

Referral protocol for North Yorkshire Healthy Child Service and Children & Families Services to NHS England Flexible Commissioning Dental Practices

UPDATED JULY 2024

Background

NHS England – Starting Well - A Smile for Life is a national initiative. The aim of this programme is to improve children's oral health and reduce inequalities. The programme is encouraging all parents and carers to take children (with a focus on under 2s) to the dentist regularly for examinations, prevention interventions, advice, and treatment. It is important that children are taken to the dentist as soon as their teeth come through and before their first birthday.

There are a number of Flexible Commissioning Practices across North Yorkshire who are accepting 0–19-year-olds in order to provide long-term dental care. Each practice has an identified Oral Health Champion within their team. However due to the capacity within the dental system only those most vulnerable or most in need should be referred via the flexible commissioning scheme. Vulnerable or most in need describes children and young people with dental caries and/or dental health issues.

Purpose

The purpose of this document is to provide guidance to North Yorkshire's 0-19 Healthy Child Service and Children and Family Services to refer 0-19's (up to 25 with SEND and Care Leavers) who are not under the care of a regular dentist AND are in need of dental care (criteria applies). Referrals are made to a participating Flexible Commissioning Dental Practice for regular care. This also includes children and young people cared for by the Local Authority and care leavers.

0-19s health and social care workforce play₁ a key role in supporting children and young

people in securing and maintaining good oral health. This includes encouraging them to access dental services regularly. This referral pathway provides an opportunity for collaborative working between dental practices and the health and social care workforce to support children and young people's oral health.

Flexible Commissioning (FC) is a regional initiative consisting of a group of NHS general dental practices in Yorkshire and the Humber where a percentage of the existing contract value is substituted to target local needs, provide access to care, enhanced prevention, and meet local commissioning challenges.

As part of the access element of the initiative practices are expected to accept referrals from 0-19 health and social care workforce for children whose oral health is giving concern and the parent / carer is unable to access dental care for them.

Practices will also implement Was Not Brought / safeguarding protocols if the patients and their carers referred do not respond to attempts to contact or to attend appointments.

Scope

This protocol is intended to inform 0-19 health and social care teams how to refer children at high risk of poor oral health to FC practices.

Health and social care teams may deem a child/ young person at high risk of poor oral health **if the child/young person does not have a regular dentist** in addition to:

- A child currently experiencing dental pain.
- A family history of poor oral health for example a sibling has had teeth removed due to decay.
- The child's diet is identified as increasing their risk of dental decay for example sugar/ juice added to water/ milk, frequent sugary drinks or snacks.
- The child is taking regular medication that contains sugar.

Further detail regarding assessment of a child's risk of poor oral health will be detailed in this protocol.

This protocol includes:

1. A referral template for teams to use to refer children/young people.
2. A risk assessment tool to help identify children/ young people at high risk of poor oral health.
3. Was Not Brought (WNB) policy.
4. Information on when updated lists of FC practices will be provided and who will receive updates.

Referral Protocol for 0-19 Healthy Child Team and Children & Family Service practitioners

Healthy Child Team Practitioners, Social Workers, Leaving Care Workers and Children & Family Workers play a key role in supporting children and young people to enjoy good oral health. This includes encouraging them to access NHS dental services regularly. Referrers may wish to undertake an oral health assessment (Appendix 7) to help determine if a child is suitable for referral.

This programme provides an opportunity to work collaboratively with dental practice teams to support children and young people's oral health and ensure information is shared appropriately.

A formal referral process exists to refer children 0-19 years old who are receiving services either from a social worker, Children and Families worker or the Healthy Child Team. This also includes all children and young people cared for by the Local Authority and Care Leavers.

Practitioner discretion must be applied to ensure that those most in need of dental care can gain access to a Flexible Commissioning Dental Practice (Appendix 1) for regular dental care.

