

Child's First Dental Visit

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Quick Response Code



doi: 10.5866/2013.541400

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Article Info:

Received: July 14, 2013
Review Completed: August 12, 2013
Accepted: September 13, 2013
Available Online: February, 2014 (www.nacd.in)
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ABSTRACT:

Early exposure to and familiarization of the child with the dental environment are seen as important measures in reducing dental anxiety in young children.

The child's first dental visit is also an important occasion for the parent to address his or her own anxiety and fear of dental care, which in turn may reflect on the child. Clarification of the parents' role in supporting the child emotionally before, during and after future dental visits is another important goal.

Key words: age, first visit, parents, recommendations.

INTRODUCTION:

Children are the adult dental patients of future and good ground work in the early years of dental monitoring and treatment planning will pay dividends both in short and long term.

In the past children visited a dentist only after a problem was severe enough to be noticed by a parent. This is now an outdated approach which is no longer appropriate in the age of preventive health. The infant's oral health visit is now the foundation upon which a lifetime of oral and dental health can be built. First impression usually has a lasting effect and so a child's introduction to dentistry should leave a favorable impression and so it is helpful if children begin attending when they have no immediate treatment need as a child who visits/attends in pain and who may require operative treatment at that visit will have a very different first impression from the one who attends symptoms free and only requires dental examination. The first dental visit should be primarily a "fun, getting to know you session" for the child with the dentist. The age of the first dental visit of the child helps in determining the quality of the preventive dental care

that the child will receive and, thus, the future oral health of the child. The American Academy of Pediatric Dentistry also advocates a dental visit within the first year of life, which is strongly supported by the American Dental Association.¹ The American Academy of Pediatrics recommends oral health risk assessment by 6 months of age and establishment of Dental Home for all infants by 12 months.²

Visit before the child's birth: - [Pre-birth visit]

The visit is needed as it is essential to establish a first contact between the health professional and the parent with the object of imparting information and initiating a bond of trust. According to Furze and Basso, the first dental visit should be around the fourth month of intrauterine life. During this visit by the expectant mother, the dentist has an opportunity to explain the importance of the dental visit at 6 months of age, educate the mother on eruption of teeth and preventive procedures, and to provide parent counseling.³ As the pregnant woman is concerned with her own health and keen to deliver a healthy baby, she is receptive to suggestions that will affect the health of her child and so this presents the best possible moment to present here with principals of health education and explain her that the baby's teeth are beginning to form at her current stage of pregnancy. Also it has been proved that the infant acquires the mutans streptococcus from his mother (i.e.) earlier the acquisition, higher the risk of caries in primary dentition and so mother's oral health also needs attention and care. Education provided at this visit may include the following:

1. This first visit will be a particularly appropriate time to explain to the expectant mother how she may ensure that the teeth erupt healthily and the care that should be given to them after eruption to maintain dental health.

2. The opportunity should also be taken to encourage the concept that today's dentistry represents a partnership between dentist and parents, working together and guiding them towards

their own and their baby's oral health. This represents a much better option than simply treating the disease.

3. It should also be possible to identify high risk situations and to indicate (and provide from the start), preventive procedures for both parent and child, where these are needed.

4. A further aim of the first visit before the child's birth, is to intimate the need for an appointment when the baby is six months old. This health education strategy for families is feasible, economic, and has been used effectively many times by the authors. The interview or prebirth visit, where the pregnant woman herself receives dental assistance and where both parents are provided with oral health education is designed to achieve positive, conscious and responsible attitudes and behaviors. Particular emphasis is placed on determining cariogenic risk factors and instituting the use of cariostatic agents such as fluorides.

The educational activity usually takes place as part of a regular check-up at the dentist's office, but the objectives should also be supported by other health professionals such as paediatricians, obstetricians and others. As a minimum, these other health care professionals should be encouraged to promote a visit to the dentist for all expectant mothers. The key to effective oral health promotion and disease prevention lies in anticipatory guidance and education of the parents, early detection and timely referral for appropriate intervention. This is often best accomplished by those non-dental health professionals to whom many women entrust their own health during pregnancy and the health of their children during infancy and early childhood.⁴

Recommendations for the Age of the First Visit of the Child.

From the review of a range of major dental associations it was found that most recommended an early dental visit with some recommending the visit should occur within 6 months of the eruption of the first tooth or by the age of 1.⁵

ORGANISATION	RECOMMENDATIONS
Australian Dental Association	Early visits to prevent dental disease
British Dental Association	As early as possible
Canadian Dental Association	Within 6 months of eruption of first tooth or by 1 year of age
American Dental Association	Year 1 dental visit
American Association Paediatric Dentists	As soon as first tooth erupts or no later than 1st birthday

Purpose of the first visit of the child.

The recommendations for a first dental visit either 6 months after the eruption of the first tooth or at the age of 1 are based the premise that the visit will provide an opportunity to evaluate development,^{6,7,8} early detection of caries,^{6,8,9} familiarize a child with the dental environment and discuss preventive home care.^{6,7,9,10,11.}

STUDIES REGARDING THE FIRST VISIT OF THE CHILD.

