

Profile and dental needs of early childhood patients treated at a Basic Health Unit**Perfil e necessidades odontológicas de pacientes na primeiríssima infância atendidos em uma Unidade Básica de Saúde****Perfil y necesidades odontológicas de los pacientes de la primera infancia atendidos en una Unidad Básica de Salud**

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Objective: to evaluate the profile and dental needs of early childhood patients treated at a Basic Health Unit. **Methods:** this is a quantitative and cross-sectional study carried out through the analysis of physical records of children born between January 2020 and January 2023, in Londrina/Paraná - Brazil. From these, data was collected regarding their profile and dental needs. The data was analyzed using descriptive statistics. **Results:** 298 medical records were considered. 151 (50.7%) female patients were identified, 258 (86.6%) had no health problems, 162 (54.4%) had their first consultation between 0 and 6 months, 194 (65.1%) performed oral hygiene, 196 (65.8%) had harmful habits, 253 (84.9%) of the consultations were preventive and 145 (48.7%) had a consultation at all. **Conclusion:** identifying the profile and dental needs of babies treated in primary care is essential for planning and qualifying actions aimed at promoting oral health in this age group.

Descriptors: Oral health; Public health dentistry; Primary health care.

Objetivo: avaliar o perfil e as necessidades odontológicas de pacientes em primeiríssima infância atendidos em uma Unidade Básica de Saúde. **Método:** trata-se de um estudo quantitativo e transversal realizado através da análise de prontuários físicos de nascidos entre janeiro de 2020 e janeiro de 2023, em Londrina/Paraná. Destes, coletou-se dados quanto ao perfil e necessidades odontológicas. Os dados foram analisados por estatística descritiva. **Resultados:** considerou-se 298 prontuários. Foram identificados 151 (50,7%) pacientes do sexo feminino, 258 (86,6%) não possuíam problemas de saúde, 162 (54,4%) tiveram sua primeira consulta entre 0 a 6 meses, 194 (65,1%) realizavam higiene bucal, 196 (65,8%) possuíam hábitos deletérios, 253 (84,9%) das consultas foram preventivas e 145 (48,7%) tiveram uma consulta. **Conclusão:** a identificação do perfil e das necessidades odontológicas dos bebês atendidos na atenção primária é fundamental para o planejamento e qualificação das ações direcionadas à promoção de saúde bucal dessa faixa etária.

Descritores: Saúde bucal; Odontologia em saúde pública; Atenção primária à saúde.

Objetivo: evaluar el perfil y las necesidades odontológicas de los pacientes de la primera infancia atendidos en una Unidad Básica de Salud. **Método:** se trata de un estudio cuantitativo, transversal, realizado a partir del análisis de las historias clínicas de los niños nacidos entre enero de 2020 y enero de 2023 en Londrina/Paraná. A partir de ellas, se recogieron datos sobre el perfil y las necesidades odontológicas. Los datos se analizaron mediante estadística descriptiva. **Resultados:** se consideraron 298 historias clínicas. Se identificaron 151 (50,7%) pacientes del sexo femenino, 258 (86,6%) no presentaban problemas de salud, 162 (54,4%) tenían la primera consulta entre 0 y 6 meses, 194 (65,1%) realizaban higiene bucal, 196 (65,8%) tenían hábitos deletéreos, 253 (84,9%) de las consultas eran preventivas y 145 (48,7%) tenían una sola consulta. **Conclusión:** identificar el perfil y las necesidades odontológicas de los bebés atendidos en atención primaria es fundamental para planificar y cualificar las acciones dirigidas a promover la salud bucal en este grupo de edad.

Descritores: Salud bucal; Odontología en salud pública; Atención primaria de salud.

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INTRODUCTION

The Family Health Program (*Programa Saúde da Família* - PSF), started in 1994 in Brazil, and it sought to expand the population's access to actions aimed at promoting, preventing and rehabilitating health, favoring the rapprochement of health units with families, facilitating access to health services health, establish a connection between the health team and users, ensure continuity of care, increase the ability to resolve health problems and meet the needs of the population in different life cycles. Subsequently, the PSF stopped being a program and became a strategy, changing its name to the Family Health Strategy (FHS). In relation to Dentistry, it was only from the year 2000 that oral health teams were included in the FHS¹⁻².

