a more aggressive response to normal oral bacteria, resulting in a greater incidence of bleeding gums which if not managed appropriately can be the precursor to gum disease with its own increased risk of diabetes, heart disease and their associated complications¹. Mouth ulcers or canker sores are common during pregnancy due to hormonal changes and stress. If an ulcer persists for more than two weeks it is vital that a dentist appointment is made. There have been cases where GPs have been visited in place of a dentist, and resulted in mouth cancer in pregnant women going undetected until a dentist referred them to a specialist². It is vital that pregnant women take care of their oral health for the overall health of themselves and their child. We would also recommend posters being on display in dental practices encouraging pregnant women to get the flu jab. Oral health is a key part of overall health the dental environment is an opportunity to promote overall health.

3. *Deliver improved child health outcomes across Wales (for example prevention of obesity and the promotion of health-enhancing behaviours for every child such as eating a well-balanced diet, playing actively, and having an appropriate weight and height for their age and general health).*

Counter-Fraud in Wales have been questioning why babies are being seen by dental practitioners, yet in England, check-ups to be carried out on babies to be done by the age of one are being encouraged. By the age of five, 59% of Welsh children have experienced clinical dental decay³. By the time Welsh children are 15, they are 60% more likely to have dental decay than their English counterparts³. We believe that from the age of 6 months children should have regular dentist visits and should be using fluoride toothpaste twice daily.

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The family appointment is now under attack with dentists facing immense pressure to stretch recall times to 2 years, which may not always be best for the patient. Lifestyle can change drastically in two years. A woman could have 2 children in the time between appointments. This stretching of recall times is also not helpful for getting all family members to regularly attend appointments and to get the oral hygiene message properly embedded. The number one reason children aged 5-9 were admitted to hospital is for tooth extraction under general anaesthetic due to tooth decay⁴. This was the reason 8,904 Welsh children were admitted in 2014⁴. If oral health could be addressed in the first 1,000 days this problem would decrease as healthy oral hygiene habits would take root. Family appointments and dental check-ups for babies are a vital aspect of tackling the poor oral health epidemic in Wales.

4. *Tackle child health inequalities, with a specific focus on child poverty and disabled children.*

Poor oral health is too often synonymous with child poverty. Eligibility for school meals was used in the 2013 Child Dental Health Survey to indicate relative deprivation. The study found that by the time children eligible for free school meals reached 15, they were more than twice as likely to have tooth ache in the last 3 months³. The most deprived area of Wales, Caerphilly⁵, also had the second largest percentage of children with untreated decayed teeth⁶. There are huge child oral health inequalities in Wales that need to be addressed. Primary school-aged children in Wales are experiencing substantial oral health disparities; failure to address this can lead to further inequalities and negative impacts. Studies show primary school aged children with poor oral health are more likely to have problems at school, fail to complete all required homework, and miss 1 day of school a year more than children with good oral health⁷. Child poverty effects children's oral health and their academic achievement. Allowing children in poverty access to oral health care in the first 1,000 days is essential to stop this pattern.

5. *Support effective child development and emotional and social well-being - specifically interventions that are delivered outside the health service which can help to detect and address developmental delays.*

Building healthy habits in the first 1,000 days is vital to maintaining oral health in later childhood and beyond. Children of comprehensive school age receive very little guidance on oral health, plus many are suffering many years of bad habits because there is hardly any oral health intervention from the age of 6. Poor oral health can have negative social and emotional impacts. Currently, many adolescents feel their daily life is impacted by their oral health, with 54% reporting they had daily problems³, the most common being that they are embarrassed to smile or laugh. This is a very

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significant issue. Increased feelings of worthlessness and inferiority are twice as likely among adolescence with dental problems⁸. They are also more likely to feel unhappy and show reduced friendliness. Instilling the importance of good oral hygiene in the first 1,000 days could benefit children's emotional and social well-being in the future.

References

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- 3) Children's Dental Health Survey (2013) Country specific report: Wales. Health and Social Care Information Centre, Last accessed 10th November 2016.
- 4) Templeton, S. (2014). *Rotten teeth put 26,000 children in hospital*. Available: http://www.thesundaytimes.co.uk/sto/news/uk_news/Health/Sugar/article1433860.ece?CMP=OTH-gnws-standard-2014_07_12. Last accessed 10th November 2016.
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- 6) Public Health Wales. (2009). *Atlas of Oral Health in Wales*. Available: http://www.cardiff.ac.uk/__data/assets/pdf_file/0011/48719/twelve-year-olds-2008-09-full-report.pdf. Last accessed 21st December 2016.
- 7) Guarnizo-Herreno CC; Wehby GL. (2012). Children's dental health, school performance, and psychosocial well-being. *Journal of Paediatrics*. 161 (6), p1153-1159.
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