Introduction
Oral Health for Families with Special Health Care Needs

Common mouth problems can affect all children. However, these common mouth problems can be even more troublesome for children and teens with special health care needs. Children and teens with special needs may suffer mouth problems more often and more easily. If dental care is delayed, oral health problems tend to become worse over time. It is not unusual for these children to require a great deal of dental care resulting from inadequate and delayed dental care. A child’s oral health can directly impact his or her general health and daily comfort.

This resource guide is designed to give parents and caregivers tips on keeping their child’s or teen’s mouth healthy. The sheets are easy to understand and can help parents take an active role in establishing and maintaining good oral health for their child. General topics include taking care of teeth, selecting the right toothbrush, adapting toothbrushes, addressing challenges, providing good nutrition, encouraging safety, and going to the dentist. The guide is designed specifically for parents of children with special health care needs, for use in child care centers and community support organizations. There is great value in informing parents and empowering them to make positive choices for their children. Within the child care setting, the information sheets can be copied and sent home throughout the year. Parents should always be encouraged to direct their questions and concerns to their dentist or physician and to schedule regular exams. The guide would also be a good resource for homeschool associations, parent and community outreach programs, as well as dental and medical offices. The medical and dental provider could send home the information sheets according to a specified need or condition. Parents should always be encouraged to ask questions and take an active role in their child’s oral health and overall health. The information should simply be a supplemental resource for parents and should never take the place of regular consultations with their doctor or dentist.

Acknowledgements:

More Smiling Faces project 2007, Robert Wood Johnson Foundation

Division of Craniofacial Genetics
Pediatric Dentistry and Orthodontics
College of Dental Medicine
Medical University of South Carolina

Oral Health Division
Bureau of Maternal and Child Health
S.C. Department of Health and Environmental Control
# Table of Contents

**A comprehensive, user-friendly guide for parents of children with special health care needs.**

## General Home Care

- **Caring for Your Infant's Teeth** ........................................................................................................ 2
- **Tips for Brushing Your Infant's Teeth** ............................................................................................. 3
- **Why Should I Worry About Taking Care of Baby Teeth?** ................................................................. 4
- **Your Child Can Get Cavities from You** ............................................................................................. 5
- **Smile Check** .......................................................................................................................................... 6
- **Teething and the Child with Special Needs** ....................................................................................... 7
- **The Pacifier and Your Infant's Dental Health** ................................................................................... 8
- **Caring for Your Toddler's Teeth** ........................................................................................................ 9
- **Do You Have Trouble Brushing Your Child's Teeth?** ...................................................................... 10
- **How to Make Tooth Brushing Fun!** ................................................................................................... 11
- **Choosing Toothbrushes and Toothpaste** .......................................................................................... 12
- **Adapting a Toothbrush** .................................................................................................................... 13
- **Different Positions for Brushing** ..................................................................................................... 14
- **Effective Ways to Brush the Teeth of a Child in a Wheelchair** ....................................................... 15
- **Flossing** ................................................................................................................................................ 16
- **Basic Tooth Brushing Tips for Adolescents** .................................................................................... 17
- **Using an Electric Toothbrush** ........................................................................................................... 18
- **Challenge: Opening the Mouth for Toothbrushing** ......................................................................... 19
- **Medicine and Your Child's Oral Health** .......................................................................................... 20

## Nutrition and Oral Health

- **Breastfeeding and Your Infant's Dental Health** .............................................................................. 22
- **The Bottle and Your Infant's Dental Health** .................................................................................... 23
Table of Contents continued

Special Conditions and Oral Health
Dry Mouth and Dental Health ............................................................................................................ 48
Effect of Diabetes on Dental Health ................................................................................................... 49
Asthma and Oral Health .................................................................................................................... 50
Tube Feeding: Caring for the Mouth and Teeth .................................................................................. 51
Oral Care and the Child with Autism ................................................................................................. 52
Maintaining Oral Health for Your Child with Cerebral Palsy ............................................................. 53
Oral Health and Children with Down Syndrome .............................................................................. 54
Effective Oral Care for the Child with Down Syndrome .................................................................... 55
Oral Care for a Child with a Cleft Lip and Palate .............................................................................. 56

Additional Resources
GENERAL
HOME CARE
INFORMATION
Caring for Your Infant’s Teeth

Before Teeth Arrive:
Using a clean wet cloth or gauze, gently wipe your child’s
• Gums
• Inside the cheeks
• Outside the lips and along the tongue
Try to do this twice a day.

After Teeth Begin to Arrive:
• Continue wiping your child’s mouth until teeth arrive.
• As teeth arrive, begin using a soft bristle, child-sized toothbrush and water.
• Ask your dentist or pediatrician if you need to add fluoride to your baby’s diet. Fluoride prevents cavities and makes teeth stronger.
Tips for Brushing Your Infant’s Teeth

• Choose a time after feeding when your infant is not fussy or overly tired.
• Cradle your infant’s head with one arm and wipe or brush with the opposite hand.
• Place your infant on a changing table, bed, floor or lap.
• Sing, talk and smile with your infant while cleaning his teeth.
• Clean or brush your baby’s teeth twice a day.
• Be an example; allow your infant to watch you brush your teeth.
  This helps teach and reinforce the importance of good oral hygiene.

A song to share….

Brush, Brush, Brush Your Teeth
Sung to: Row, Row Row Your Boat
Original Author Unknown

Brush, brush, brush your teeth.
At least two times a day.
Cleaning, cleaning, cleaning, cleaning
Fighting tooth decay.
Floss, floss, floss your teeth.
Every single day.
Gently, gently, gently, gently,
Whisking plaque away.
Rinse, rinse, rinse your teeth
Every single day.
Swishing, swishing, swishing, swishing
Fighting tooth decay.
Why Should I Worry About Taking Care of Baby Teeth?

- Babies and toddlers need healthy teeth for chewing. Poor dental health can affect what your baby is able to eat.
- Babies and toddlers are learning to say words. Teeth play a role in speech development.
- Baby teeth hold the place for the adult teeth.
- Baby teeth lost early because of tooth decay can cause crowding of the adult teeth.
- Decayed baby teeth can lead to pain and infection, affecting your baby’s ability to learn, grow and be healthy.
Your Child Can Get Cavities From You

Did you know?
Cavity-causing germs can be passed from person to person.