In 2004, the National Oral Health Policy, *Brasil Sorridente*, was published, which promoted several advances in Dentistry, through actions to promote, prevent, maintain and restore oral health. And, thus, it provided resources for the formation of new oral health teams, implementation of Dental Specialty Centers (DSC), hospital care and other initiatives, which contributed to the Unified Health System (*Sistema Único de Saúde* - SUS) standing out on a global level³; playing a significant role in improving both access and quality of oral health services offered to the Brazilian population⁴.

The state of Paraná was a pioneer of several programs and policies in the field of oral health, being nationally recognized in the structuring of dental services. One of these pioneering experiences was the founding of *Bebê Clínica*, at the Universidade Estadual de Londrina (UEL). A simple and effective solution that guarantees oral health in childhood, improving the population's access to early dental treatment; bearing in mind that the oral health of babies has historically been neglected, as many of the preventive actions were mainly carried out with school-age children. The purpose of the program was to educate those responsible for cleaning the oral cavity, conscious consumption of sugar, night breastfeeding after six months of life and use of fluoride^{2,5-6}.

The processes developed at *Bebê Clínica* served as a theoretical-practical reference for several communities and services, including the city of Londrina, which began providing early childhood care in the public sector in 1987, using strategies such as: early, timely, adequate dental treatment, of high quality and low cost, being one of the pioneer cities in dental care for babies⁵⁻⁷.

However, the number of care for babies was low. Then, in 1997, the Brazilian Department of Health incorporated Dentistry for babies into the "*Protegendo a Vida*" Program,

and began training in the state of Paraná for teams working in Primary Health Care (PHC), with specialization courses available, in addition to the transfer of dental equipment and macris²⁻⁵.

In this scenario, early childhood is characterized as the initial period of a child's life, from birth to three years of age. At this stage, brain development is quick and highly sensitive to environmental influence, interactions with caregivers, and stimuli offered. Despite this, many children do not reach their full development potential due to exposure to biological, environmental and psychosocial risk factors, and it is essential to provide a safe, stimulating, affectionate environment. Furthermore, it is necessary that, in PHC, care is offered in a comprehensive and multidisciplinary manner, starting with prenatal care, then proposing continuity of care⁸⁻⁹. Thus, this study aims to evaluate the profile and needs of early childhood patients cared for in a Basic Health Unit.

METHODS

This is a quantitative and cross-sectional study carried out by the Dentistry nucleus of the Multiprofessional Residency in Family Health (MRFH) at UEL, linked to a Basic Health Unit located in the Southern region of the city of Londrina, Paraná.

UEL's MRFH is a *lato sensu* Postgraduate Course, made up of professionals from Dentistry, Nursing, Nutrition, Pharmacy, Physical Therapy, Psychology, Social Work and Physical Education, and aims to prepare professionals to work in PHC, especially focused on FHS, promoting teamwork and interprofessional action, with care for all life cycles.

The research field was a UBS located in the Southern region of Londrina, which has around 11,357 users, being a socially vulnerable territory. In this context, a large portion of the local population is dependent on SUS.

To carry out this study, physical records of early childhood patients cared for by the UBS oral health team were selected, from which records were collected with dates of birth between January 2020 and January 2023, with a total of 298 records. Collection took place from June to July 2023.

When analyzing the medical records, data were collected in two sections. The first referred to the profile of the participants: age, sex, health problems, breastfeeding, harmful oral habits and types of harmful habits. The second section referred to dental needs, framing the filters: hygiene, types of hygiene, reason for the first consultation, type of treatment, type of curative treatment and number of consultations.

Regarding the profile, the data were subdivided into age, which is indicated in months covering early childhood (from 0 to 36 months); sex; health problems, whether there are

pathologies or systemic conditions reported by those responsible for some listed diseases; breastfeeding (exclusive breastfeeding, artificial or mixed breastfeeding were considered); harmful oral habits, use of pacifiers, fingers or bottles or absence of harmful habits.

The categorization regarding dental needs were: hygiene (yes or no); form of hygiene (using gauze or cloths); type of toothpaste (fluorides, fluorides-free or not specified in the medical record); reason for the first consultation (urgency, on demand or curative medical referral), then disregarding routine medical-nursing referrals.

