

Peruvian Association of Infant's Dentistry (ASPOB)

Proposals for the Oral Health of the Infant in Latin America and the Caribbean

Declaration Lima - Peru

07-07-2007

**I International Congress and III Peruvian Encounter of
Dentistry for Babies**

July 5,6 and 7 of 2007



ROUNDTABLES FOR COMPROMISE

“Evaluation and proposals of protocols for the Oral Health of the Infant in Latin America and the Caribbean”

In the city of Lima, being Friday 06 of July 2007 under the framework of the I International Congress and III Peruvian Encounter of Dentistry for Babies at 18:00 p.m. the roundtables for compromise were installed in the auditorium of the del Círculo Militar del Perú, venue of the event.

Roundtable for Compromise Nº 1

Theme: Proposals on politics of oral health in infants

President:

Dr. Noemi Bordoni (Argentina)

Director of the Investigation Institute of Public Health of the University of Buenos Aires (UBA). Main Professor Dentistry Faculty of the UBA

Members:

C.D. Luis Arellano Lozano (Perú)

Past Decano del Colegio Odontológico del Perú y ex - Director Nacional de Salud.

C.D. Mg. Carlos Valdivieso Montoya (Perú)

Past Decano de la Facultad de Odontología de la Universidad Nacional Mayor de San Marcos y Past decano del Colegio Odontológico del Perú.

C.D. Pedro Manuel Villavicencio Gallardo (Perú)

Coordinador de salud bucal del Ministerio de Salud del Perú.(MINSA) y Jefe del Departamento de Odontoestomatología del Hospital Maria Auxiliadora.

C.D. Esp Odontopediatría Juan Noé Vives Contardo (Chile)

Profesor de Odontopediatría y Director del Diplomado de la Universidad de Talca.

C.D. Mg. Gorki José Maria Espinoza Ruiz (Ecuador)

Director Nacional del Instituto de capacitación de la Federación Odontológica Ecuatoriana.

C.D. Mg. Ana Maria Díaz Soriano (Perú)

Coordinadora Docente del Departamento de Biosocial de la Facultad de Odontología de la Universidad Nacional Mayor de San Marcos (UNMSM).

C.D. Edith Mercedes Falconí Salazar (Perú)

Docente del Post grado de Odontopediatría de la Universidad Nacional Mayor de San Marcos y Jefa de Odontopediatría de la Institución ARIE para niños Discapacitados.

AGREEMENTS

It is agreed upon to interpret the public politics as guides of action for the resolution of the problems of public interest.

Based on this, it was agreed upon to make public the following recommendations referred to the political framework and the technical-political dimensions:

1. Grant identity for the component of oral health within the state politics by their explicit incorporation in the political features, with special emphasis on the pregnant woman and the infant.
2. Establish a strategic approach to overcome, if necessary, the obstacles for the recognition of oral health and its determinants amongst the state politics.
3. Encourage the installation of great agreements amongst universities, the dentistry trade and health services so that they may act as a positive factor leading to the governmental recognition of the priority of the component of oral health.
4. Establish strategies to reduce the distance between the production of knowledge and the political decision making.
5. Recognize the community as a political actor introducing it in the political-administrative process thru its participation in the negotiations at a local level seeing its needs and expectations.
6. Identify the local needs, expectations and demands on oral health especially in pregnant women and infants.
7. Re-orientate the models of dentistry practice- investigation, clinic and negotiations- as to focalize the priorities in oral health since gestation.
8. Apply the scientific evidence tied to the context as a mechanism to fortify the perspective of oral health centered on priority groups.
9. Introduce multisectoriality as a strategy to obtain changes in the oral health of pregnant women and infants.
10. Install and/or fortify the massive means of prevention (fluoridation of waters, fluoridation of salt or salt substitutes) to control dental cavities in the pregnant woman and infants.
11. Introduce and/or fortify the rigorous epidemiological surveillance of the massive means of prevention.
12. Establish and monitor the obligation of the attention needed on oral health in the attention norms of the pregnant woman and the infant.
13. Protocolize the attention of oral health of the pregnant women and child since birth in order to rely on mechanisms that facilitate the fulfillment of the norm guaranteeing its systematic actualization according to the contextualized scientific evidence.

14. Stimulate the development of local programming by service goals at a decentralized level, creating mechanisms for the collaboration between the sectorial networks and social networks.
15. Recognize as human resources in oral health all actors that may perform in good of the oral health of the pregnant woman and of the infant.
16. Recommend the introduction and/or strengthening of the management contents in the formation of sectorial human resources to stimulate their capacity to introduce effective and efficient innovations in the different forms of dentistry practice.
17. Stimulate the formation of regional networks that tend to strengthen the positive experiences referred to oral health in the communities.
18. Stimulate leadership of the profession in decision making of politics referred to the oral health in pregnant women and in the infant.
19. Set politics and strategies of total quality in the attention of the oral health in the pregnant woman and in the infant, considering the quality of life of both in their family and social context.