Have you ever...
- Shared a spoon or cup with your child?
- Bitten off food, then given it to your child?
- Tried to clean a pacifier that has fallen on the ground by placing it in your mouth?
- Tested your child’s bottle by placing it in your mouth?
- Kissed your child directly on the mouth?

How can you prevent the spread of cavities to your infant?
Limit mouth to mouth contact by not sharing food or eating utensils and by not placing objects in your mouth and then in your child’s mouth.
Maintain your dental health and keep your mouth free from cavities and gum disease.
Smile Check

Parents should begin checking their child’s mouth about once a month as soon as teeth begin to appear.

Tips

• Wash your hands before you begin.
• Lift your child’s upper lip. Pull down the lower lip.
• Look at their gums and teeth.
• Try to examine the inside and outside of the tooth surface.
• As baby gets older, check back teeth.
• Early decay may appear as white or brown spots.
• Contact your dentist if you notice any problems.
Teething and the Child with Special Needs

Facts:
• Teeth come in at different rates for all children. Children who may have delay in growth and development may take longer to get their baby teeth and may be slower to lose them. They also may take longer to get adult teeth.
• Children with developmental problems have a greater chance for bite problems like crowding, faulty bite of the teeth, and poor jaw position.

What to Expect When Your Child is Teething:
Common signs of teething include:
• Discomfort, restlessness, irritability, loss of appetite, and waking during the night
• Chewing on toys and fingers
• Increased saliva, causing your child to drool more and cough as he tries to clear his throat.

Soothing Your Infant While Teething:
Give your child chewing objects such as a:
• Cold, wet washcloth
• Hard, solid teething ring
• It is not recommended that you give him an over-the-counter numbing medication.

Stay on Top of Potential Problems:
Visit the dentist regularly so they can observe your child’s dental development.
The Pacifier and Your Infant’s Dental Health

Facts:
- It is normal for young children to suck on their thumbs, fingers or pacifiers for comfort.
- Some pacifiers are safer than others.

Using the Pacifier Safely and Correctly:
- Make sure the pacifier is solid and all one piece.
- Pacifiers should be made of a nontoxic material.
- The shield should be ventilated and large enough to prevent swallowing.
- Pacifiers should not be tied to clothing.
- Never clean a pacifier that has dropped on the ground by placing it in your mouth. Germs that can cause cavities can be passed to your infant.
- Never dip a pacifier in sweetened foods, such as sugar, honey or syrup.
- Discourage the use of a pacifier after 18 months of age.
Caring for Your Toddler’s Teeth

• Look at your child’s teeth and gums at least once a month so that you will be able to see problems in time.
• At age 2, you can use a small amount of fluoride toothpaste – a smear of paste.
• Always select a soft bristled, toddler-sized toothbrush.
• Lift your child’s lip to brush at the gum line and behind the teeth, and pull down the lower lip.
• After brushing your child’s teeth at night, do not give your child anything to eat and only water to drink.
• Make an appointment for your child to be seen by a dentist by the child’s first birthday.
• Check to see if you have fluoridated water at home. If you do not, inform your dentist or pediatrician.
• Let your children see you brushing your teeth, and tell them what you are doing and why.
Do You Have Trouble Brushing Your Child’s Teeth?

Here are some tips to make brushing easier:

- Brush your child’s teeth with your child lying down.
- Put your child’s head on your lap or on the floor, keeping his head steady with your legs.
- If your child is standing, have his back to you with his head tilted slightly and resting against your body.
- Have your child stand in front of the bathroom mirror while you brush his teeth so your child can see what is being done.
How to Make Toothbrushing Fun!

Here are some tips to make brushing easier:

• Take your child to the store and let him pick out a few toothbrushes in his favorite color or ones that feature his favorite characters. When brushing his teeth, allow him to choose which toothbrush he wants to use. This will help motivate him to brush.

• Let your child brush his teeth at the same time you are brushing your teeth.

• Create a “toothbrushing routine.” The routine can include playing music, getting things set up, and using a favorite cup for rinsing. Try and stick to the same routine every day. You can also sing a song while brushing like the one below.

• If your child is able, let him brush his own teeth first, then you should brush them again. Encourage your child to spit out the toothpaste after brushing.

• Keep in mind that most “children’s toothpaste” brands are fluoridated. You should only use a very small amount—a smear of toothpaste on the head of the toothbrush. Swallowing too much toothpaste with fluoride can lead to staining of the teeth (fluorosis).

Sparkle
Sung to: Twinkle, Twinkle Little Star
Original Author Unknown
Sparkle, sparkle little teeth
Some above and some beneath.
Brush them all at every meal,
Clean and fresh they will always feel.
Sparkle, sparkle little teeth
Some above and some beneath
Snacking, snacking, it’s okay.
Try it in the proper way.
Eat raw veggies, fruit and cheese.
They will make your mouth say, “Please!”
Snacking, snacking, it’s okay.
Try it in the proper way.
Floss them, floss them, in between
Cavities will not be seen!
See your dentist twice a year,
You will grin from ear to ear
Floss them, floss them, in between
Cavities will not be seen!
Choosing Toothbrushes and Toothpaste

As soon as your child has teeth, he should have his very own toothbrush.

**Guidelines for choosing a toothbrush for your child:**

- Soft bristles clean the teeth better.
- Choose smaller, child-sized toothbrush heads with large handles. In addition to being more comfortable, children's toothbrushes come in a variety of colors and patterns that young children like.
- Replace toothbrushes every three to four months, or sooner if your child chews on her toothbrush or has been sick.

**Hints for choosing and using toothpaste:**

- Unless recommended by a dentist, toothpaste with fluoride is not suggested for children under 2 years old and for children who can not spit.
- A smear of toothpaste is recommended for children ages 2-5. The toothpaste should be applied by the parent and spread along the head of the brush.
- Children's toothpaste contains the same amount of fluoride as adult toothpaste, so the amount of toothpaste must be carefully controlled and kept out of reach after brushing.
- Using too much toothpaste can lead to “fluorosis”—a staining of the teeth.
Adapting a Toothbrush

Don’t give up on brushing if the child is unable to hold a brush. Here are some suggestions to help make a toothbrush easier to hold:

1. Tennis Ball: Cut a hole on both ends of a tennis ball and then push the toothbrush through the ball.
2. Bicycle Handle: push the toothbrush into the hole where the bicycle handle would fit. Not all bicycle handles will work.
3. Use an elastic band or a piece of Velcro to hold the brush in the child’s hand. Be careful not to pull too tight.
4. There are some special toothbrushes that are made to be easier to hold. See Resources section: Toothbrushes.
Different Positions for Brushing

There are a number of positions you can use to clean a child’s teeth. Remember that supporting the head, being able to see inside the mouth and moving the brush around easily are important. Make sure you have good light and can see what you are doing.

