Recommendations for Preventive Pediatric Oral Health Care

Promotion of oral health is considered a joint responsibility between oral health professionals, and other health care professionals. This periodicity schedule is established to reflect the intervals which meet reasonable standards of dental practice. It is not intended to prescribe by whom the services are provided, as this will likely be determined by other factors such as local community capacity.

<u>Children With Special Health Needs</u>: These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. Since each child is unique, these recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. Vermont's Dental and Medical health care community emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

Services	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
	Prenatal	Newborn	3-5 D	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
Oral Health Risk Assessment (OHRA) 1,2							←		●→	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Establish Dental Home 1							←		●→	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Clinical Oral Examination 3							←		●→	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Assess Oral Growth and Development							←		●→	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Assessment and Treatment of Developing Malocclusion												←	▲	→	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Assessment of Third Molars																						●	●	●	●	●	●	●	●	●	●	●
Prophylaxis (Professional Dental Cleaning) 4							▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Assess for Fluoride Exposure 5,12		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Fluoride Supplementation 5							▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲					
Assessment for Pit and Fissure Sealants 6												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Radiographic Assessment 7							▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Anticipatory Guidance and Counseling	●						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral Hygiene Counseling 8	●						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Dietary Counseling 9							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Injury Prevention Counseling 10							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Counseling for Nonnutritive Habits 11									●	●	●	●	●	●	●	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Counseling for Speech/Language Development							▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲															
Substance Abuse/Tobacco Counseling																						▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Counseling for Intraoral/Perioral Piercing																						▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲

Notes:

1 A dental home should be established by 12 mo of age. Based on an OHRA, referral by a primary care provider is recommended as early as 6 mo of age, 6 mo after the first tooth erupts, and no later than 12 mo of age.

2 Perform regularly and frequently to prevent disease, by identifying and minimizing causative factors, and optimize protective factors. Use of the Caries-Risk Assessment Tool (CAT) or practice-based equivalent is recommended.

3 1st exam at eruption of 1st tooth and no later than 12 mo of age. Repeat every 6 mo or as indicated by child's risk/susceptibility to disease.

4 Should be repeated regularly and frequently to maximize effectiveness. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Determine the existing fluoride content in the child's primary water source. The "Vermont Guide to Fluoride Levels in Public Water Systems" lists the naturally and adjusted fluoride levels of all community water systems, and contains testing information for private water sources. If you need a copy of the guide, call the Vermont Department of Health/ Office of Oral Health at 1-802-863-7341. Supplemental fluoride should be considered when systemic fluoride is suboptimal, and should be in accordance with the guidelines jointly recommended by the AAPD, the ADA and the CDC. Professionally applied topical fluoride should be based on OHRA, and the timing, selection and frequency determined by the child's history, clinical findings, and susceptibility to oral disease.

6 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

7 Timing selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease, and not specifically to the child's age.

8 Effectiveness of home care should be monitored at every visit. Consistency of daily preventive activities should be discussed. The child's daily oral hygiene initially is the responsibility of parent; as child develops, jointly with parent; then, when indicated, only child. Early childhood caries (ECC) is an infectious and preventable disease that is transmitted vertically from intimate caregivers to the infant, and these caregivers should be educated on ways to prevent transmission of the bacteria related to ECC from themselves to the infant, as well as on how to decrease other risk factors associated with ECC.

9 At every visit; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

10 Provide age-appropriate injury prevention counseling for orofacial trauma; Infancy/early childhood: play objects, pacifiers, car seats; Children/adolescents: level of mobility, sports, and routine playing, include the importance of mouth guards.

11 At first, discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

12 Recent studies have raised the possibility that infants (under 12 mo of age) could receive more fluoride than recommended when mixing powdered or concentrated formula with community water that has been fluoridated. When liquid concentrate or powdered infant formula is the primary source of nutrition, it should be mixed with bottled water that is fluoride free or contains low levels of fluoride to reduce the risk of dental fluorosis.

Sources:

American Academy of Pediatric Dentistry. (2008). American Academy of Pediatric Dentistry 2008-09 Definitions, Oral Health Policies, and Clinical Guidelines. Retrieved July 27, 2008, from http://www.aapd.org/media/policies.asp

Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

These recommendations were developed by the Vermont Department of Health (Maternal and Child Health, Oral Health) in collaboration with the Vermont chapters of the American Academy of Pediatrics and the American Academy of Family Physicians, and the Vermont Society of Pediatric Dentistry.

KEY: ● **= To be performed, with appropriate action to follow** ▲ **= risk assessment to be performed, with appropriate action to follow** ←●→ **= range during which a service may be provided, with the symbol indicating the preferred age**