Roundtable for Compromise Nº 2

Theme: Educational strategies for oral health in the infant

President:

C.D. Roberto Beltrán Neira

Profesor Emérito de la Universidad Peruana Cayetano Heredia.

Members:

C.D. Mg. PHD. Luiz Reynaldo de Figueiredo Walter (Brasil)

Presidente de la Sociedad de Odontopediatría del Brasil y Coordinador de la Maestría de la UNOPAR.

C.D. Carlos García Zavaleta (Perú)

Jefe del Departamento académico de Odontología Social de la Universidad Peruana Cayetano Heredia.

C.D. Mg. Mario Elías Podestá (Perú)

Presidente de la ASPOB y Director de la Unidad de Segunda Especialización de la Facultad de Estomatología de la Universidad Inca Garcilaso de la Vega.

PhD. Silvio Myaki (Brasil)

Profesor de Odontopediatría de la Universidad Estadual Paulista

C.D. Mg. Flor de María Pachas Barrionuevo (Perú)

Docente Coordinadora de Departamento de Odontología Social y representante de la comisión de planificación de la Universidad Peruana Cayetano Heredia.

C.D. Carlos Heredia Azerrad (Perú)

Profesor asociado de DAENA Universidad Peruana Cayetano Heredia

C.D. Marlene Seclén Núñez del Arco (Perú)

Servicio de Odontopediatría del Hospital Central de la Fuerza Aérea del Perú

C.D. Mg. Víctor Manuel Velásquez Reyes (Perú)

Jefe de la Sección de Odontopediatría de la Universidad Nacional Mayor de San Marcos.

C.D. Oswaldo Cava Arangoitia (Perú)

Jefe del Departamento Dental del Centro Ann Sullivan del Perú para personas con discapacidad y past miembro de Junta Directiva del COP.

AGREEMENTS

- 1) The University possesses the scientific, technological and humanistic resources that are necessary to formulate proposals for the integral multidisciplinary attention of the infant and of the pregnant woman.
- 2) The proposals formulated by the university must be applied for their trial and testing in the health services with the objective of validating and supporting their improvement.
- 3) The proposals validated in the practices of health services, with multidisciplinary participation, must serve as feed back to the university so that the integral multidisciplinary attention may be investigated in more advanced designs.
- 4) It is possible to obtain the acceptance of the health authorities to prioritize the attention of oral health in the pregnant woman and the infant, when they are convinced, by means of scientific evidence of the potential impact that early promotional preventive education has on the future of the population's health.
- 5) Prioritize the multidisciplinary work around the acceptance of the concept of the existence of "Dentistry for babies".
- 6) The justification of a technical scientific and humanistic nature must include the component of cost-benefit to show that the investment done for early attention of the pregnant woman and the infant produces an important saving of economical resources in comparison with the traditional way of attention.
- 7) Carry out joint actions between the university and the state.
- 8) In regards to the greater political reach that is possible, it is intended that the actors of the decisions of the State receive the information coming from the university and from the services in order to assign the priority which corresponds to integral attention of oral health to the pregnant woman and

the infant. In this aspect, the importance which the university's connection has with other services is emphasized.

- 9) The informative education to the mothers must be emphasized in the health establishments and the likes, the same that must be handed out in a simple language.
- 10) The professors of the Odontopediatrics area must assume the challenge of teaching "Dentistry for babies".
- 11) The dentistry faculties must review their curricula so that their students may have experiences in tending to pregnant women, as well as infants since the first years of professional formation.
- 12) Prioritize the concept of dental attention for babies within the universities.
- 13) Promote the academic preparation at a pre and post level in dentistry for babies.
- 14) The formation in pre grade with babies must begin as early as possible.
- 15) The contact of the student with the baby must be when the baby goes to the service and this happens when the baby has the need for attention or during the fourth month of life.
- 16) The formation of the student in this field may be benefitted with the connection of the faculty with the public health services and with extracurricular activities in the same community.
- 17) It must be advocated that the curricula of formation of specialists in the pediatrics, nursing, obstetrics and other professional or technical careers that have contact with this population group, include necessarily the aspects that concern with oral health attention as well as the pregnant woman and the infant.
- 18) Promote the training of the health personnel, educators and others related in the care of the infant and of the mother.
- 19) So that the programs may be state-owned, we must make the political authorities aware of the program showing the advantages of the economical aspects and the empowerment, considering that the investment in education is small in comparison with the effect obtained with prevention.
- 20) The dentist is capable of motivating and training pediatrics by means of preventive-educational strategies, but he must be confident and have the necessary support whereas the knowledge he wishes to impart.
- 21) The odontopediatrician must have basic knowledge of pediatrics and vice versa.