Work with your dentist, dental hygienist, or dental assistant, to find the safest, most comfortable position for you and your child.

Standing in the Bathroom:
- If your child is standing, have him stand in front of the bathroom mirror with his head tilted slightly against your body.
- Place your hand gently over your child’s hand so that you can help with toothbrushing.
- This will help your child learn how to brush.
- Standing behind the child makes it easier for you to brush the child’s teeth.

Sitting on the Floor:
- You sit on a chair with the child sitting on the floor in front of you.
- Have the child lean against your knees.
- You can gently place your legs over the child’s legs or arms to keep them still, or a second person can help you.

Lying on the Floor:
- Place the child on the floor.
- Kneel behind the child.
- Place a pillow in your lap.
- Place the child’s head on the pillow.
- Use your arm to help hold the child’s head still if needed.

**Remember that in any position, it’s important to support the child’s head. Take care to make sure the child does not choke or gag when head is tilted back. Lying or reclining on the floor can be very difficult for a child with cerebral palsy or any other condition involving muscular control. A sitting position is often a better option for these individuals.**
Effective Ways to Brush the Teeth of a Child in a Wheelchair

Basic Tips:
- Stand behind the wheelchair.
- Use your arm to brace the child’s head against the wheelchair or against your body.
- Consider using a pillow so that the child is comfortable.
- Drape a towel around chest or lap to help with any mess. A clean wet washcloth could be helpful in removing excess toothpaste when a child is unable to rinse. If needed, follow with a squirt bottle or syringe of water to rinse the mouth. Catch excess in the towel or in a basin.

Other Options:
- Sit behind the wheelchair.
- Lock the wheels of the wheelchair for safety and then tilt the wheelchair back toward your lap.
Flossing

The Facts:
- A toothbrush can’t reach all the places between teeth.
- Dental floss does a good job of removing food and cavity germs between teeth.
- If food and germs are not removed, they can cause gum disease and cavities.
- Parents need to help children under the age of 10 with flossing.

How to Floss:
- Wind about 12-18 inches of floss around the middle fingers on both hands. Hold the floss tight between the thumbs and forefingers with about one inch of floss between them.
- Gently guide the floss between teeth using a sawing motion. Do not push it into the gums.
- Curve the floss into a C-shape against the side of the tooth at the gum line. Hold the floss against the tooth and move it up and down against one tooth.
- Pull the floss against the other tooth and repeat.
- Repeat this for all of the teeth. Pay special attention to the back surface of each tooth.
Basic Tooth Brushing Tips for Adolescents

Step 1:
Put a smear of toothpaste on the brush
Point the toothbrush toward the gums
Use gentle circles or back and forth wiggles

Step 2:
Top Teeth: Begin with the outside of the top teeth
Back, corner, front, corner, back
Chewing surfaces:
Right and left

Step 3:
Bottom Teeth:
Brush in same order as top teeth

Step 4:
Brush the tongue from back to front. Be careful to avoid gagging.

Step 5:
Rinse with water

Step 6:
Smile!

Reminder: Two minutes of tooth time, two times a day!
Using an Electric Toothbrush

The advantage: Even when a child cannot hold and move a regular toothbrush, they may be able to brush their teeth on their own by using an electric or battery-operated toothbrush.

Some tips for using an electric or battery-operated toothbrush:
- A powered toothbrush may be of help; however, the vibration or noise may make the child or teen anxious.
- Introduce it slowly so they get used to it.
- First, have them feel the vibration on their hand, then touch the arm and move closer to the face. Rub the outside on the cheek, then the lips, then the front teeth, etc.
- Use praise, and be patient.

Directions for using an electric toothbrush:
- Place a smear of toothpaste on the brush, then place the brush in the mouth.
- Turn on the brush.
- Start in the back corner and gently hold the brush against the tooth surface for four to six seconds, then move to the next tooth and repeat.
- Let the brush do the work.
- Brush the tongue sides of the teeth as well as the cheek sides.
- Make sure you reach the gumline with the brush.
- Be careful not to use too much hand motion when using a powered toothbrush.
Challenge: Opening the Mouth for Toothbrushing

Children with special health care needs can be very sensitive around their mouths. They often tense their upper or lower jaw, making it difficult to clean their teeth. Tartar and plaque can easily grow around the lower teeth if they are not cleaned well.

Suggestions:
- Stand behind the child’s head.
- Place the palm of your hand along their cheek.
- Place your thumb in between the lip and teeth while placing your index finger under the chin to control the head and keep the lip clear from the teeth.
- Make sure the toothbrush bristles can reach the gumline when brushing.
- Praise and reinforce independent attempts.
- Support the child’s head, and take special care to prevent choking or gagging when the head is tilted back.

If the child is unable or unwilling to keep his mouth open, ask your dentist, dental hygienist, or dental assistant for help.
Medicine and Your Child’s Oral Health

Medicine, Sugar and Tooth Decay:
Children with special needs often need regular medications. Many medications contain sugar or sugar syrups to sweeten the taste. These can cause tooth decay if they are taken for a long time. Another concern is that these sugar-laden oral medications are most often given at nap or bed time, when there is less saliva in the mouth.

Medicine and Dry Mouth:
Some medications such as antihistamines, sedatives and drugs used for muscle control lessen the amount of saliva in the mouth. This produces a condition called dry mouth.

Saliva and Tooth Decay:
Saliva protects the teeth and also washes away liquids. When there is less saliva (dry mouth), there is less protection for the teeth.

Suggestions:
• Give your child medicine when the child is awake, and have the child brush or rinse thoroughly after each dose. If your child is unable to rinse, follow with a squirt bottle or syringe of water to rinse the mouth. Catch the excess in a towel or in a basin.
• Children with asthma should rinse after having a breathing treatment or using an inhaler.
• Be sure to inform your dentist of the medications your child is taking and the frequency and time of the dosages prescribed.
• Request sugar-free medications from your doctor or pharmacist.
NUTRITION
AND
ORAL HEALTH
Breastfeeding and Your Infant’s Dental Health

Breastfeeding is recommended as the best way to feed your infant. It provides your infant with what he/she needs to grow and develop and remain healthy throughout life.