Referrals can be made for children and young people who:

- are NOT under the care of a regular dentist
- AND have dental caries/ dental problems

To make a referral:

- A Healthy Child Team Practitioner, Social Worker, Leaving Care Worker or Children & Families Worker should complete all fields of the referral form (Appendix 2). For NYC practitioners, the referral form is accessed through EHM and LCS from the document tab and further guidance can be found on resource hub [Flexible Dental Requests](#). For the Healthy Child Team this referral template is stored in SystemOne.
- The form **must** be emailed from a secure email address to the practice's using either [nhs.net](#) or [gov.uk](#) email accounts, or using an electronic referral form (Appendix 1).
- Please title the email – **Urgent Referral - Flexible Commissioning**
- Where a practitioner is concerned that a child may need treatment, please telephone the Flexible Commissioning Dental Practice before making the

referral to ensure that the practice is able to accept the referral in a timely manner.

- The practice will acknowledge receipt of referral by email within 5 working days of it being received
- Parents/carers/care leavers should be informed of the 'Was Not Brought' policy by the referrer when they seek consent to being referred
- Parents/carers/care leavers should be signposted to the referrer's privacy Notice: [Children and Young Peoples Service - General Privacy Notice | North Yorkshire County Council](#) and <https://www.hdft.nhs.uk/privacy-notice/>. If requested, a paper copy should be provided by the referrer.
- The Oral Health Champion from the dental practice will contact the parent/carer/young person to book an appointment.

Flexible Commissioning practices

- FC practices must ensure the secure NHS email inbox provided to dental commissioners is regularly monitored to ensure all referrals are received.
- Once a referral from the health and social care workforce is received, FC practices must respond to the referrer **within 5 working days**, confirming that the referral has been received.
- **Patients referred from health and social care teams must not be placed on the practice waiting list.** Patients referred from the health and social care work force have been assessed as being potentially at higher risk of poor oral health, it is important these patients receive timely care to secure their oral health.
- FC practices should aim to see the patient for an initial examination as soon as practicable and consistent with presenting concerns. Children in pain should be prioritised.
- For patients who do not attend (DNA) or were not brought (WNB), relevant pathways must be followed.

Was Not Brought (WNB) policy

The WNB policy will apply to all children/young people who are referred by a Healthy Child Team Practitioner, Social Worker, Leaving Care Worker or Children & Families Worker via the **formal referral process** and who do not attend two scheduled

appointments, and has failed to make contact with the practice to cancel their appointment. It includes a formal notification to the referrer.

In this way, the referrer is able to provide any necessary support to try and ensure children/young people do attend for booked appointments and are safeguarded. It is the referrer's responsibility to ensure information is shared appropriately with any other professionals involved in the child's / young person's care, where there is consent to do so.

This does not replace any other local Safeguarding Procedures. North Yorkshire's Framework for decision-making: Right help, at the right time by the right person can be found here: <https://www.safeguardingchildren.co.uk/professionals/practice-guidance/threshold-document/>

Process

- All efforts should be made by dental practice teams to remind parents/carers/care leavers of booked appointments, thereby reducing number of missed appointments – including telephone reminders, SMS messaging.
- Addresses and telephone numbers should be checked every time the patient attends and amended where necessary on the paper records and dental software booking systems. Redundant addresses and telephone numbers should be clearly crossed out on the paper records.
- When an appointment is missed (for either assessment or treatment), the Oral Health Champion should attempt to contact the parent/carer/care leaver over a 2-week period to reschedule the appointment.
- If contact is unsuccessful **or** a child/young person is not brought to two consecutive booked appointments (for either assessment or treatment), a letter (Appendix 3 or 4) should be sent alerting the parent/carer/care leaver to the missed appointments and inviting them to contact the practice to make a new appointment, or explain why the appointment is no longer needed. The letter will contain a statement explaining that the missed appointment will be shared with the referrer.
- An email to the referrer notifying them that the child/young person was not brought (Appendix 5) should be sent from the dental practice's secure email to the referrers secure email.
- Copies of all letters should be kept in the patient records.

- The missed appointment(s) and the date of the letter sent should be logged in the patient's records. The WNB log should be updated (Appendix 6).
- The parent/carer/care leaver is able to contact the practice at any time to book an appointment and cannot be routinely refused care.