Roundtable for Compromise N ° 3

Theme: Diet and Oral Hygiene for the infant

President:

PhD. Fabian Calixto Fraiz (Brasil)

Profesor asociado de la Universidad Federal de Paraná y Jefe de investigación de la UFPr y CNPQ.

Members:

Mg. PhD. Maria Salete Nahás Pires Corrêa (Brasil)

Docente USP y Profesora de maestría en la UNICSUL

Mg. Liliana Takaoka(Brasil)

Jefe del centro de atención a niños prematuros de la Escuela Paulista de Medicina UNIFESP.

C.D. Gustavo Tello Melendez (Perú)

Docente y Coordinador de la Clínica del Bebé de la Universidad Inca Garcilaso de la Vega.

C.D. Daniela Antonucci (Chile)

Docente de la Universidad Diego Portales

Esp. Odontopediatría Layla Yaned González Bejarano (Colombia)

Docente y Coordinadora del programa Línea de profundización integral hospitalaria del niño y adolescente de la Facultad de Odontología de la Universidad Nacional de Colombia.

Esp. Odontopediatría Marcia Moreira (Brasil)

Docente titular de las Universidades de Guaenlhas y Bandeirante de Sao Paulo.

Mg. Bertha Angélica Chávez González (Perú)

Coordinadora del post grado de Odontopediatría de la Facultad de Odontología de la Universidad Nacional Mayor de San Marcos, Responsable del curso de post grado en odontopediatría de la Escuela de Perfeccionamiento Profesional del Colegio Odontológico del Perú.

Mg. María Inés Castro Hurtado (Perú)

Directora del post grado de la Facultad de Odontología de la Universidad Nacional Federico Villarreal.

AGREEMENTS

All the feeding advice must respect the socio-cultural reality of the community for which it will be destined, considering the following orientations:

- 1) Promote a healthy diet for the infant.
- 2) Keep in mind the age of the child in order to consider the type and the care in his feeding:

- After the first tooth appears (after the 6 months) there will not only be a liquid diet, a pasty feeding will be introduced which will allow the child to practice mastication and with that the maxillofacial development.
 - The consistency of the feedings will increase gradually until the child reaches the age of one when he will receive the family feeding.
 - The use of sugars is not recommended before the first year of life.
 - After the first year of life feeding for sleeping and during sleep should be avoided.
- 3) Preach the use of glasses since an early age, and if a bottled is used it should only be for milk.
 - 4) Should a bottled be used, it is recommended that an orthodontic nipple be used.
 - 5) The transmission of oral microorganisms to the child during the feeding act must be avoided as follows:
 - Do not test the food with the same spoon as the one you will feed the child with.
 - Do not blow on food to cool it.
 - 6) Train the health professionals and the professionals related with childhood, to recognize the foods with cariogenic potential.
 - 7) The industrialized feeding products that are cariogenic or erosive should have a sign: **“This food may be harmful for the teeth”**.

Oral Hygiene:

- 1) Mothers must be gradually stimulated and motivates to carry out the oral hygiene in the baby using only a cloth or gauze with warm o cold boiled water.
- 2) With the eruption of the first tooth the child’s oral hygiene must be promoted with an infant’s tooth brush, in case one cannot adapt to one or lacks one, one can continue using the cloth or gauze with warm or cold boiled water, only until the eruption of molars; at this time the use of the tooth brush is unavoidable.
- 3) The baby must not sleep with a dirty mouth.
- 4) Brush teeth three times a day, after the main meals and obligatorily before going to sleep. Use of the dentifrice (see chart N °4).
- 5) Introduce after the first year the use of dental floss at least once a day, preferably at night, especially in children with lack of interdental spaces (diastemas) or with Baume type II arch.
- 6) The person responsible of the baby’s oral hygiene must be trained and supervised.

Roundtable for Compromise Nº 4

Theme: Use of Fluorides in infancy

Presidente:

Mg. PhD. Rita Villena Sarmiento (Perú)

Profesora Principal del Departamento Académico de Odontología Social de la Universidad Peruana Cayetano Heredia.

Members:

Mg. PhD. Maria Naira Friggi (Brasil)

Profesora Titular de Odontopediatría de la Universidad de Ibirapira y Coordinadora del Curso de Especialización en Odontopediatría en APCD.

C.D. Irina Caro Rossel (Perú)

Past presidenta y Asesora de la junta directiva de la Asociación Peruana de Odontología Preventiva y Social, Consultora de la Asociación de APOM.

C.D. José Luis Portocarrero Pechiarovic (Perú)

Ex coordinador Nacional de Salud Bucal del Ministerio de Salud del Perú y de la Disa IV.

Mg. PhD. Elaine Assis Boger (Brasil)

Profesora Adjunta de Odontopediatría de las Universidades de UNICID y Guarulhos.

