

Establishing the Dental Well-Baby Visit

In May 2003, the American Academy of Pediatrics issued a policy statement urging dental exams for very young children. The policy recommends that infants receive an oral health assessment from a health care professional by six months and be referred to a dental health professional by one year. It was a breakthrough of sorts in the physician community's recognition that oral health problems can begin long before a child reaches the age of three.

For nearly 20 years, the American Academy of Pediatric Dentistry has recommended that children first see the dentist six months after the first tooth erupts, or no later than their first birthday. The policy is supported by both the American Dental Association and the Academy of General Dentistry.

Although the concept of the age-one dental exam has yet to enjoy widespread acceptance, the "dental well baby visit," as some practitioners have termed it, is gaining momentum. One of the most important aspects of adopting the policy, say experts, is the value of establishing a dental home.

The model of the dental home has been borrowed from the medical home as medical care for children of all ages is best managed when there is an established relationship between the practitioner and the family. "There are a number of major advantages in establishing the dental home for children at a very young age, in particular, the ability to provide preventive care beginning with the child's first tooth," explains Dr. Paul S. Casamassimo, Professor of Pediatric Dentistry at Ohio State University, Columbus, OH.

The dental home enables dentists to provide education that is relevant to the child's age. In addition, it gives the family a place to turn if they have a question about oral health or if the child sustains an oral cavity injury and needs immediate attention. Without a dental home, the family may have nowhere to turn except the hospital emergency room. That experience can quickly become very stressful and costly.



Furthermore, in those circumstances, the child's first dental experience is likely characterized by anxiety and pain rather than a benign examination.

Too busy for babies

Surveys indicate that acceptance of the age-one policy has been slow among general dentists. According to a survey published in the December 2003 *Journal of the American Dental Association (JADA)*, only 53% of general practitioners were aware of the age-one recommendation—and 60% didn't agree with it. Dr. Casamassimo notes that the reluctance is, in part, a reflection of society's overall lack of demand for very early childhood dental care. However, studies clearly support the value of very early childhood visits. "In populations that have had difficulty accessing dental care, we see the benefits of getting young children to the dentist in the first couple of years of life actually reduces the amount of dental treatment they will need in the long run," says Dr. Casamassimo.

Illinois State Dental Society member dentist Dr. Ned Savide of Palos Heights is a full-time pediatric dentist and President of the American Academy Pediatric Dentistry. From his standpoint, age-one dental exams go hand-in-glove with addressing access to care. "What happens between the ages of zero and three if no one sees these children? Pediatric dentists see 39% of the children. What about the other 61%? We can't see all the children. We're not going to have 200,000 pediatric dentists graduating from dental school. We have to enlist general dentists in at least screening these children."

According to the Centers for Disease Control and Prevention, more than 40% of children have caries by the time they reach kindergarten, and dental problems can begin in children as young as 15 months. Incidence of early childhood caries may be prevalent, but dentists have not been trained to care for infants. "They do not know what to do with a child that is one or two years of age. Our educational system has not prepared them for that. They are not sure if they should clean the child's teeth or even how to do an examination because the infant can't sit in the dental chair," notes Dr. Casamassimo.

However, Dr. Steven S. Schwartz, Director of the Pediatric Dental Residency Program at Staten Island University Hospital and a Diplomate of the American Board of Pediatric Dentistry, observes, "A 12-month-old child is much more manageable than an apprehensive three-year-old. It's much easier to do a quick exam on a 12-month-old child and give oral hygiene instruction to the parents than it is to treat an uncooperative three-year-old with caries. It is very easy to examine infants, and, at that age, the focus is more on educating the parent."

Dr. Schwartz emphasizes that the infant's first visit to the dentist should be a pleasant experience that will positively influence the child's attitudes about future oral health care. "The most effective and comfortable position for the patient, parent, and dentist is the 'knee-to-knee' position. The dentist and parent sit opposite each other with knees touching. The child sits in the dentist's lap and faces the par-

ent. The child's legs embrace the parent's lap, and the parent holds the patient's hands. The child then lies backward until the head rests in the dentist's lap. This position enables the child to see and feel the parent while the dentist performs the examination with minimal restraint. The position allows for excellent visualization of the oral cavity by both the parent and dentist."

Another issue, observes Dr. Casamassimo, is the busyness problem that many practitioners are facing today. "We have fewer dentists trying to take care of more patients. Many dentists say their hands are full and they don't feel like they can see every child under three in their practice. That's somewhat short-sighted, but you can understand the economics of the decision. In many cases, they can be performing more economically rewarding procedures."

However, accepting infants in the dental practice doesn't necessarily require the attention of the dentist. These services to young children can be provided by dental hygienists or even well-trained dental assistants. The infant oral visit is less of an examination than it is a developmental assessment of the child's oral health and the family's oral health understanding and behaviors.

"An assistant or hygienist can, in a matter of minutes, review a developmental history and a history of oral health behaviors and make a determination of what the family needs to know. Similarly, an examination on a one- or

two-year-old child doesn't involve a lot of teeth and can be done very quickly. Very few children need to have their teeth cleaned at that age and, if necessary, the actual cleaning can be done while demonstrating oral hygiene to parents. The dentist, by law, has to check the patient, but many of the actual procedures can be done by another trained staff member," explains Dr. Casamassimo.

More information, less examination

Dr. Schwartz emphasizes that integrating infant patients into the practice enables the doctor and staff to collect valuable information about the child and the family and enables the team to develop an early intervention and prevention system in the practice. In his office, the infant examination includes a pre-appointment assessment. The parents complete a questionnaire prior to the child's first visit. It includes the following information:

- Biographic Data and Family and Social History – This provides insight into the family structure and relationships that may reflect the parent's involvement in the child's oral health.
- Prenatal and Neonatal History – This helps to explain dental abnormalities that occur in the primary dentition as a result of high risk pregnancies, tetracycline ingestion, febrile episodes, etc.
- Development History – This is to ascertain if the child is achieving expected

developmental milestones and assists the dentist in diagnosing potential growth deficiencies.

- Medical History – This alerts the dentist to any potential health issues that could affect the delivery of dental care.
- Dental History – This is an assessment of past dental trauma, teething difficulties, oral habits, and oral home care.
- Feeding History – This is an assessment of the child's feeding habits. Does the child go to sleep with a bottle, fall asleep at the breast? Is the child fed sugary drinks and foods?

The information gathered enables Dr. Schwartz and his staff to better understand the dental IQ of the family as well as assess potential problems or issues that may arise in the child's oral health development.

Although age-one dental exams have not been embraced by an overwhelming majority of dentists, those that have opened their practices to infants report that the benefits are many, and both the perceived and real burdens to the practice and team can be minimized significantly. Furthermore, parental receptivity to the concept of the well-baby dental visit, particularly when the emphasis is on education rather than treatment, will continue to grow as more pediatricians seek to refer their infant patients to local dentists.

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