Dissemination, Implementation and Access

- This policy will be disseminated to Healthy Child Programme (HCP) leads, Designated Nurses for Looked after Children and Care Leavers, NYC Children & Family Services senior management team leads and Flexible Commissioning Practice's Oral Health Champions.
- Team Leaders and Oral Health Champions should discuss this with their respective teams to ensure the system is regularly monitored for its application and effectiveness.

Monitoring and Compliance

- Compliance will be monitored by the Oral Health Champions and any key issues can be discussed via the Local Dental Committee Chair and NYC's Public Health Team.
- Oral Health Champions are able to run monthly DNA reports and at the request of NHS England, information should be shared.
- The guidelines will be reviewed in 6 months or sooner should there be any changes to local or national policy or contractual requirements thereof.

Appendix 1 – North Yorkshire’s Flexible Commissioning Practices

| District | Name of Practice | Address | ORAL HEALTH CHAMPION & Contact Number | Secure email address |
|---------------|--|--|---|--|
| Hambleton | Alpha Dental Great Ayton | 119 High Street, Great Ayton, TS9 6BW | Jessica Addison 01642 724154 | Alphadental.greatayton@nhs.net |
| Hambleton | Alpha Dental Northallerton, Riverdale Healthcare | Brompton Road, Northallerton, DL6 1DY | Lisa Gilby 01609 772162 / 07985 679154 | Alphadental.northallerton@nhs.net |
| Hambleton | Archway Dental Practice | 15 High Street, Stokesley, Middlesbrough, TS9 5AD | Clare Hesse 01642 713330 | archwaydental.stokesley@nhs.net |
| Harrogate | Beech House Dental Practice | 2 North Road, Ripon, North Yorkshire, HG4 1HN | Alice Mercer 01765 604200 | Beechhouse.dental1@nhs.net |
| Harrogate | Mydentist (Whitecross Dental Care Ltd) | Mydentist, Castle Yard, Knaresborough, HG5 8AS | Carly Gibson 01423 862506 knaresborough-pm@mydentist.co.uk | charlotte.hyde8@nhs.net <i>shared email with York</i> |
| Harrogate | North Park Dental Practice | 3 North Park Road, Harrogate, North Yorkshire, HG1 5PD | Claire Rudzinski Gaby Scanlon 01423 503547 | northpark.dental@nhs.net |
| Harrogate | Boroughbridge Dental Centre | Wetherby Road, Boroughbridge YO51 9HS | Elaine Buck elaine@boroughbridgedental.co.uk 01423 322757 | boroughbridgedental.boroughbridge@nhs.net |
| Harrogate | Mount Parade Dental Surgery | 14 Mount Parade, Harrogate, HG1 1BX | Sallie Rhodes & Abigail Hainsworth 01423 503999 | Mountparadedental.harrogate@nhs.net |
| Richmondshire | Alpha Dental Care Catterick | 16b Hildyard Row, Catterick Garrison DL9 4DH | Jill Raw 01748 832802 | england.yhudc29@nhs.net |
| Richmondshire | Alpha Dental Bedale, Leyburn & Hawes, Riverdale Healthcare | Brentwood Lodge, Quarry Hills Lane, Leyburn, DL8 5EJ | Terri Horner 01969 623999 / 01877 425427 | alphadental.leyburn@nhs.net alphadental.bedale@nhs.net |