C.D. Mercedes Valenzuela (Perú)

Coordinadora Nacional de Salud Bucal Equipo técnico DGSP-Ministerio de Salud del Perú.

Esp. Odontopediatría Gilmer Torres Ramos (Perú)

Docente de Odontopediatría del Colegio Odontológico de Lima y Odontopediatra asistente del Instituto Nacional de Salud del Niño Ministerio de Salud del Perú.

PhD. Pedro Antonio Ricart Reyes (Republica Dominicana)

Profesor de Odontopediatría de la Universidad Católica de Santo Domingo.

C.D, Mg. Lourdes Angela Benavente Lipa (Perú)

Docente Asociada de la Universidad Nacional Mayor de San Marcos y Odontopediatra asistencial ESSALUD.

Esp. Odontopediatría Vidal Antonio Pérez Valdés (Chile)

Profesor de Odontología Integral del niño de la Universidad de Talca y Jefe del Programa Odontológico de la VII región.

AGREEMENTS

SYSTEMIC OR PUBLIC FLUORIDATION

- 1) The sources of systemic fluoridation to which the infant is exposed must be identified by means of a detailed anamnesis.
- 2) Only a systemic type method may be used, in other words or fluoridated water or fluoridated salt or if found necessary, fluoridated supplements.
- 3) Pediatricians, pediatric dentists or other professionals in the health area should not opt for recommending the use of fluoridated vitamin supplements, but in case they find it necessary, they must not be indicated in children that live in cities with fluoridated water or fluoridated salt, and which have already started adding salt to their meals.
- 4) The concentration of fluoride in the water, will depend on the geographical area, the climate or temperature of the environment and the State must be responsible for the public monitoring.
- 5) We must identify other sources of fluoride intake that infants may be exposed to, such as: mineral water, refreshments, baby food, powdered milk, etc.

It is necessary to:

- a) Carry out basal studies and also of quality control of the availability and stability of the systemic (water, salt or milk) as well as topic (dentifrices) fluorides in all of the Latin American countries.
- b) Establish a system of continuous epidemiologic vigilance with public and private strategic allies.
- c) Establish a fluoride politic according to each country, regulating the addition, prescription and use of fluorides in their different presentations.
- d) Carry out previous studies on ingestion, metabolism and excretion of fluorides in children with the objective of determining the exposure to systemic and topic methods in the infant population, so as to determine if the children are exposed to adequate doses and that there is no risk of fluorosis ($>0.07 \text{ mgF} \times \text{Kg/day}$).

TOPIC FLUORIDE. Home use (dentifrices)

- 1) Based on the international recommendations of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), American Academy of Pediatrics (AAP), Center for Disease Control (CDC), Food and Drug Administration (FDA), as well as the Worldwide Forum for Fluorosis (2203), it is suggested that the beginning of its recommendation be as of the age of 2-3; however, the pediatrician or odontopediatrician may recommend it before, keeping in mind the appropriate recommendations of dose and daily frequency.
- 2) In infants with identified caries risk, it is recommended to use it as of the eruption of the first primary molar and only once a day, at night. The other brushings will be done with water. As of the age of two he may carry out the other brushings with dentifrice and as of the age of 3 years he could start with the recommended 3 times a day respecting the recommended dose and the ability to spit.
- 3) Always use a small quantity of dental cream, equivalent to a pea (0.10 to 0.30 g) or instruct to use the dental cream across the toothbrush, pressing it so that it will introduce itself in the bristles, by means of the Transversal Technique, as long as it is a corresponding infant's toothbrush or adapted to the age.
- 4) The use of dentifrices of 400-600ppm F is recommended, especially in children residing in cities with systemic methods of fluoridation (fluoridated water or salt).
- 5) Incentivize and teach from early ages to spit and not to swallow the dentifrice.
- 6) The fluoridated dentifrices must be prescribed by the professional, indicating the dose and frequency of daily use.
- 7) The label of the fluoridated dentifrices packs must indicate the use of the small quantity, the concentration of fluorosis in parts by million (ppm), warnings about not leaving the dentifrice at the reach of children and place a message directed to parents **“children under the age of 2, consult with a dentist before its use”**.
- 8) Propaganda that induce indirect or direct ingestion, or to the excessive use of the dentifrice, must be prohibited by means of ministerial resolutions. Designs or pictures of toothbrushes covered in great quantities of dentifrice, or phrases like: “delicious flavor that children love” should not be included in the packs or on the technical and propaganda material of children's products.

Responsables de la Coordinación de las Mesas de Concertación:
C.D. Mg. Bertha Angélica Chávez González
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CD. Mg. PhD. RITA VILLENA SARMIENTO
PRESIDENTA
I CIOB Y III EPOB, LIMA 2007

CD. Mg. MARIO ELIAS PODESTA
PRESIDENTE
ASPOB