Protecting your infant’s teeth:

- After teeth come in, do not allow your infant to sleep with the breast in his or her mouth.
- Do not use breastfeeding as a pacifier.
- Wipe your infant’s gums and teeth with a clean cloth or gauze morning and night. As more teeth come in, begin a brushing routine using water.
- Look for white or brown spots on both sides of the teeth. Contact a dentist if needed.
- **Schedule that first dental visit by the time your child turns 1 year old.**
The Bottle and Your Infant’s Dental Health

Fact:
Using the bottle incorrectly can cause tooth decay.

How?
Germs for tooth decay make acids from sugars in formula and milk. The acid breaks down the tooth and over time can cause tooth decay.

A Few Things To Remember:
• Never put your baby to bed with a bottle filled with milk. If your baby needs to suck on something to go to sleep, try a pacifier or a bottle filled with water.
• Avoid using the bottle as a pacifier.
• Use only formula, breast milk or water in the bottle.
• Hold your baby while feeding.
• Do not add cereal to a bottle unless your doctor recommends it. This can lead to tooth decay.
• If possible, wean your baby from the bottle by 1 year of age.
Sippy Cups

What is a sippy cup?

- Sippy cups are cups and bottles with a spout.
- Just like baby bottles, sippy cups allow liquids to collect behind the front teeth. When children are drinking sweet liquids such as milk or juice frequently, tooth decay can result.

How to use sippy cups in a healthy way:

- Try to only use a sippy cup during mealtimes. If one is used between meals, it should only contain water.
- Throw away sippy cups after six months of use.
- A sippy cup should not be carried around by your child—injury to the mouth could occur if the child falls.
- When possible, children over 18 months of age should be encouraged to use a small plastic cup without a lid.
Healthy Eating Habits for Good Dental Health

- Give your child several small meals each day.
- Encourage healthy snacking by providing fruits, vegetables and dairy products. Pears, melons, celery and cucumbers are good choices.
- If your child is thirsty, have your child sit in a chair and finish a drink instead of walking around with a sippy cup or bottle.
- Do not let your child constantly sip milk or other sweet liquids throughout the day.
- Limit the amount of juice you give your child. Try diluting the juice with water.
- Do not give your toddler sodas and candy. These can lead to tooth decay and make your child overweight.
- Try not to use food as a reward.
Facts About Milk

• The calcium in milk helps keep teeth and bones strong.
• Children need milk, but they should never be put to bed with a cup or a bottle filled with milk.
• Children should not be allowed to drink milk all day long.
• Serve milk with meals.
• Milk does contain sugar, so teeth should be brushed after drinking milk.
• When a toothbrush is not available, mouths should be rinsed with water after drinking milk.
Juice

Facts:
• 100 percent fruit juice can be good for your child...**HOWEVER**
• Fruit juice has natural sugars that can lead to decay if your child drinks too much of it.

How to use juice in a healthy way:
• Consult with your pediatrician before giving your child juice.
• Serve juice in a cup, never a bottle.
• Give only 4 to 6 ounces of juice each day.
• Dilute the juice by adding water.
• Encourage your child to eat fruit rather than drink fruit juice.
Eating Away at Tooth Decay

Eating healthy and smart is good for dental health. A good diet helps teeth grow properly and keeps gums healthy.

What, When and How Often:
What your child eats is important for healthy teeth, but it’s just as important to be careful about when and how often he eats.

How do cavities happen?
• Cavities can develop when sugary foods or starchy foods have contact with the teeth for a long time.
• Cavity causing germs that live in the mouth eat these foods and make an acid that eats away at teeth.
• If your child eats sugary or starchy foods all day, he is making acid all day long. That acid eats away at the tooth.

What can you do to eat away at decay?
• Encourage your child to eat breakfast, lunch and dinner every day.
• Provide no more than two to three snacks a day and try to make them good foods like fruits, vegetables and cheeses. If your child can’t brush, try to rinse his mouth with water.
• If your child eats sugary or starchy foods, serve them as part of a meal rather than as a snack. Water, milk or juice will help wash away the food from his teeth.
• Avoid sticky foods unless your child can brush right away. These foods get between teeth and are hard to remove from the grooves on the tooth surface.
Is it Ok to Use Food as a Reward for Behavior and Learning?

No!

Why not?
- Food rewards are usually foods filled with sugars and starches such as candy and cookies.
- These types of foods are not nutritious and can promote tooth decay.
- Using foods in this way may cause your child to refuse healthy foods in your home.

Other ways to reinforce good behavior:
- Use behavioral charts, and reward good behavior with favorite activities and free play.
- Use stickers, small toys, praise, applause, and smiles.
- Use candies made with sugar substitutes. They dissolve quickly and are not as harmful as cookies and candies filled with sugar. Be aware...some small candies can also be a choking hazard.
How Can Your Child Snack Smart?
Be Choosy!

There are lots of tasty, filling snacks that are less harmful to your child’s teeth - and the rest of his body - than foods loaded with sugars and starch.

Eating the right foods can help protect your child from tooth decay and other diseases.

Next time you provide a snack for your child, pick a food from the list below.

**Snack Smart Food List:**

- Raw vegetables:
  - celery
  - carrots
  - cucumbers
  - tomatoes
- Fresh fruits
  - berries
  - oranges
  - grapefruit
  - melons
  - pineapple
  - pears
- Dairy products
  - cottage cheese
  - yogurt
  - cheese slices

**Snacks to Stay Away From When Possible:**

- Sticky, chewy gooey, foods like fruit leather, caramel, honey, molasses, syrup, jelly beans lollipops, hard candy, cough drops, bubble gum, and sugary soft drinks

**Healthful reminders:**

- Choose sugary and starchy snacks less often.
- Brush your child’s teeth with fluoride toothpaste after snacks and meals.
DENTAL VISITS
AND THE
CHILD WITH
SPECIAL NEEDS
Finding the Right Dentist for Your Child with Special Needs

Fact:
Not all dentists have the training, experience, or the desire needed to manage people with special needs. It is important to find a dentist who is comfortable working with children with special needs in his/her practice.

Suggestions:
Contact a dental school, community clinic or hospital. Your local dental society may have a resource list of practitioners or institutions in your community.

Ask friends, relatives, parents of children with special needs, schools and early intervention programs, your pediatrician, internist or other physician, a hospital with a pediatric medical or dental service.