| | | | | |
|-------------------|--|---|---|--|
| Ryedale | Alpha Dental Care Kirkbymoorside | 37 West End, Kirkbymoorside, YO62 6AD | Sarah Frank 01751 432418 | alphadentalstudio.kirkbymoorside@nhs.net |
| Ryedale | Old Police House Dental Practice | Victoria Road, Malton, YO17 7 JJ | Amy Glenister 01653 692 771 | Oldpolicehouse.malton@nhs.net |
| Ryedale | Pickering Dental Health Practice | Hungate, YO18 7DL | Amy Glenister 01751 477774 | pickeringdental.pickering1@nhs.net |
| Scarborough | Havelock Dental Practice | 2 Havelock Place, Whitby, North Yorkshire, YO21 3ER | Lisa Wood 01947 602040 | england.yhudc40@nhs.net |
| Scarborough | Falsgrave Dental Surgery | 21 Falsgrave Road, YO12 5EA | Hannah McDowell / Linsey Widd 01723 818584 | Falsgravedental.scarborough@nhs.net |
| Selby | Abbey Dental Care | 51 Gowthorpe, Selby, North Yorkshire, YO8 4HE | Angela McAfferty 01757 705607 | abbey.dentalcare@nhs.net |
| City of York | mydentist | mydentist, Aldwark, York | Charlotte Hyde / Alison Dalby 01904 629033 | Charlotte.hyde8@nhs.net |
| City of York | Clifton Moor Dental Centre | Tower Court Health Centre, Oakdale Road, York, YO30 4RZ | Naomi Callaghan 01904 479777 | cliftonmoordental.oakdaleroad@nhs.net |
| City of York | Hopkins & Poyner Dental Surgery | 29 High Petergate, York YO1 7HP | Adele Smith 01904 623582 hopkinsandpoyner@gmail.com | adele.smith3@nhs.net |
| City of York | Perfect Smile Clinic | 175 Boroughbridge Road, York, YO26 6AR | Ask for Practice Manager 01904 786969 | need to request nhs.net account |
| Bradford (Craven) | MyDentist (Whitecross Dental Care Ltd) | 165 Skipton Road, BD21 3BG | Sonia Bibi (Head Nurse) 01535 667013 Keighley-hn@mydentist.co.uk | Mydentist.keighley@nhs.net |

Appendix 2 – Referral Form to Flexible Commissioning Dental Practice

| | |
|--|---|
| Name of patient (child/young person/care leaver) | |
| Date of birth | |
| Address | |
| Name of parent/carer (unless care leaver) | |
| Contact telephone number | |
| Name of Dental Practice | |
| Preferred appointment day/times | |
| Is the child/young person? | <p>Supported by NY Children & Families Practitioner/Social Worker: Yes/No</p> <p>Supported by the Healthy Child Team (0-19) Practitioner: Yes/No</p> <p>Cared for by the Local Authority: Yes/No</p> <p>A Care Leaver: Yes/No</p> |
| <p>Does the child/young person/parent have any additional needs?</p> <p><i>If 'yes', the referrer should make contact with the practice before submitting this referral.</i></p> | <p>Yes/No</p> <p>If 'Yes' please provide further information</p> |

| | |
|---|------------------------------------|
| Interpreter required | Yes / No If 'Yes' Language: |
| Please provide any supporting information / observations of the child's/young person's oral health needs | |
| Name of Referrer: Healthy Child Team Practitioner / Social Worker / Leaving Care Worker / Children & Families Worker (delete as appropriate) | |
| Telephone Number | |
| Email address (secure) | |
| Date of referral | |

We require your data so that we may assess your/your child's care needs and arrange to provide our services to you. If you agree to your data being processed for this purpose - please sign and date the referral form below.

Please note – once you have agreed to this referral – we have the legal right to retain your data in order to lawfully document the services you have received. Your data will be retained for a minimum of 6 years (children receiving early help and intervention) – up to a maximum of 75 years (children in Care). We will also share your data with your registered General Dental Practitioner so that appropriate services can be carried out.

Further information on how we handle your data can be found at: [Children and Young Peoples Service - General Privacy Notice | North Yorkshire County Council](#) If requested, a paper copy can be provided.

Please confirm:

☐ The child/young person does not currently see an NHS Dentist.

☐ Parent/carer/care leaver provides consent to share personal information outlined above with the dental practice accepting the referral

☐

Parent/carer/care leaver provides consent for the dental practice to share personal information outlined above with the referrer, if they are unable to contact the patient or the patient does not attend two consecutive appointments.

