

Dental Problems

Definition/ cut-off value

Diagnosis of dental problems by a physician or a health care provider working under the orders of a physician or adequate documentation by the competent professional authority, include, but are not limited to:

- C Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars (infants and children);
 - C Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (children and all categories of women); and
 - C Gingivitis of pregnancy (pregnant women).
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Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non Breastfeeding Women	III
Infants	I
Children	III

Justification

Early childhood caries results from inappropriate feeding practices. Nutrition counseling can prevent primary tooth loss, damage to the permanent teeth, and potential speech problems.

Missing more than 7 teeth in adults seriously affects chewing ability (1). This leads to eating only certain foods which in turn affects nutritional intake.

Periodontal disease is a significant risk factor for pre-term low birth weight resulting from pre-term labor or premature rupture of the membranes (2). There is evidence that gingivitis of pregnancy results from “end tissue deficiency” of folic acid and will respond to folic acid supplementation as well as plaque removal.

Clarifications/ Guidelines

This risk condition may be assigned if the CA is able to provide adequate documentation that there is a dental problem that is affecting the ability of the participant to ingest food. The CA should use their professional judgment in these cases. Documentation of the dental problem and verification that the participant is being seen by or was referred to a dentist must be present in the client’s chart.

**Clarification/
Guidelines (cont)**

WIC staff members do not have the authority to diagnose any condition. Although some clinic staff have been trained to look for white spots, when this condition is identified, it is their responsibility to make the appropriate referral rather than diagnosing dental problems.

References

1. Agerberg, G and Carlsson, GE: Chewing ability in relation to dental and general health; AETA Odontol. Scand.; 1981; 39:147-153.
 2. Offenbacher, S. et al.: Periodontal infection as a possible risk factor for pre-term low birth weight; J. Periodontol; October 1996; 67(10 Suppl.):1103-1113.
 3. J. Dent. Child 29:245
 4. Rugg-Gunn, AJ: Nutrition and Dental Health; Oxford Medical Publications; 1993.
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