FDI POLICY STATEMENT

Early Childhood Caries

Adopted by the FDI General Assembly: September 7-9, 2024, Istanbul, Turkey

CONTEXT

Early Childhood Caries (ECC) is one of the most prevalent, yet preventable, diseases among children under 6 years of age. It is a biofilm-mediated, sugar-driven, multifactorial, dynamic disease influenced by biological, behavioural, psychosocial and economic factors within an individual's environment. It shares risk factors with other non-communicable diseases associated with excessive sugar consumption. Untreated ECC poses severe consequences impacting a child's future oral health status, cognitive development, school readiness, self-esteem and overall quality of life. Early professional intervention with caregivers is crucial, as young children rely entirely on parents and caregivers for their oral health care.

SCOPE

This policy statement addresses the prevention and management of ECC and urges a coordinated effort involving parents/caregivers, schools, dental professionals, other healthcare professionals, professional and national dental associations, health ministries and various stakeholders to promote oral health in early childhood.

DEFINITIONS

Early Childhood Caries (ECC): The presence of one or more decayed, missing or filled surfaces due to caries in any primary tooth of a child under six years of age.

PRINCIPLES

Based on the WHO Global Oral Health Action Plan and the FDI Vision 2030, this policy emphasizes the following:

1. **Universal Access:** equitable, affordable, adequate and timely access to ECC prevention and intervention services among all children.

2. **Integration:** integration of ECC awareness, prevention and treatment into general and public health programmes, recognizing that oral health is an integral part of overall well-being.

POLICY

To reduce ECC and improve the oral health of children, the following policy measures are recommended:

1. **Interventions in services:**
    - Encourage interventions to prevent and control ECC causes and risk factors;
    - Utilize well-baby visits and immunization programmes to engage with the parents/caregivers of infants and young children for preventive dental care and healthy feeding practices advice;
    - Integrate medical, dental and other healthcare services to provide easily accessible and consistent oral health messages and services;
    - Encourage minimally invasive treatment for caries management;
    - Collaborate with government, health services and media to improve oral health literacy and health equity.
2. **Education:**
    - Raise awareness of ECC with parents/caregivers, educators and oral health and other healthcare professionals;
    - Promote engagement and behavioural changes in preventive dental care, starting during preconception among parents/caregivers;
    - Integrate oral health education into schools/daycare, primary care settings and national health services using a common risk factor approach;
    - Enhance the training of dentists and their dental team diagnosis, prevention and management of ECC through undergraduate, post-graduate and continuous education programmes.
3. **Health promotion:** Align ECC intervention with health promotion initiatives in the community.
4. **Surveillance systems:**. Strengthen national surveillance systems to reflect appropriately on the prevalence of ECC in all countries.
5. **Government/national policies:**
    - Promote healthy dietary choices through policies such as advertising bans or taxation on foods and drinks high in free sugars
    - Promote implementation of community fluoridation where possible and the use of fluoride toothpaste and professionally applied fluorides;

- Promote government policies to support universal care in early childhood.

6. **Research:** Encourage research on ECC causes, risk factors, inequalities and the effectiveness of interventions during pregnancy and early childhood.

KEYWORDS

early childhood caries (ECC), minimal intervention, integration, universal access, primary care.

DISCLAIMER

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

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