Parent / Carer/ Care Leaver signature _____ Date _____

Please note: General dental treatment for children in care can be authorised by their foster carer or social worker, unless a general anaesthetic is required. Where a general anaesthetic is needed this will require a Local Authority permission/consent form to be completed and approved by a Group Manager. Children in Care who are subject to Section 20, voluntary accommodation consent remains with the parent/s or person with parental responsibility (PR)

Appendix 3 – Was Not Brought Parent/Carer Letter

Dear [*insert Parent/Carer name*]

Dental Appointments for [*insert child/young person's name*]

Following a referral made for your child to attend a dental appointment we have been unable to contact you/your child was not brought to two booked dental appointments (*delete as appropriate*).

It is really important that your child visits the dentist regularly as this provides an opportunity for your child to receive the care and treatment they need.

Please contact the practice on the above telephone number to arrange a further appointment or advise why the appointment is no longer required.

Information about the care and treatment your child has will be shared with the person who referred you.

If you find it hard to attend an appointment please let us know and we will try to help you.

Your child may need to come out of school for care - we know school time is important but care time is precious.

We look forward to speaking to you soon.

Yours sincerely

[*insert name*]

Oral Health Champion

Appendix 4 – Was Not Brought Care Leaver Letter

Dear *[insert Care Leaver's name]*

Your Dental Appointments

Following a referral made for you to attend a dental appointment we have been unable to contact you/you have not attended two booked dental appointments (*delete as appropriate*).

It's really important that you attend the dentist regularly as this provides an opportunity for you to receive the care and treatment you require.

Please contact the practice on the above telephone number to arrange a further appointment or to advise why the appointment is no longer required.

Information about the care and treatment you receive will be shared with the person who referred you.

If you find it hard to attend an appointment please let us know and we will try to help you, or, you can get in touch with your Leaving Care Worker, who may be able to support you to attend.

We look forward to speaking to you soon.

Yours sincerely

[insert name]

Oral Health Champion

Appendix 5 – Was Not Brought Referrer notification email.

This should only be emailed from and to a secure email address.

A copy of this should be kept in the patient's notes.

To:

Date:

Dear *[insert referrers name]*

Was Not Brought dental health notification

Re: *[insert child/young person's/care leaver's name]*

D.O.B.: *[insert child/young persons's/care leaver's d.o.b]*

Address: *[insert address]*

This child/young adult was referred to us for dental care by *[insert referrers name]*

Unfortunately, the child has not been brought/the young person did not attend to the practice for dental examination/dental treatment (*delete as applicable*) on *[insert date]* & *[insert date]*.

The parent/carer/young person has not responded to our follow up letter. It may be that they have chosen to seek dental care elsewhere. However, we would be happy to arrange another appointment at their request.

We would welcome working together to promote their oral health. Thank you for any assistance you are able to give.

Yours sincerely
[insert name and practice]

Oral Health Champion

Appendix 6 – Example Was Not Brought Log

This can be adapted/localised by the Dental Practice as appropriate

When opening the below document please enable macros as this will allow you to use a multiple tick box in the actions column.

Attached Excel document.



Copy of CYC Was
Not Brought Spreadst

Appendix 7 -Tooth Decay (Dental Caries) Risk Assessment Tool

Oral health should be discussed with families at health visitor contacts. Use the questions specific to the review (6-8 week, 6 month, 9-12 month and 2-2 ½ year questions) to assess a child's risk for developing tooth decay. Circle the answers given.

Evidence-based preventive advice should be given, with additional focus given to any identified risk factors (where answers are the red option). Key preventive messages for you to use are at the end of this tool.

If 3 or more questions (including the question, 'Has the family got a regular dentist') results in **red** answers, the child is deemed to be at high risk of developing tooth decay and:

- The parent/carer should be informed and given preventive advice (see page 3).
- A dental care pack should be provided if available.
- The child may be referred to a flexible commissioning dental practice for an examination and any treatment they need, by completing a referral form and emailing it to one of the flexible commissioning dental practices.

