

Table 2 : Distribution of correct knowledge and attitude responses of participants on primary preventive strategies

Questions	Responses	Frequency	Percentage
Should gum pads be cleaned	a)yes	285	79.4
	b)no	53	14.8
	c)don't know	21	5.8
When is the correct time to start cleaning the teeth	a) 1 year after eruption of 1 st tooth	164	41.7
	b)immediately after eruption of first tooth	138	38.4
	c) 3 years after eruption of first tooth	57	15.9
First dental visit	a)6 months to 1 year i.e by first birthday	234	65.2
	b)2 years after first birthday	78	21.7
	c)3 years after birthday	47	13.1

Note: The correct responses are marked in bold

DISCUSSION

Children are exposed to medical care however dental care at an early age is a constraint, therefore physicians have the opportunity to play an important role in educating families to gain access to infant oral health.⁶ In the present study the majority of medical students believed that "baby teeth" are important however only 60.7% students were aware that decay of deciduous teeth will affect permanent teeth. This was comparable with the value of 59.6% in the study by Schroth R et al⁷ and 74% in a study by Shivaprakash et al.⁸ Caries results from an overgrowth of specific organisms that are part of normally-occurring human oral flora. Mutans strepto-cocci (MS) is considered to be a principal indicator group of bacterial organisms responsible for dental caries.⁹ About 19.5% of the medical students agreed that dental caries is infectious and transmissible from mother to child as compared to 23.7% pediatricians and 24.9% of family physicians in a study done by Prakash P et al¹⁰. Most of the respondents (48.5%) opined that the causative organism for early childhood caries (ECC) is *Streptococcus mutans* as compared to 10% by Kumari RN et al⁴. In dentistry, there is quasiconsensus that breastfeeding on demand especially at night and if prolonged, produces caries¹¹⁻¹⁵. In our study 18.4% of medical students agreed that there should be cessation of demand feeding when the first tooth erupts, compared to 49.4% in a study by Chung MH et al¹⁶. Majority of (70%) respondents felt the need of ante natal counseling on feeding and weaning habits in infants as compared to 60% by Shivaprakash PK et al⁸. Most of the respondents (91.6%) knew that putting a baby to bed with a bottle of fruit juice or milk is harmful as compared to 63.5% by Kumari RN et al⁴ and 72.6% by Shivaprakash PK et al⁸. A sweetened pacifier is harmful for baby was agreed by 68.2% of respondents, compared to 90% by Kumari RN et al⁴ and 68% by Shivaprakash PK et al⁸. Regarding the awareness on fluorides 48.7% respondents believed that fluorides should not be used in toddlers whereas only 4% by Kumari RN et al⁴ and 23.7% of family physicians and 37.1% pediatricians in study done by Prakash P et al¹⁰ agreed with it. The medical professionals should be well versed with AAPD policy statement and guidelines for judicious administration of fluoride^{17,18}. The overall awareness on preventive strategies was comparatively good wherein 79.4% respondents agreed that gum pads should be cleaned however only 25% in a study done by Shivaprakash PK et al⁸ and 32% in study done by Kumari RN et al⁴. About 65.2% recommended 1st dental visit in 6 months to 1 year as compared to 40% in study done by Kumari RN et al⁴ and 52.5% in a study done by Shivaprakash PK et al⁸ and only 2.7% of pediatricians and family physicians in study done

by Prakash P et al¹⁰. In Manitoba 58.3% of participants were aware of professional organizations' recommendation about the timing of children's first visit to the dentist in a study done by Stijacic T et al¹⁹. It was found that less than 20% of the pediatricians and family physicians reported counseling parents about bringing their child to the dentist before age 1 year in a study done by Herndon JB et al²⁰.

CONCLUSION

This study has identified that there is a need to increase the knowledge of graduating medical students through effective strategies. They require adequate training in infant oral health in medical school, residency, and in continuing medical education courses. The medical professionals should also be encouraged to actively participate in continuing dental education programs and courses specifically related to infant oral health. Such courses should be made mandatory so that they can be useful to upgrade dental awareness which in return can be imparted to their patients.

RECOMMENDATIONS

- 1) Inclusion of infant oral health in medical curriculum
- 2) Posting in appropriate departments of Dental institutions.
- 3) Joint continuing medical – dental education programmes.
- 4) Interactive sessions between qualified dental health professionals and graduating medical students.

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