

EARLY CHILDHOOD

Family Preparation for Health Supervision

Be prepared to give updates on the following at the visits during early childhood:

Supplemental fluoride and vitamins

Changes in the source of the water used for drinking or cooking (bottled water, etc.)

Use of bottle, cup

Eating habits

Injuries to the mouth or teeth

Infections in the mouth

Medications, illnesses

Oral hygiene procedures (frequency, problems)

Changes in teeth present in the mouth

Thumbsucking or pacifier use

Periodicity and Services

Dental Professional

Every 6 months, or as indicated by the child's needs and/or susceptibility to disease, as determined by a primary care dentist:

- Examination
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents concerning fluoride supplementation, appropriate use of dental sealants, oral development, nonnutritive sucking habits (thumb or pacifier), bottle use, tooth eruption, tooth cleaning, injury prevention, dietary habits
- Preventive dental procedures
- Guidance of developing occlusion
- Treatment of injury/dental disease
- Referral, as needed, to other health professionals

Health Professional

Health professionals can reinforce oral health supervision within the context of other health supervision visits—suggested at 12, 15, and 18 months, and 2, 3, and 4 years:

- Screening
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents concerning fluoride supplementation, appropriate use of dental sealants, oral development, nonnutritive sucking habits (thumb or pacifier), bottle use, tooth eruption, tooth cleaning, injury prevention, dietary habits
- Referral, as needed, to dental professional

Interview

Trigger Questions

To be used selectively by the dental or health professional. Discuss any issues or concerns of the family.

Do you help Lynne with brushing her teeth? How has this been going?

Does Brittany's brother have fillings? Have you had any problems with your own teeth?

Are you using fluoridated toothpaste on Bassam?

Do you know about dental sealants?

What would you do if JoAnne knocked out one of her teeth?

Does Benita drink from a cup? Does she take a bottle?

How often does Marie snack? What does she usually eat?

Does Marcos use a pacifier? Does he suck his thumb or finger?

Have you taken Michael for regular dental checkups?

When did Lee have his last checkup with a nurse or doctor? When did he last get immunizations?

Observation of Parent-Child Interaction

Is the parent positive and supportive during the dental visit, helping to reduce anxiety?

How does the parent help to relieve the child's anxiety?

Does the parent seem concerned about the oral health of the child?

Oral Exam and Diagnostic Procedures

As part of the complete oral exam, the following should be noted:

Tooth eruption

Caries

Plaque accumulation

Baby bottle tooth decay

Dental injuries

Pathologic conditions

Developmental dental anomalies

Risk factors

At the two year exam, the professional should also check for:

Malocclusion



Risk Assessment

Dental Caries

RISK FACTORS	PROTECTIVE FACTORS
All Ages: Examples	All Ages: Examples
Inadequate fluoride	Optimal systemic and/or topical fluoride
Inadequate oral hygiene	Good oral hygiene
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Frequent snacking	Reduction in snacking frequency
Special carbohydrate diet	Preventive intervention to minimize effects
Frequent intake of sugared medications	Alternate medications or preventive intervention to minimize effects
Reduced saliva flow from medication or irradiation	Saliva substitutes
Variations in tooth enamel; deep pits and fissures; anatomically susceptible areas	Sealants (if possible) or observation
Special health needs	Preventive intervention to minimize effects
Previous caries experience	Increased frequency of supervision visits
Gastric reflux	Management of condition
High mutans streptococci count	Reduction of mutans streptococci
Early Childhood: Examples	Early Childhood: Examples
Bottle used at night while sleeping or while awake "at will"	Prevention of bottle habit and weaning from bottle by 12 months
High parental levels of bacteria (mutans streptococci)	Good parental oral health and hygiene
History of baby bottle tooth decay	Increased frequency of supervision visits

Periodontal Disease

RISK FACTORS	PROTECTIVE FACTORS
<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Inadequate oral hygiene	Good oral hygiene
Unrestored caries	Restoration of carious lesions
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
Special health needs	Preventive intervention to minimize effects
Nutritional deficiency (e.g., vitamin C)	Healthy eating habits
Infectious disease (e.g., HIV/AIDS)	Treatment of disease or preventive intervention to minimize effects
Medications (e.g., Dilantin)	Preventive intervention to minimize effects
Metabolic disease (e.g., diabetes, hypophosphatasia)	Treatment of disease
Neoplastic disease (e.g., leukemia and its treatment)	Treatment of disease and preventive intervention to minimize effects
Genetic predisposition (e.g., Down or Papillon Lefevre syndrome)	Preventive intervention to minimize effects
Poor-quality restorations	Properly contoured and finished restorations
Mouthbreathing	Management of mouthbreathing
Injury	Use of age-appropriate safety measures and treatment of injury
<i>Early Childhood: Examples</i>	<i>Early Childhood: Examples</i>
Malpositioned and crowded teeth	Good oral hygiene



Risk Assessment *(continued)*

Malocclusion

RISK FACTORS	PROTECTIVE FACTORS
<i>All Ages: Examples</i>	<i>All Ages: Examples</i>
Congenital absence of teeth	Early intervention
Variations in development (e.g., tooth eruption delays and malpositioned teeth)	Early intervention
Conditions associated with malocclusion (e.g., cleft lip/palate)	Early intervention
Injury	Use of age-appropriate safety measures and treatment of injury
Acquired problem from systemic condition or its therapy	Dental intervention as a part of medical care
Family tendency toward malocclusion	Early intervention
Musculoskeletal conditions (e.g., cerebral palsy)	Dental intervention as a part of medical care
Skeletal growth disorders (e.g., renal disease)	Dental intervention as a part of medical care
<i>Early Childhood: Examples</i>	<i>Early Childhood: Examples</i>
Nonnutritive sucking habits	Elimination of habit
Muscular imbalances	Early therapy
Loss of space due to caries	Early intervention for caries

Injury

RISK FACTORS

PROTECTIVE FACTORS

All Ages: Examples

Substance abuse in family

Child abuse or neglect

Multiple family problems

Lack of protective reflexes

All Ages: Examples

Referral for counseling

Referral for counseling

Referral for counseling

Referral for appropriate therapy

Early Childhood: Examples

Failure to use safety measures appropriate for child (e.g., car safety seats, stair gates, safety belts)

Protruding front teeth

Poor coordination

Overmedication

Hyperactivity

Early Childhood: Examples

Use of early childhood-appropriate safety measures

Orthodontic care

Referral for appropriate therapy

Adjustment of medications

Management of condition

