

Improving Infant and Toddler Health is a Team Effort: The Need for the Medical Profession and Dentists to Work Together to Improve Infant Overall Health and Development?

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Short Communication

In 1972 I completed my dental school training and the new high technology we were learning centered around learning to do sit down dentistry. The science of light energy was in its infancy, we were just beginning to use light to set up composite fillings and prosthetic dentistry was the real art for making perfect crowns and dentures. Little was taught about how the professions of dentistry and medicine would begin a slow journey to work together for our pediatric patients care. During my pediatric residency at the Children's Hospital in Cincinnati, Ohio, I was introduced to the idea that the medical and dental residents could work hand and hand together to help our pediatric patients [1-8]. The Chief Medical and Dental residents would often confer with each other when patients with diabetes, hemophilia, trauma burns, congenital birth defects, facial swellings, and unexplained pain were admitted to the hospital. After completing my two-year residency, I returned to my hometown and was shocked and dismayed on how little coordination of care between the two professions was occurring. Pediatric patients were rarely if ever warned about sleeping with bottles filled with sugary liquids. Fluoride was not prescribed with knowledge on updated dosages. We were taught that the tongue was a simple muscle containing taste buds. Breastfeeding and restricted tethered oral tissues were not a consideration nor taught in either profession's educational programs. The norm was to use a bottle and formula. It seemed more like physicians and dentists were competing rather than working together to achieve healthy growth and development of our patients [8-14]. As the years passed by, I began to understand the importance of understanding the relationship between a healthy oral environment and the rest of our pediatric patient's overall growth and development. As we learn more about how our oral cavity is a mirror of our patient's general systemic health, the need for both professions to understand we are merging ever closer and closer when treating our patients together

rather than as two separate professions. I have been fortunate to be able to speak to healthcare professional all over the world, yet the one question that is universally asked is "How do we get the medical community to work with us?" The time has come for the Medical Profession to accept that Dentistry as its ally and is important to work together in caring for our patients and understanding the how the oral structures are in important part in the overall growth and development of our pediatric patients.

Treating patient's symptoms and not the identifying the cause of many medical problems originating in the oral cavity should not be the accepted standard of care. When an infant presents with a variety of medically related symptoms, such as air induced reflux, apnea, failure to thrive, excessive gas, breastfeeding difficulties, maternal bonding, the oral structures need to be considered as part of the differential diagnosis [15,16]. Instead of treating the symptoms, the primary care provider and many medical specialty providers prefer to treat using drugs, hospital admissions, invasive GI procedures. Most importantly both professions need to learn to examine infant's correctly in the examiners lap, not on the mother's lap to correctly diagnose and identify the existence of RTOTS. (Restrictive oral tissues). Today's technology involves using dental lasers for almost all dental procedures. There is no longer any reason for healthy for infants and toddlers be subjected to going to the operating room and having general anesthesia to have RTOTS revised. Proper pre and post revision care can have in many cases an immediate positive result in the bonding of infants and mothers, opening airways, improving infant breastfeeding. What we need desperately is for the educational institutions and post graduate programs to graduate informed medical and dental practitioners who are not fed the old school beliefs when they join older established dental and medical practices.

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