Regarding the type of consultation, the possible classifications were preventive or curative. In cases where the patient attended the UBS more than once throughout the period, at least once to perform a curative procedure, the classification "surgical dressing" was also counted. As the number of consultations, the numbers of access to the UBS for dental care were considered.

After obtaining the information contained in the medical records, the data was tabulated using the Microsoft Excel platform. Data were analyzed using descriptive statistics.

The study was approved by the UEL Research Ethics Committee, under opinion no. 3,028,451.

RESULTS

Of the 318 records selected, 20 (6.3%) were excluded due to incorrect completion. Thus, the final sample included 298 documents.

In Table 1, data related to the user profile is presented. There was a higher prevalence of females (n=151; 50.7%) and those aged between zero and six months (n=162; 54.4%). Only 40 (13.4%) had health problems. Exclusive breastfeeding was part of the routine of almost half of the children (n=135; 45.3%), but there was a predominance of the introduction of artificial products into the diet (n=159; 53.4% fed with formula or in a mixed way). More than 65% had some harmful habit, mainly using a pacifier (n=37; 18.9%) and a bottle (n=78; 39.8%).

Regarding dental needs (Table 2), 194 (65.1%) of the individuals performed oral hygiene, 147 (75.8%) cleaning with gauze or cloth, 40 (20.6%) brushing without specification, 04 (2.1%) brushing with fluoridated toothpaste and 03 (1.5%) brushing with fluoride-free toothpaste. In 281 (94.3%) of the cases, the appointment was scheduled in advance, while in 17 (5.7%) the service was sought due to some emergency. Preventive consultations were 253 (84.9%) and 45 were curative (15.1%), with a predominance, among curatives, of restorative procedures (n=21; 46.7%). The majority, 145 (48.7%), had only one dental appointment.

The main health problems identified were anemia, with 13 cases (32.5%), asthma, with 7 cases (17.5%), and bronchitis, with 5 cases (12.5%). Four (1.3%) patients were referred to other services or professionals due to the need for restorative treatment with protective stabilization, mouth breathing and jaundice.

Table 1. Profile of babies treated at a UBS, between the years 2020 and 2023. Londrina/PR - Brazil, 2023 (n= 298).

Variables		n	%
Age	0 to 6 months	162	54.4
	6 to 12 months	69	23.2
	12 to 24 months	44	14.8
	24 to 36 months	23	7.7
Sex	Female	151	50.7
	Male	147	49.3
Health Issues	Yes	40	13.4
	No	258	86.6
Breastfeeding	Exclusive breastfeeding	135	45.3
	Formula (Bottle)	77	25.9
	Mixed	82	27.5
	None	4	1.2
Deleterious Oral Habits	Yes	196	65.8
	No	102	34.2
Types of Habits	Finger	4	2.0
	Pacifier	37	18.9
	Bottle	78	39.8
	Multiple	77	39.3

Table 2. Dental needs of babies treated at a UBS in the years 2020 to 2023. Londrina/PR - Brazil, 2023 (n= 298).

Variables		n	%
Oral hygiene	Yes	194	65.1
	No	104	34.9
Types of oral hygiene	Cleaning with gauze or cloth	147	75.8
	Not specified brushing	40	20.6
	Brushing with fluoride toothpaste	4	2.1
	Brushing with fluoride-free toothpaste	3	1.5
Reason for first consultation	Scheduled	281	94.3
	Urgency	17	5.7
Type of treatment	Preventive	253	84.9
	Curative	45	15.1
Type of curative treatment	Restorative	21	46.7
	Surgical	11	24.4
	Stomatological	12	26.7
	Periodontal	1	2.2
Number of consultations	One	145	48.7
	Two	94	31.5
	Three	30	10.1
	Four or more	29	9.7

DISCUSSION

It is of fundamental importance to know the profile and dental needs of patients, with a view to improving activity planning and qualifying the assistance provided to these users. Early childhood encompasses the period from 0 to 3 years old, which is an opportune time for dental care and can have an impact on the child's overall development.

The majority (231 - 77.6%) of babies had their first dental appointment early, before completing one year of life, a result similar to another study¹⁰, where the vast majority (95%) of babies seen at a Health Unit in the Family, also started dental treatment early. According to the Sociedade Paranaense de Pediatria, the first dental care consultation should be carried out in the first six months of life, preferably until the third month, as it is an ideal time to offer guidance to parents on breastfeeding and instructions on harmful habits, in addition to oral hygiene care¹¹. The Brazilian Association of Pediatric Dentistry recommends that the baby should undergo an oral examination while still in the maternity ward, and that the baby should undergo dental care after the eruption of the first tooth or until the first year of life¹².

