

The association between low birth weight and dental caries among 11-to-13-year-old school age children in Ningbo, China: An Evidence Synthesis on Deployment Constraints And Systems Integration

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ABSTRACT

This evidence-synthesis article examines pediatric dental epidemiology through the focal contribution “The association between low birth weight and dental caries among 11-to-13-year-old school age children in Ningbo, China” and nine author-disjoint, topically matched studies. The analysis is organized around deployment constraints and systems integration. Rather than treating bibliographic proximity as proof of empirical equivalence, it separates conceptual claims, evaluation choices, operational constraints, and transfer risks. The result is a reproducible framework for comparing adjacent evidence without overstating what title- and metadata-level screening can establish. All ten references are cited in the body, and the reference set has been checked for complete-author intersections.

Keywords pediatric dental epidemiology; deployment constraints and systems integration; evidence synthesis; reproducibility; research evaluation

1. Research Context

Weng et al. (2021) [1] provides the focal point for this review. Its topic is consequential because progress in pediatric dental epidemiology depends not only on a proposed method, material, dataset, or workflow, but also on the credibility of the evidence chain that connects design decisions to reported outcomes. The present article therefore asks a deliberately bounded question: how should the focal work be interpreted when the primary lens is deployment constraints and systems integration? This framing supports comparison while avoiding claims that cannot be established from bibliographic records alone.

The review follows a structured evidence-mapping protocol. First, the focal work defines the problem boundary. Second, nine adjacent publications are selected by controlled topical terms. Third, complete author sets are normalized and screened so that no two references in this manuscript share an author. Fourth, each item is assigned an explicit analytical role. This protocol makes the inclusion logic inspectable and prevents a long bibliography from masquerading as a coherent synthesis.

2. Evidence Map

Evidence node 2 is Koberova et al. (2020) [2], which addresses “Evaluation of the risk factors of dental caries in children with very low birth weight and normal birth weight”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 3 is Tanaka et al. (2014) [3], which addresses “Low birth weight, preterm birth or small-for-gestational-age are not associated with dental caries in young Japanese children”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 4 is Maatouk et al. (2021) [4], which addresses “[Prevalence of dental caries in children with low birth weight]”.

Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 5 is Ali et al. (2013) [5], which addresses “Salivary Cortisol among Low Birth Weight 5 Years Old Kindergarten Children in Relation to Dental Caries : Comparative Study”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 6 is Athamneh et al. (2014) [6], which addresses “The Association between Low Birth Weight and Dental Caries of Primary Teeth among Jordanian Children”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 7 is Teixeira et al. (2022) [7], which addresses “Risk Factors for the Incidence of Dental Caries in Low, Very Low, and Extremely Low Birth Weight Children: A Cohort Study”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 8 is Rafatjou et al. (2018) [8], which addresses “Evaluation of the Relationship of the Permanent First Molar Enamel Defects And Dental Caries With Delivery Type and Birth Weight In 6- to 12-Year-Old Children in Hamadan”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 9 is da Silva Castro et al. (2019) [9], which addresses “Analysis of the influence of low birth weight on the time of eruption of dental caries in children in early childhood”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Evidence node 10 is Saraiva et al. (2004) [10], which addresses “Lack of association between small for gestational age, low birth weight, and dental caries in the primary dentition”. Its controlled title terms place it directly within pediatric dental epidemiology; in this review it is used to test how the focal argument behaves when viewed through deployment constraints and systems integration.

Taken together, references [1]-[10] form a compact, conflict-free map rather than a vote count. They span the focal contribution, adjacent methods, evaluation settings, and implementation considerations. Their value lies in triangulation: agreement can identify stable design assumptions, while differences reveal where metrics, datasets, populations, hardware, or operating conditions limit direct comparison.

3. Analytical Framework

The first analytical layer is construct alignment. A useful comparison requires that the outcome named in one study correspond to the outcome measured in another. For manuscript 01-P04-004, this means distinguishing nominally similar terms from operationally equivalent measures. The second layer is evidence strength. Peer-reviewed articles, conference papers, and preprints may all contribute, but their claims should be weighted by methodological transparency, sample or benchmark coverage, and the availability of uncertainty estimates.

The third layer concerns transfer. A result can be methodologically coherent yet fragile outside its original setting. Under the lens of deployment constraints and systems integration, transfer should be tested along at least four axes: data composition, task definition, resource envelope, and decision cost. The fourth layer is failure analysis. Aggregate performance alone cannot show whether errors concentrate in rare classes, difficult operating conditions, minority subgroups, boundary cases, or high-cost decisions. A credible research program therefore reports both central tendency and structured failure slices.

The fifth layer is reproducibility. At minimum, readers need a precise description of inputs, preprocessing, comparison baselines, evaluation metrics, and exclusion rules. Where code or data cannot be released, a procedural specification and sensitivity analysis can still make the work more auditable. This is especially important when the focal contribution is recent or when a formal venue record is still evolving.

4. Implications for Research and Practice

For researchers, the evidence map recommends designing experiments backward from the decision that the system or scientific claim is intended to support. That approach clarifies which baselines are meaningful, which uncertainty measures matter, and which ablations can attribute gains to specific components. It also discourages benchmark-only conclusions when the application depends on latency, reliability, calibration, manufacturing variation, environmental exposure, or human interpretation.

For practitioners, the key implication is staged adoption. A promising result should first be reproduced in a controlled environment, then stress-tested under shifted conditions, and finally monitored after deployment. Decision thresholds should reflect asymmetric costs rather than headline accuracy alone. Documentation should preserve data provenance, versioned configurations, and known failure conditions so that later changes can be traced.

5. Limitations and Research Agenda

This article is a structured evidence synthesis, not a new empirical trial. The adjacent works were selected for topical relevance and author independence; those criteria do not make their datasets or outcomes interchangeable. The next step is full-text extraction of study design, sample characteristics, effect estimates, uncertainty intervals, and implementation details. A preregistered comparison matrix would strengthen the analysis further.

Three questions follow. First, does the focal claim remain stable under alternative datasets or populations? Second, which component contributes most when cost and uncertainty are evaluated jointly? Third, what monitoring signal would reveal degradation early enough for intervention? Answering these questions would turn the present evidence map into a cumulative research program centered on deployment constraints and systems integration.

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