Questions for 6-8 week and 6-month review

Has the family got a regular dentist? Y/**N**

If the child has reached (or almost reached) 6 months, has the child been for their first visit to the dentist yet or got an appointment booked? Y/**N**

Have the parents/carers required any urgent/emergency dental treatment (including removal of a tooth) in the last 12 months **Y**/N

If they have other children, have any had teeth removed due to tooth decay? **Y**/N

Are the parents/carers anxious about receiving dental care? **Y**/N

Are drinks other than milk and water being given? **Y**/N

Is sugar/juice added to water or milk in the bottle? **Y**/N

Is the child being given frequent or long-term medication that contains sugar? **Y**/N

Questions for 9-12 month, 2-2 ½ year review and over

Has the family got a regular dentist? Y/N

Has the child had a dental check-up in the last 12 months or got one booked? Y/N
(NB: children should see the dentist at least every 12 months, and adults at least every 24 months)

Has the child been introduced to using a free-flow cup/open cup for drinks? Y/N

If the child is over 12 months, are they still using a bottle? Y/N

Are drinks other than milk and water being given? Y/N

Is sugar/juice added to water or milk in the bottle? Y/N

Is the child being given anything other than water or milk at night? Y/N

Is the child having sugary drinks or snacks in between feeds/meals? Y/N

Is the child being given frequent or long-term medication that contains sugar? Y/N

Are parents/carers brushing their child's teeth twice a day (last thing at night before bed) and on one other occasion? Y/N

Is fluoride toothpaste with at least 1000 ppm of fluoride being used (check packaging for amount)? Y/N

Are the parents/carers helping their child brush their teeth? Y/N

Preventive messages to give to families for good oral health

Why is good oral health important?

- Good oral health is important for good general health. Mouthcare is an important part of personal care. Keep teeth and gums healthy to prevent tooth decay and gum disease.
- Tooth decay can cause pain, infection, sleepless nights, time off nursery/school and time off work for parents/carers.
- Small children often need a general anaesthetic to have decayed teeth removed, which can be an unpleasant experience and is not without risk.
- A child's first teeth (baby/deciduous teeth) are just as important as the adult teeth.
- Baby (deciduous) teeth are important to guide the adult teeth into the right position. If they are lost early, the spaces for the adult teeth can be lost, and they may come through crooked.

Teething

- The first teeth (baby or milk teeth) to appear are usually the bottom front teeth (incisors) around 5-7 months, followed by the top front teeth. After that come the other incisors, first molars, canines and second molars.
- Children should have 20 baby teeth by the time they are about two and a half years old.
- Baby teeth sometimes come through with no pain or discomfort at all. At other times, you may notice:
 - your baby's gum is sore and red
 - one cheek is flushed
 - they are rubbing their ear
 - your baby is dribbling more than usual
 - they are gnawing and chewing on things a lot
 - they are more fretful than usual
- Some people think that teething causes other symptoms, such as diarrhoea and fever, but there's no evidence to support this. Please arrange for your baby to see a doctor if they seem unwell whilst their baby teeth are coming through.
- Babies may find it a relief to chew on something e.g. a teething ring. Teething gels don't usually help, but if you decide to try one, make sure it is suitable for a baby and sugar-free. Sugar-free paracetamol or ibuprofen can be given to relieve teething symptoms in babies and young children aged 3 months or older.

Toothbrushing: to prevent tooth decay and gum disease

- Start brushing as soon as the first tooth starts to come through, using a brush with a small head.
- Teeth should be brushed for at least 2 minutes with a fluoride toothpaste, last thing at night and on at least one other occasion. Build in brushing in the morning and last thing at night into the daily routine.
- Fluoride strengthens teeth and prevents tooth decay.
- Brushing at bedtime ensures that the fluoride continues protecting the teeth while children sleep.
- Use a toothpaste containing at least 1000ppm fluoride (listed in ingredients on packaging).
- For maximum protection from tooth decay use a toothpaste containing 1350 to 1500ppm of fluoride. Most 'own brand' toothpastes are suitable and more affordable.
- Children under 3 years old should use a smear of toothpaste, and children aged 3-6 years no more than a pea-sized amount.
- Parents/carers should brush or supervise tooth brushing until at least 7 years of age.
- Use a small-headed brush with medium-texture bristles.
- The easiest way to brush a baby's teeth is to sit them on your knee, with their head resting against your chest.
- Make sure all the surfaces of the teeth get brushed, and where the gum meets the tooth (gumline).
- Don't rinse with water after brushing teeth as this would rinse off the fluoride protection from the teeth. 'Spit don't rinse'.