Some places you can call or go online to get information on dentists in your area:
The South Carolina Dental Directory for Individuals with Special Health Care Needs
http://www.handsonhealth-sc.org/A/resources/dentist.php

South Carolina Department of Health and Environmental Control’s Careline
Phone: (800) 868-0404

South Carolina Dental Association
http://www.scda.org

Information on Pediatric Dentists
American Academy of Pediatric Dentists
http://www.aapd.org/
Your Child’s Dental Visit

• Try to make the appointment when your child is not too tired, like early in the morning or after a nap.

• If visiting a dentist for the first time, talk to the dentist ahead of time about what to expect at the first appointment.

• When talking with your child, say positive things about going to the dentist. Do not use words like “hurt,” “pain,” “scared,” “shot,” “needle,” or “drill.”

• Before the visit, read a book about going to the dentist to your child. A suggested book for toddlers is “Freddie Visits the Dentist,” by Nicola Smee.

• Talk to your child about what to expect, and build excitement as well as understanding about the upcoming visit.

• Understand that very young children may be fussy, frightened and may not sit still. This is normal. Be patient.

• For children under 2 years old, the parent may need to sit in the dental chair and hold the child during the check-up.

• For older children, it may be helpful to take your child to the dental office before the appointment to familiarize them with the setting.

• Refer to the Special Conditions sections for more specific information regarding dental visits.
Making the Dentist a Part of Your Health Team

As the parent of a child with special health care needs child, you know the importance of regular visits with your doctor and specialist. It is just as important for your child to visit the dentist regularly.

Suggestions:
• Take your child to the dentist by their first birthday. An early dental exam will help monitor proper growth and development and detect dental decay.

• An early trip to the dentist will also help your child to feel more comfortable going to the dentist throughout their lifetime.

• The dentist can monitor your child’s teeth to make sure teeth are developing properly and help prevent bite problems.

Contact your dentist as soon as possible if:
• A dental injury occurs.

• Your child is experiencing pain in their mouth.

• Your child’s baby tooth has not fallen out and their permanent tooth is trying to come in.

• Your child’s teeth are overcrowded. An early orthodontic consultation may be recommended. There are certain procedures that may limit or possibly prevent the need for extensive orthodontic treatment.
Key Things to Share with Your Dentist

Check the boxes that apply to your child and give to your dentist or hygienist at your child’s dental visit.

Special Conditions:

☐ Any physical handicap, developmental problem, or serious medical illness that makes it difficult to clean the mouth

☐ Behaviors (e.g. struggling, kicking, head turning, refusal to open his/her mouth, reaching to pull the hands of a parent/caregiver who is providing mouth care) that limit parents/caregivers from providing thorough care

☐ Poor chewing and swallowing that result in foods remaining in the mouth

☐ Repeated vomiting or bringing of swallowed foods and/or stomach acids into the mouth

☐ Hospitalizations or chronic illness that stops daily oral care

☐ Medications (anti-seizure or behavior control) that may cause dry mouth, ulcers, or gum swelling

☐ Self-abusive behaviors

☐ Birth defect that makes feeding difficult (e.g. cleft palate) or limits proper chewing

☐ Tube feeding

☐ Receives any type of special therapy such as: physical, speech or occupational

(Continued on next page)
Key Things to Share with Your Dentist
(continued from page 35)

Eating Habits:
☐ Frequent eating of starches, and nutritional supplements. Diet limited to soft or puréed foods
☐ Using sugars and starches for behavior rewards in school programs or as behavior control in the home
☐ Frequent use of oral medicines that contain sugars
☐ Dependence on nursing bottles (milk, formula) for feeding instead of age appropriate foods

Mouth and Teeth:
☐ Any condition that makes the mouth tissues sensitive (i.e. cold sore or ulcers)
☐ Crowded teeth (make it more difficult for oral cleaning)
☐ Drooling
☐ Lack of professional dental care for tooth decay, gingival, periodontal infections and lack of dental check ups

General Care:
☐ My child receives care from persons other than parents such as brothers or sisters, grandparents, other relatives, baby-sitter, staff at respite programs or when attending educational programs such as: Head Start, First Steps, child care center, and school.
Sealing Out Decay: Why Parents Should Consider Dental Sealants

Around age 6, your child should get four adult molars.

These teeth are meant to last a lifetime and need to be protected.

One way to protect these new adult teeth is to apply dental sealants.

Dental sealants are clear or white plastic coatings painted on the chewing surfaces of back teeth to prevent cavities. Sealants keep out cavity-causing germs and food.

For more information on dental sealants, talk with your child’s dentist, dental hygienist or visit the South Carolina Department of Health and Environmental Control’s Oral Health Division Web site, http://www.scdhec.net/health/mch/oral/school.htm for more information on sealant programs offered through school-based dental prevention programs.
KEEPING YOUR CHILD’S SMILE SAFE
Is Your Home Safe?
Preventing Dental Injuries in the Home

- Do you have safety locks on your cabinets?
  Children may eat medicines or poisons.
- Are all cords kept out of reach, including appliances and blind and drapery cords?
  Small children may chew on cords leading to electric shock or damaged teeth. They can also strangle themselves with cords.
- Do you have safety gates placed at the top and bottom of stairs?
  Children can fall down stairs and hurt their mouths and teeth.
- Are play areas safe? Is the equipment well-maintained and appropriate for the age of your child?
  Children can fall off playground equipment and hurt their mouths and teeth.
- Is your child playing with toys that are appropriate for their age and stage of development?
  Toys with small parts can choke your child, break his teeth, or get stuck in noses and ears.
- Do you tell your child not to put things in his mouth?
  Things in your child’s mouth can cause choking or break his teeth.
- Do you watch your child when she is eating or playing?
  Watch your child to make sure she doesn’t do anything that can hurt her.
- Is your child strapped into a high chair or booster seat when eating?
  Children can fall out of high chairs and booster seats and hurt their mouths and teeth.
- Do you let your child walk around the house with sippy cups or Popsicles?
  Children can fall and hurt themselves with the cup spouts or Popsicle sticks.
Keeping Your Child’s Smile Safe
At Home and In School

Injuries to the head, face and mouth are common among children. Learn how to prevent injuries and how to handle them if they occur.

