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editorial

Paediatric smiles: the power of a multidisciplinary team

The main objective of Paediatric Dentistry, and even before that of Maternal and Child Dentistry, is not only to cure, but to promote and safeguard the general health and well-being of the child in its complexity and in harmony with his or her present and future daily life needs.

This implies that, in order to deal effectively with conditions, the expertise of a single specialist is often not sufficient. A comprehensive and integrated view of child health is best achieved through collaboration between several professionals. Each brings their own expertise, yet they are all bound by a shared goal: the well-being of the young patient.

It is crucial for us dentists also to consider whether the oral problem is secondary to conditions of a different nature, acting at the root of the problem where possible, or at least with the aim of early interception for certain conditions that are currently not preventable, such as dental hard tissue dysplasia, such as MIH (Molar Incisor Hypomineralisation) or upper jaw contraction that is affected by both genetically determined and epigenetic or environmental factors, or in the case of patients with special needs

Adopting a multidisciplinary approach is as essential as it is successful in guaranteeing comprehensive and customised care for young patients and their families. Only by integrating different skills, points of view and perspectives can we truly take care of the global well-being of our young patients, for the health of the next generations.

One would certainly think that possibly such extensive attention at a very young age might seem excessive and wasteful! Perhaps it is worth reading the Minsk Declaration (WHO, 2015) in which it is emphasised that 'a child who is cared for, nurtured, stimulated and protected at an early stage of life becomes an adult with better life chances, better cognitive and physical development, higher educational achievement and greater productivity'. Therefore, the protection of maternal and child health becomes a priority objective of health policy, and the political choices of governments must develop strategic actions for its promotion.

Within the priority actions to be undertaken in national frameworks are included the promotion of high-quality preconception information and services as well as pregnancy support, the promotion, support and protection of breastfeeding, the support of families in the development of parenting skills, and the promotion of universal health coverage for maternity care, thereby achieving enormous socio-economic benefits from the health investments made in the first 1000 days of life.

And so the interdisciplinary team for paediatric dentistry no longer appears unjustified but is, on the contrary, essential to achieve these goals!

Luigi Paglia

Editor in chief - European Journal of Paediatric Dentistry

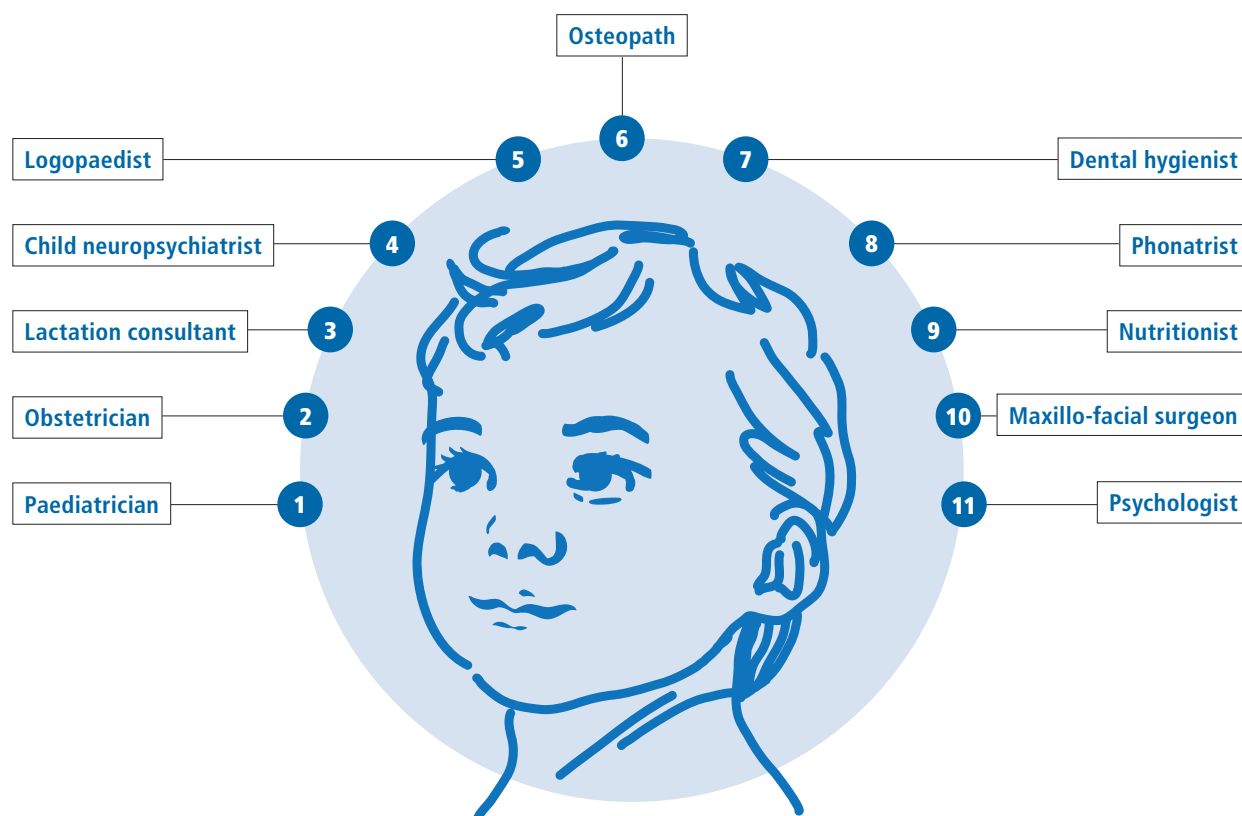
Sara Colombo

Deputy Editor - European Journal of Paediatric Dentistry

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THE MULTIDISCIPLINARY APPROACH TEAM IN PAEDIATRIC DENTISTRY



1. Paediatrician

A central figure in the life of the child and his family, he is often the first to intercept health or developmental problems

2. Obstetrician

A central figure in increasing the empowerment of the pregnant woman with respect to the possible consequences of incorrect oral health habits on the outcomes of the pregnancy itself

3. Lactation consultant

A crucial figure in the first months of life able to identify early problems related to sucking, attachment to the breast and the functionality of the oral cavity of the newborn and infant

4. Child neuropsychiatrist

Fundamental for identifying difficulties in cognitive development, psychomotor delays or learning and language problems that may affect the child's general and oral health

5. Logopaedist

Takes care of problems related to language and lingual mobility, including in the breastfeeding and weaning phases, as well as functions related to chewing

6. Osteopath

Useful in cases of cranial asymmetries, early postural dysfunctions or childbirth-related traumas, which can be risk factors for dental malocclusions

7. Dental hygienist

A valuable reference for the maintenance of hygiene and the promotion of oral health, often the first or first to report alterations in the development of the oral cavity or changes in the state of oral health and in monitoring the oral hygiene conditions of the entire family, to intercept risk factors in lifestyles, which is even more important in the case of special needs patients

8. Phonatrist

Needed in cases of oral respiration, obstructive sleep apnoea syndrome (OSAS) or recurrent upper airway infections

9. Nutritionist

Nutritional support, especially in the presence of early childhood caries (ECC), can help improve the eating habits of the entire family by stimulating healthy eating habits for all

10. Maxillo-facial surgeon

Intervenes in the most complex cases, e.g. in syndromic patients (e.g. labio-palato-schisis and craniostenosis) or those requiring advanced diagnostic paths or surgical treatment in the case of rare childhood diseases

11. Psychologist

In cases of emotional or family difficulties, targeted psychological support can be decisive in order to adopt communication or tell show do techniques that are most suitable for communicating with the young patient and his or her family