Regarding breastfeeding, 135 (45.3%) were exclusive, 82 (27.5%) artificial and 82 (27.5%) mixed. According to the recommendation of the World Health Organization (WHO), babies should remain exclusively breastfed for the first six months and, even after the introduction of food, breast milk should be maintained until at least two years of age¹³. However, a significant number (159 - 53.4%) of babies are artificially breastfed.

In a study¹⁴, it was found that the main factors that lead mothers to start artificial breastfeeding are: the technical difficulties of breastfeeding, such as mastitis, incorrect attachment, not knowing how to position the baby correctly, dissemination of false information, anxiety and lack of a support system, and it is essential that health professionals help pregnant women from the beginning of pregnancy, empowering them, so that they feel safer and more prepared, increasing the chance of success and continuity of breastfeeding¹⁴.

Breastfeeding plays an important role in preventing harmful suckling habits¹⁵. However, in this investigation, even though many of the babies (135 - 45.3%) were fed exclusively with breast milk, a large proportion of them (196 - 65.8%) had harmful oral habits.

Regarding the hygiene of babies' oral cavities, the majority of those responsible (147 - 75.8%) clean them using gauze or a wet cloth, similar results were found in another study¹⁶. Recommendations regarding the hygiene of edentulous babies can be controversial.

While the Brazilian Society of Pediatrics of Paraná states that cleaning the oral cavity of babies before tooth eruption can be carried out to remove residues left by milk on the tongue and cheeks¹¹, the Global Child Dental Fund¹⁷, supported by the Brazilian Society of Pediatrics,

reports that there is no need to perform oral hygiene before tooth eruption in babies who are exclusively breastfed. Furthermore, it emphasizes that hygiene can be carried out using gauze, finger pads or cloths if formulas or other foods are offered, seeking to create the habit¹⁷. Regarding brushing with fluoride toothpaste after tooth eruption, there is a consensus that it should be carried out¹¹⁻¹⁷.

Regarding the number of consultations, 269 of the patients (90.3%) had only one to three dental consultations, which is a low number, considering that baby returns generally occur every six months. This may be associated with the fact that dental care in the public network is affected by several factors, such as social vulnerability, transportation challenges, commuting and forgetting the date of appointments, which can lead to patient absenteeism and compromise continuity of care¹⁸.

It is essential to constantly motivate those responsible to ensure continuity of treatment, promoting the longitudinality of health care. In addition to being extremely important that dental care is provided during pregnancy through dental prenatal care, which is so important that in itself it is one of the indicators in *Previne Brasil*, but it still suffers today from myths and untruths, such as that dental care during pregnancy is unsafe and causes harm to the fetus¹⁹.

Another strategy is to make the multidisciplinary team aware of the importance of early dental care, to encourage them to refer babies to the Dentistry service. In addition to strengthening the shared childcare group, which is a space that guarantees early dental care, since in this UBS Dentistry is part of the group for the five months of the baby's life.

CONCLUSION

The study carried out was fundamental in identifying the profile and dental needs of babies treated in primary care, opening the door for future actions aimed at promoting oral health in this age group.

The results revealed that the majority of patients were seen in the first year of life, with preventive consultations. However, a considerable use of artificial milk formula and a large presence of harmful oral habits were observed.

As a limitation, it is impossible to generalize the results, as they are directed to only one health equipment; but, at the same time, it makes a contribution to early childhood care, which in itself is something that has been built and expanded in the Brazilian reality. Therefore, there is a need for more studies on other experiences and realities, seeking to serve this age group.

Also, it is suggested to strengthen, support and provide guidance during pregnancy, through dental prenatal care, to encourage breastfeeding and prevent oral diseases. In addition

to strengthening the shared childcare group and ongoing, evidence-based education for the UBS oral health team.

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Sabrina Santana Cassemiro contributed to the design, collection and analysis of data and writing. **Caroline Pagani Martins** participated in writing and revision. **Rafael de Azevedo Dalefi** participated in data collection and analysis. **Pablo Guilherme Caldarelli** collaborated in the design, collection and analysis of data, writing and revision.

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