- Do not let your child walk around with something in his mouth, such as a cup, a Popsicle or a lollipop.
- Clean up toys, objects and spills to prevent tripping and falling.
- Teach your child to hold the handrail when walking up and down stairs.
- Provide the school with the emergency phone number of your child’s dentist.
- Check out the play equipment at home and at school. It should be in good condition and surrounded by a soft material (i.e., loose sand, wood chips, mulch).
- Have your child wear a helmet when riding his bicycle or other riding toy.
- Teach your child not to bite or chew on hard objects, such as ice or pencils.
Injuries to the head, face and mouth are common among preschoolers. Learn how to prevent injuries and how to handle them if they occur.

- Use an appropriate car seat in the back seat at all times.
- Children who weigh at least 20 pounds and are at least 1 year old should be placed in a forward-facing car seat.
- When your child reaches about 40 pounds and is 4 years of age, the child should ride in a belt positioning booster seat.
- The belt positioning booster seat should be used until the child weighs about 80 pounds or is 4 feet 9 inches tall.
- Do not allow children to place objects in their mouths while riding in the car.
- Keep contact information for your child’s dentist in your purse or in the car.

For more information on S.C. DHEC’s Child Passenger Safety Program call:
(803) 545-4347 or (803) 545-4349
Or find information online at:
www.scdhec.net/health/chcdp/injury/child_passenger_safety.htm
Keeping Your Child’s Smile Safe When Shopping

The Facts:
Injuries to the head, face and mouth are common among preschoolers. Learn how to prevent injuries and how to handle them if they occur.

A fall from a shopping cart can cause serious injury to the head and mouth.

- Place a child in a stroller rather than a shopping cart when possible.
- Strap your child in at all times in the appropriate seating area of the cart.
- Do not allow your child to sit in the basket section of the cart.
- Never allow your child to stand up in a shopping cart.
- Never let a child push or steer the shopping cart.
The holidays can present some hazards to your child’s dental health and overall safety. Below are a few things to keep your holidays bright and healthy for your toddler.

- **Use age appropriate decorations.**
  Keep glass bulbs, lights, tinsel and ornaments that are delicate or have removable parts out of reach. Children who are still “mouthing” items may put ornaments and other decorations in their mouths.

- **Avoid decorating with popcorn.**
  It is a choking hazard for children under age 5 or those with chewing difficulties.

- **Place your tree on top of a table (no table cloth) or put a safety fence around it.**

- **Have visitors put luggage and purses where they can’t be reached.**
  Medicines and other items can be harmful if chewed or swallowed by a child.

- **Avoid putting out hard candies and nuts.**
  These foods are not good for your child’s teeth and can be a choking hazard.

- **Follow the age recommendations when selecting toys.**
  Many of the toys for children over 3 come with lots of little pieces that are a danger to children if placed in their mouths.
Safety: Toys and Dental Health

When choosing toys for your child, make sure that:

- The toy is too large to fit in a child’s mouth.
- Toys do not have small parts that can come off and be put in the mouth.
- Toys do not have sharp edges that can hurt a child’s mouth.
- Balls are made of soft materials so your child is not hurt if hit in the face or mouth.
- The use of baseball bats or golf clubs is supervised carefully.
## How to Respond to a Dental Emergency

Keep this chart with your first aid information and supplies and use as a guide for teeth and mouth injuries.

<table>
<thead>
<tr>
<th>Emergency</th>
<th>What To Do?</th>
</tr>
</thead>
</table>
| **Toothache:**               | • Child needs to see a dentist as soon as possible  
• Do not use heat or place aspirin on aching tooth or gums                                                                                                                                                                     |
| **Permanent Tooth Knocked Out:** | If a tooth is knocked out, it can be saved if you act quickly and appropriately:  
• Find the tooth.  
• Do not handle it by the roots.  
• If dirty, rinse with warm water.  
• Do not scrub it.  
• Gently insert in its socket.  
• If unable to do this, place the tooth in a glass of milk or the child’s saliva.  
• As last resort, place tooth in a glass of water.  
• The tooth must not dry out!  
• Take the child and the tooth to the dentist immediately.                                                                                                                                                              |
| **Baby Tooth Knocked Out:**  | • Do not try to put a baby tooth back in the socket.  
• Place in cool milk or water.  
• Take the child and the tooth immediately to the dentist.                                                                                                                                                                |
| **Broken Tooth:**            | • Gently clean dirt or debris from the area of the injured tooth with warm water.  
• Place cold compresses on the face, in the area of the injured tooth to minimize swelling.  
• Make an appointment with the dentist.  
• Apply direct pressure to the bleeding area with a clean cloth.                                                                                                                                                         |
| **Bitten Lip or Tongue:**    | • Apply direct pressure to the bleeding area with a clean cloth.  
• If swelling is present, apply cold compresses.  
• If bleeding continues and does not decrease within a reasonable amount of time, go to the hospital emergency room.                                                                                          |
Be Smart — Be Safe

Here are some ways your child can be safe and have fun!

Seatbelts:
Everyone should use a seatbelt when riding in a car. Have children sit in the back seat.

Helmets:
Children should wear a helmet when riding bicycles, ATVs, motorbikes and when playing contact sports such as football. For baseball, make sure they always wear a batting helmet.

Mouthguards:
A mouthguard is a plastic tray that fits over your child’s teeth to protect them from injury. If your child does any of the following sports or activities, he should wear a mouthguard:
- basketball
- football
- softball
- wrestling
- soccer
- martial arts
- skateboarding

Regular Dental Check-ups:
Ask your dentist about making your child a mouthguard and to check your child’s teeth for any signs of tooth or gum injury.
SPECIAL CONDITIONS
AND
ORAL HEALTH CARE
Dry Mouth and Dental Health

Dry mouth happens when a person doesn’t make enough saliva. Saliva is needed to help taste food, keep the mouth clean and begin digestion.