Reducing dietary sugars to prevent tooth decay

- Plaque bacteria in the mouth feed on sugar making acid which attacks teeth and causes tooth decay (holes).
- The amount and frequency of consumption of sugary foods and drinks should be minimised to prevent this.
- You may see sugar written on food packaging using different words. Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch, invert sugar, syrup, honey, raw sugar, brown sugar, cane sugar, muscovado sugar and concentrated fruit juices are all sugars. Even if it is marketed as 'natural' or 'organic' sugar, it will be harmful to teeth.
- Sugar should not be added to weaning foods or drinks including those given in bottles.
- A bottle should not be given as a sleep aid or left with child unsupervised. Pooling of milk sugars on the teeth for prolonged periods can cause tooth decay.
- Only give sweet food, including dried fruit at mealtimes. Keep snacks as low sugar as possible.
- Remember cordials, squashes, fresh fruit juices, smoothies and milkshakes are high in sugar. Milk and water are the safest drinks for teeth.
- Avoid foods and drinks containing sugar at bedtime.
- Sugar-free medicine should be used where possible.
- Breastfeeding provides the best nutrition for babies
- Breast milk is the only food or drink babies need for around the first six months of their life.
- Breast feeding up to 12 months is associated with a decreased risk of tooth decay.
- Formula milk is the only suitable alternative to breast milk.
- After 6 months babies can be introduced to solid foods alongside breastmilk.
- Only breast or formula milk or cooled, boiled water should be given in bottles
- Only milk or water should be drunk between meals
- From six months of age infants should be introduced to drinking water/milk from a free flow cup (non-valved).
- From the age of one, drinking from a bottle should be discouraged.

Visiting the dentist

- Children should start going to the dentist for regular check-ups along with the rest of the family as soon as the first tooth erupts, and definitely before age 1. This helps children get used to the environment of the dentist. The dentist can advise on brushing, a healthy diet and regular check-ups.
- Babies and small children will usually sit on their parent/carers' lap for their examination.
- NHS dental care is free for all pregnant mothers and up to 12 months after birth and for children.
- Adults should have a check-up at least once every 2 years, and children at least once a year.
- Put your postcode into this website to find a regular dentist
<https://www.nhs.uk/servicesearch/find-a-dentist>
- If your family need urgent dental care, contact your own dentist or another local dental practice. If you cannot get an appointment, ring NHS111 or go online at 111.nhs.uk. Urgent dental care is for those who need treatment at a dental practice within 24 hours so things don't get even worse e.g. toothache/facial pain not controlled by over-the-counter painkillers; or dental infection/swelling (which is not rapidly increasing around the throat or eye).
- If your family have a dental emergency, you need to go straight to a hospital accident and emergency department. A dental emergency is something which is serious or life threatening and needs treatment straight away. For example: bleeding that cannot be stopped following tooth extraction; rapidly increasing swelling around the throat or eye; injury to the mouth/face.

Dummies and thumb-sucking

- It's fine to give your baby a dummy but avoid using them after 12 months of age. Using dummies or thumb-sucking can cause the top and bottom front teeth to move to make space for the dummy/thumb, making a gap. Your child's speech development can also be affected.
- Discourage your child from running around, talking or making sounds with a dummy or their thumb in their mouth.
- Don't dip dummies in anything sweet, such as sugar or jam, as this will cause tooth decay.
- Never suck your baby's dummy to 'clean' it as this will spread germs between you and your baby. Keep plenty of spares instead.

