

Recommendations for Preventive Pediatric Dental Care*

Because each child is unique these Recommendations are designed for the care of children who have no important health problems and are developing normally. These Recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The Academy emphasizes the importance of very early professional intervention and the continuity of care based on the individual needs of the child.

Age ¹	Infancy 6-12 Months	Late Infancy 12-24 Months	Preschool 2-6 Years	School-Aged 6-12 Years	Adolescence 12-21 Years
	Parents/Guardians/ Caregivers	Parents/Guardians/ Caregivers	Child/Parent/ Caregivers	Child/Parent/ Caregivers	Patient
Oral Hygiene Counseling ²	*	*	*	*	*
Injury Prevention Counseling ³	*	*	*	*	*
Dietary Counseling ⁴	*	*	*	*	*
Counseling for Non-nutritive Habits ⁵	*	*	*	*	*
Fluoride Supplementation ⁶	*	*	*	*	*
Assess Oral Growth & Development ⁷	*	*	*	*	*
Clinical Oral Exam	*	*	*	*	*
Prophylaxis and Topical Fluoride Treatment ⁸	*	*	*	*	*
Radiographic Assessment ⁹			*	*	*
Pit and Fissure Sealants			If indicated on primary molars	1st permanent molars as soon as possible after eruption	2nd permanent molars as soon as possible after eruption
Treatment of Dental Injury	*	*	*	*	*
Assessment and Treatment of Developing Malocclusion			*	*	*
Substance Abuse Counseling				*	*
Referral for regular and Periodic Dental Care					*
Anticipatory Guidance ¹⁰	*	*	*	*	*

1. First exam at the eruption of the 1st tooth and no later than 12-18 months.
2. Initially, responsibility of parent; as child develops jointly with parents; then when indicated only child
3. Initially play objects, pacifiers, car seats; then when learning to walk; and finally sports and routine playing.
4. At every appointment discuss the role of refined carbohydrates; frequency of snacking
5. At first discuss the need for additional suck & digits Vs pacifiers; then the need to wean from the habit before the eruption of the first permanent front teeth.
6. As per AAP/ADA Guidelines and the water source
7. By clinical examination.
8. Especially for children at high risk for caries and periodontal diseases.
9. As per AAPD Radiographic Guidelines.
10. Appropriate discussion and counseling, should be an integral part of each visit for care.

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