Common causes of dry mouth:
- Prescribed and over-the-counter medicine. If you think your child’s medicine is causing dry mouth, talk to your doctor or dentist
- Treatment for cancer
- Stress
- Diabetes

Problems of dry mouth:
Dry mouth is simply an irritation for some people. For others, it can cause serious problems, such as:
- Greater risk of gum infection
- More cavities and gum disease
- Bad breath all the time
- Burning in the mouth
- Trouble swallowing

How to relieve your child’s symptoms:
- Provide them sugar-free gum to chew. This helps to make more saliva. Try to find gum with xylitol because it helps prevent tooth decay.
- Encourage your child to drink water during the day.
- Supervise the brushing and flossing of your child’s teeth twice a day to keep their mouth clean.
- Schedule regular dental visits.
The Effect of Diabetes on Oral Health

These are the most common problems in the mouth related to diabetes:
- Tooth decay
- Gum disease
- Dry mouth
- Thrush - a fungal infection

Tips that will keep your child’s mouth healthy:
- Control your child’s blood glucose. Good blood glucose control can help prevent mouth problems.
- Brush and floss twice a day.
- Schedule regular dental check-ups to keep a healthy smile.
- Be sure to tell the dentist that your child has diabetes.
- Take time to check your child’s mouth once a month for any problems.
- Tell your dentist if you notice that your child’s gums are sore, swollen or bleed when the child brushes or flosses.
- Tell your dentist if your child’s mouth appears to be dry or has white patches.
Asthma and Oral Health

Tips:
The mouth should be rinsed with water after using an inhaler and after taking medicines such as cough syrups. Visit the dentist regularly.

At the Dentist’s Office:
• Bring your child’s inhaler to their appointments.
• Give your dentist information about your child’s latest attack, the factors that trigger their attacks and the severity of their condition.
• Let your dentist know if your child is on long-term steroids.
• Be sure to tell your dentist which medicines your child is taking and in what doses.

For additional information visit the following Web sites:
American Lung Association
http://www.lung.org/

Allergy & Asthma Network Mothers of Asthmatics
http://www.aanma.org/
Tube Feeding: Caring for the Mouth and Teeth

Good mouth care is very important for all persons who are fed with a tube. Even if a person is not able to eat or drink food through their mouth, they still need to have their mouth and teeth cleaned twice a day.

Tips:

- Brush the child's teeth, gums and tongue daily.
- The child's lips should be moistened with water and, if necessary, lubricated with petroleum jelly to prevent cracking.
Oral Care for the Child with Autism

Going to the Dentist:
- Share with the dentist your child’s intellectual and functional abilities, including information on the best way to communicate with your child.
- Be aware that oral care may trigger violent and self-injurious behavior such as temper tantrums or head banging.
- Children with autism function best with routine. It may be helpful to allow your child to visit the office before their appointment so they can become familiar with the setting.
- Help your child visualize what the visit to the dentist will be like by providing a picture of the office, the chair and the dentist.
- Praise and reinforce good behavior after each step of a procedure. Ignore inappropriate behavior as much as you can.
- Set up appointments when the office is not busy. Minimize the number of distractions.
- Discuss with your dental provider any concerns that you may have regarding your child’s oral health.
- Good resource to share with children before a dental visit:
  Off We Go to the Dentist (Off We Go! series/U.S. edition) by Avril Webster
Maintaining Oral Health for Your Child with Cerebral Palsy

Toothbrushing:
- Establish a routine for taking care of teeth.
- Brush your child’s teeth at least twice a day—in the morning and before bed.
- Gagging, swallowing and breathing are challenging for the child with cerebral palsy; a sitting position is recommended when brushing.
- If your child has trouble spitting, place a smear of toothpaste on the brush. Use a clean, wet washcloth to remove the toothpaste after brushing.
- Use a soft bristled toothbrush and adapt it as needed.

Medications:
- Ask your child’s doctor for sugarless medications.
- If you are unable to brush a child’s teeth after she takes medication, have her rinse with water.
- Sweep your child’s mouth with a finger wrapped in gauze after she eats or takes medicine.

Emergencies:
Learn how to best respond to an oral emergency or oral accident.
Oral Health and Children with Down Syndrome

Good home oral care is very important for the patient/child with Down syndrome. There are mental and physical challenges that need to be considered, but providing and teaching oral care to children with Down syndrome can be accomplished with creativity and patience.

Before attempting oral care:
It is important for a care giver to understand the medical problems associated with Down syndrome that directly impact oral health.

- About half of the babies with Down syndrome are born with some type of heart abnormality. Approximately 50 percent of adults with Down syndrome have Mitral Valve Prolapse (MVP) and may need prophylactic antibiotics before dental treatment.

- Most people with Down syndrome have compromised immune systems which makes them susceptible to a higher rate of infections and periodontal (gum) disease.

- Children with Down syndrome may be mouth-breathers and have dry mouth, causing cracking of the mouth and lips.

- A child or adolescent with Down syndrome may have a reduced degree of muscle tone. This can make chewing and natural cleansing of the mouth less efficient, and food may remain on the teeth longer.

- A lack of muscle tone also contributes to problems with swallowing, drooling, and speaking. Additionally, it makes tooth brushing and flossing more difficult.

- A condition related to their reduced muscle tone may affect the fibers around the tooth root and contribute to early tooth loss.

- Teeth grow in late and in unusual order in persons with Down syndrome. There is a high rate of missing baby and permanent teeth, and some teeth may be overly small or abnormally formed. Diet may need to be altered because there may not be enough teeth to chew certain foods.
Effective Oral Care for the Child with Down Syndrome

- Use the same time, location, and position to brush and floss.

- Try to avoid the back top of the tongue when brushing—this area activates the gag reflex.

- Children with Down syndrome can learn to brush and floss independently, but will need help in learning these activities. As the child matures a power brush and a floss holder may help.

- If possible, substitute sugar-free medicines if they are available.

- Do not reward good behavior with sweets, and avoid using candy as incentives. Try to give non-cavity causing foods for snacks such as cheese or peanut butter.

- Medications may cause dry-mouth, so have your child drink water often.

- Take your child to the dentist regularly and make the dentist a part of your health team.
Oral Care for the Child with a Cleft Lip and Palate

Fact:
A cleft of the lip, gum and/or palate in the front of the mouth may cause some dental problems.

Recommended Care:
• Before teeth arrive, use a small wet washcloth to wipe gums and along the ridges of the mouth.

• After teeth arrive, use a soft bristled toothbrush. Teeth should be brushed twice a day.

• After age 2, use a pea-sized amount of toothpaste. Encourage your child to spit out excess toothpaste. If needed, use a washcloth to wipe out excess toothpaste.

• Follow recommended nutritional guidelines and avoid sugary, sticky, and starchy foods when possible.

• Visit the dentist by age 1 and continue with regular visits. Children with a cleft may have special problems related to missing, malformed and wrongly positioned teeth, so early intervention and care is strongly recommended.