Nainar and Straffon in their study showed that the first dental visit should be performed at 1 year of age for all children from a low socioeconomic background. However, it can be an elective visit for infants from middle- to high socioeconomic status families. This study showed that in the United States only 32% of children aged 2-4 years had a dental visit in the past 12 months.¹⁷ Slayton et al. in their Iowa Fluoride Study reported that among children between birth to 3 years only 2% of the parents reported that their child had a dental visit by 1 year of age.¹² A study by Pierce and coworkers in North Carolina showed that pediatric primary care providers tend to under-refer, and only 70% of children with evidence of dental disease received a referral. Dela Cruz et al. reported that most children are exposed to medical care at an early age but not to dental care.¹³ A study by Cunha in a Brazilian population revealed that, following an awareness program carried out by the Baby Clinic of the Dental School of Aracatuba, the most common reported

reason for infants to seek dental care was the parents' desire for orientation and prevention.¹⁴

A Scandinavian study by Poulsen showed that the prevalence of caries (initial lesions included) at the age of 1 year was close to zero, but increased to 8% at the age of 2 years.⁹ A study by Douglass et al. reported that among 3-4 year olds, only 26% received the recommended preventive dental care, whereas 80% received the recommended medical well-child visits. Although over 90% of report that dental counseling and examination should be a part of the well-child visit, 37% of family practice residents reported no dental health education in medical school and 42% reported that they received no training during residency.¹⁵ According to the guidelines of the Australian Academy of Pediatric Dentistry (2002), the first oral examination should follow the eruption of the first primary teeth and be no later than 12 months of age. During first 12 months of the child's life, parents / care givers should receive counseling on appropriate oral hygiene procedures, fluoride supplementation, and feeding practice as well as general dietary counseling related to oral health; they should also be counseled regarding trauma and general injuries and oral habits. It has also been reported that in the Australian context it is evident that most children do not seek dental care till they go to school at 5 years of age. An Indian study showed a low awareness level in the population, as the majority of the children were brought for the first dental visit at 6-12 years of age and the commonest reason for seeking dental care was pain and dental caries. It is also evident that parents bring their child for a dental visit only when the disease is moderate to severe. Only 8.52% and 6.51% of subjects reported for the first dental visit before 3 years of age in the retrospective and prospective studies, respectively.¹¹

A retrospective longitudinal cohort study showed decreased costs over two years for those children who present for early preventive visit but based on 23 children.¹⁶ A cross-sectional survey of the general dentists showed 60% of the dentists did not agree with current AAPD recommendations. 40% recommended 3 yrs of age for first visit access problems for very young children, those with high

levels of disease or those funded by Medicaid.¹⁷ Ismail et al (2001) found that universal access did not eliminate the disparities in oral health and that there was no statistically significant difference in the mean caries experience between the children who visited < 2 years and those who visited aged 2-5 years.¹⁸

VISIT AT 6 MONTHS OF AGE

The visit at 6 months of age will help to revise and emphasize what was already taught at 4 months of intrauterine life, remembering that feeding and oral hygiene practices have a high impact on the development of dental caries. Both of these behaviors are acquired at home. In the same way, it is in the home that preventive resources such as topical fluorides, particularly fluoride toothpaste may be administered. Fluoride-containing toothpastes are considered as the most important cariostatic agent for the majority of children today.³ Well-trained dental hygienists play an instrumental role in the child's first dental visit, as almost all activities to be performed are within their professional realm. The child's first dental visit at the dental clinic is sometimes organized as a 'play-meeting'. The advantage of this approach is the psychological support mothers and their young children can give each other.⁹ The preventive goals during an early dental visit may include improvement of oral hygiene and eating habits, informing parents about the risks posed by non-nutritive sucking for development of malocclusions, educating parents regarding traumatic injuries and how to seek emergency care, etc. The ultimate aim is to educate and motivate the parent to take all measures to promote oral hygiene and prevent early dental disease.¹¹ Goals: -

1. Behavioral:-

- i. Early exposure to and familiarization of the child with the dental environment are an important measure in reducing dental anxiety in young children.
- ii. It provides an important occasion for the parent to address his or her own anxiety and fear of dental care which in turn may reflect on the child.

- iii. Also the clarification of the parent's role in supporting the child emotionally before, during, after future dental visit is an important goal.

2. Preventive:-

- i. Improvement of the child's oral hygiene.
- ii. Correction of improper dietary and eating habits.
- iii. Improve knowledge about the role of non-nutritive sucking on development of malocclusion.
- iv. Improved knowledge of risks for traumatic injuries including where, when and how to seek emergency care.

3. Therapeutic:

- i. A careful dental examination is not possible in very young child but inspection of teeth and gingival is often possible as early as one year of age.
- ii. Help to identify children with thick plaque accumulation which is a risk factor for caries in young children.
- iii. Makes it possible for interceptive intervention aimed at arresting the progression of caries lesion.