• For additional information visit the following Web sites:
  The Medical University of South Carolina Craniofacial Anomalies and Cleft Palate Center
  http://craniofacial.musc.edu/

  Cleft Palate Foundation
  http://www.cleftline.org/#

  University Specialty Clinics, Department of Plastic and Reconstructive Surgery,
  Two Medical Park Drive, Suite 302, Columbia, S.C. 29203.
  803-545-5800 or 803-576-2800
  Dr. Elliott Chen, Director
  http://surgery.med.sc.edu/patientcare/plastic.reconstructive.asp
ADDITIONAL RESOURCES
Resources for Dental Health Related Items

Preventive Dental Specialties
www.preventspec.com
2115 Edgewood Drive
Schofield, WI 54475
Fax: 715-359-9581
Phone: 1-800-352-9669
• Toothbrushes
• Infant toothbrushes
• Toothbrush storage systems
• Dex/Toothbrush—special needs
• Safety Toothbrush
• Toothpaste and floss

Plaque Smackers
http://www.plaksmacker.com/
755 Trademark Circle
Corona, CA 92879
Toll-Free: (800) 558-6684
Fax: (951) 898-2792
• Toothbrushes
• Toothpaste
• Timers
• Disposable mirrors
• Brush racks and storage systems
• Loot bags

Latsa
www.latsa.com/toothbrush_items.html
PO Box 666, Northfield, MN 55057
Phone or Fax: toll free 1-888-805-2872
• Toothbrushes
• Holders
• Timers
• Teeth models
• Animal puppets
• Books
• Toothpaste
• Stickers

Lakeshore Learning
http://www.lakeshorelearning.com
• Colorful dentist puzzle with pieces that are slightly raised to provide easy handling.

Specialized Care Co.
http://www.specializedcare.com/index.cfm
(800) 722-7375 (U.S. and Canada)
• Specialized Care Co. markets products that facilitate the delivery of oral health services. Our products assist dental professionals, nurses, direct care staff, those who provide at-home care, and individuals.
Informational Web Sites

Family Connection of South Carolina, Inc.
http://www.familyconnectionsc.org/
Phone Number: (800) 578-8750
Family Connection is a support network for families who have children with special needs. Founded in 1990, the group helps thousands of children in South Carolina reach their potential by providing parent-to-parent connections, linking families to community resources, and sponsoring a number of educational and support programs.
Programs and services are centered around parent-to-parent networking. The program is based on the principle that families with shared experiences are uniquely qualified to help each other. Family Connection matches parents of children with disabilities with support parents who have children with similar conditions. These trained veteran support parents are an invaluable source of support and encouragement because they have faced similar challenges and celebrations.

South Carolina Dental Directory of Individuals with Special Health Care Needs
http://www.handsonhealth-sc.org/dental
Phone Number: (843) 792-3303
College of Dental Medicine, Medical University of South Carolina
This Directory lists almost 400 dentists throughout South Carolina who work with patients who have special health care needs, including developmental disabilities. The Duke Endowment funds the Web version of the directory, which is part of the “Hands on Health, South Carolina.”
This exciting tool is designed to help individuals with special health care needs. It is equipped with a search engine for a “quick search” or “advanced search”.
In a quick search, you can find dentists by a given disorder (i.e. dentists that see patients with Down Syndrome), by office location in a given city (zip code), or, if you know the dentist’s last name, you may be able to find his/her office address and contact and information including office hours, insurances accepted, specialty, etc.

In advanced search mode, you have several options. You can combine those features that are relevant to your needs. (Example: you may search for a dentist who will be able to see a patient with a specific diagnosis.)
The Medical University of South Carolina Craniofacial Anomalies and Cleft Palate Center
http://craniofacial.musc.edu/
Phone: (843) 792-3251

The Medical University of South Carolina Craniofacial Anomalies and Cleft Lip and Palate Center strives to provide optimal care services for patients with cleft lip and palate and other craniofacial anomalies through an interdisciplinary team approach.

The center adheres to the American Cleft Palate and Craniofacial Association (ACPA) guidelines for treatment and management. It is currently recognized as a craniofacial as well as cleft lip and palate center by the Association.

The center is located at the Medical University of South Carolina Medical Center. The patients, in addition to the specific services of Craniofacial and Cleft Lip and Palate Center, have access to other hospital and clinical services.

Established in 1956 as The Cleft Lip and Palate Team, the Center became the Craniofacial Anomalies and Cleft Palate Center in 1995.

University Specialty Clinics
http://surgery.med.sc.edu/patientcare/plastic.reconstructive.asp
Department of Plastic and Reconstructive Surgery,
Two Medical Park Drive, Suite 302, Columbia, S.C. 29203
803-545-5800 or 803-576-2800
Dr. Elliott Chen, Director
Children with Special Health Care Needs • Oral Health

Patient Services Information

University Specialty Clinics
http://surgery.med.sc.edu/patientcare/plastic.reconstructive.asp
Department of Plastic and Reconstructive Surgery,
Two Medical Park Drive, Suite 302, Columbia, S.C. 29203
803-545-5800 or 803-576-2800
Dr. Elliott Chen, Director

MUSC Children’s Dental Clinic
• Screening appointments for children under 5 years of age are made with the Pediatric Dentistry Residents by calling (843) 876-8815.
• Screening appointments for children from 6 to 13 years of age are made with The Pediatric Dental Clinic Receptionist at (843) 792-3365.
• Parents and/or guardians are required to be present for all appointments.
For Appointments (843) 792-365 for children under 14 years of age

South Carolina Dental Directory of Individuals with Special Health Care Needs
http://www.handsonhealth-sc.org/dental
Phone Number: (843) 792-3303
College of Dental Medicine, Medical University of South Carolina
This Directory lists almost 400 dentists all over South Carolina who work with patients who have special health care needs, including developmental disabilities.

The Medical University of South Carolina Craniofacial Anomalies and Cleft Palate Center
Phone Number: (843) 792-3251
http://craniofacial.musc.edu/
College of Dental Medicine, Medical University of South Carolina
The Center strives to provide optimal care services for patients with cleft lip and palate and other craniofacial anomalies through an interdisciplinary team.

American Academy of Pediatric Dentists
http://www.aapd.org/
The AAPD is the membership organization representing the specialty of pediatric dentistry. Our 6,400 members serve as primary care providers for millions of children from infancy through adolescence.
Additional Web Sites

**Diabetes and Oral Health, American Diabetes Association**

**Working Together to Manage Diabetes**

**American Lung Association**
http://www.lung.org/

**Allergy & Asthma Network Mothers of Asthmatics**
http://www.aanma.org/