Before any form of treatment is initiated knowledge regarding the attitude of the parent towards dentistry and dental treatment along with family history of dental needs must be gathered to provide a useful baseline for treatment planning.

It is helpful if the initial conversation is informal with a brief introduction to the child. It is helpful to establish a rapport around a subject of interest to each individual child. A few moments of discussing non-dental topics such as siblings, school, favorite toys, TV programs, etc. provides information about his likes and attitudes and a note of these can come handy at a 6 month recall.

At the first visit particularly for an anxious child, optimum time to stop may come within a few minutes letting the patient leave the surgery with a sense of achievement which can be a powerful incentive for the child to come back. For some children just sitting in dental chair and allowing an examination is a mile stone.

Recommendations:

The recommended age of first visit is based on the premise that such preventive visits will provide anticipatory guidance to parents and establish a dental home.

Consideration of the pivotal role of the paediatrician, obstetrician for education, referral and oral health promotion.

Caries risk assessment.

Targeting of early visits and intensive, comprehensive dental care for high-risk groups.

Focused and improved access to reduce disparities of the age of the first visit.

Evidence-based approach to monitoring cost-benefit of Year 1 age of first visit

Need for further research aimed at assessing the impact of dental visit times on caries prevalence in children. **Conclusion.**

It is evident that the awareness level regarding the importance of the first dental visit is very low in the Indian population, with an average age of the child's first dental visit being at > 6 years of age. The commonest reason for seeking dental care at the first visit is found to be pain and dental caries. Attempts must be made to motivate the health care professionals and also the parents regarding the importance of the first dental visit of the child. Although dental caries rates have decreased over time, there are still a number of children that suffer from early childhood caries. That means there is a need to motivate the parents for early visit of their child to establish anticipatory guidance and dental home.

REFERENCES.

1. Policy of Dental Home, Oral Health Policies, AAPD - Reference Manual 2004-2005.
2. Houpt MI. A dental home by age one. *Pediatr Dent* 2003;**25**:4.
3. Furze H, Basso M. The first dental visit: An argentine point of view. *Int J Paediatr Dent* 2003;**13**: 266-268.
4. Hagan JF Jr, Coleman WL, Foy JM et al. Committee of psychosocial aspects of child and family health. The prenatal visit. *Pediatrics* 2001; **107**: 1456-1458.
5. Hiutin A, Lee H, Erbiceanu, Na M, Jafarpour S At What Age Should a Child's First Dental Visit be? An Evidence-Based Report www.storknet.com/experts/dentistry/exmg1.htm Accessed 24.01.14
6. Malik-Kotru G, Kirchner L, Kisby L An analysis of the first dental visits in a Federally Qualified Health Center in a socio economically deprived area. *J Clin Pediatr Dent* 2009;**33**(3):265-268.
7. Nainar SMH, Straffon LH Targeting of the Year one dental visit for United States children. *Int J Paediatr Dent* 2003;**13**:258-63.
8. Meera R, Muthu MS, Phanibabu M, Rathnaprabhu V First dental visit of a child. *J Indian Soc Pedod Prevent Dent - Supplement* 2008;s68-s71.
9. Poulsen S. The child's first dental visit. *Int J Pediatr Dent* 2003;**13**:264-5.
10. Savage MF, Lee JY, Kotch JB, Vann WF. Early Preventive Dental visits: Effects on subsequent utilization and costs. *Pediatrics* 2004;**114**:e418-e423.
11. Meera R, Muthu MS, Phanibabu M, Rathnaprabhu V First dental visit of a child. *J Indian Soc Pedod Prevent Dent - Supplement* 2008;s68-s71.
12. Slayton RL, Warren JJ, Levy SM, Kanellis MJ, Islam M. Frequency of reported dental visits and professional fluoride application in a cohort of children followed from birth to 3 years. *Pediatr Dent* 2002;**24**:64-68.
13. Dela Cruz GG, Rozier RG. Dental screening and referral of young children by pediatric primary care providers. *Pediatrics* 2004;**114**:115.
14. Frederico R. Dentistry for babies: Why do parents seek dental care. *J Clin Pediatr Dent* 2004;**28**:193-194.
15. Douglass JM, Douglass AB. Infant oral health education for pediatric and family practice residents. *Pediatr Dent* 2005;**27**:4.
16. Savage MF, Lee JY, Kotch JB, Vann WF Early Preventive Dental visits: Effects on subsequent utilization and costs. *Pediatrics* 2004;**114**:e418-e423.
17. Seale NS, Casamassimo PS Access to dental care for children in the United States: a survey of general practitioners. *J Am Dent Assoc* 2003;**134**:1630-1640.
18. Ismail AI, Sohn W The impact of universal access to dental care on disparities in caries experience in children. *J Am Dent Assoc* 2001;**132**:295-303