Author & Disclosure Information

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I have nothing to disclose

Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.


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Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.

Please click on link to be routed to the pre-test

Note: This is for learning purposes only and is NOT approved for CME.
Main Objective:

The learner will be able to identify risk factors and preventive strategies to promote oral health in young children within a Bright Futures health supervision visit.
Scope of Pediatrics

• Children’s oral health supervision is essential to their overall health, and ideally, it begins prenatally and continues in the primary care setting and the dental home throughout childhood.¹

• Dental caries is the most common chronic disease of childhood, and it is transmissible and preventable.²

• In the US, half of all children aged 2 to 19 years and 21.4% of 2- to 5-year-olds have treated and untreated caries.³
• Pediatric primary care professionals (PCP) are in an excellent position to perform oral health assessment, education, and fluoride varnish application since approximately 90% of infants and young toddlers have seen a PCP, but only 3.6% have visited a dentist.²

• Many pediatric PCPs do not perform oral health assessments and only 4% of PCPs apply fluoride varnish in health supervision visits, citing training, time and reimbursement as barriers.⁵
Under the Patient Protection and Affordable Care Act, dental coverage is an essential health benefit for children. The Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule recommends fluoride varnish be applied to the teeth of all infants and children (to age 6) at least once every 6 months and every 3 months for children at elevated caries risk, starting when the first tooth erupts and until establishment of a dental home. Fluoride varnish may be applied in the primary care or dental office. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.6

Source: Bright Futures/AAP Periodicity Schedule, 2022
Equity: Disparities Related to Oral Health

• Oral health has improved for some populations in the US over the past 60 years. However, children continue to have significant oral health problems.
• Among children ages 2 to 5 years (2011-2016 data)\(^7\)
  • Race/Ethnicity
    • 33% of Mexican American children have had caries in their deciduous teeth
    • 28% of non-Hispanic Black children have had caries in their deciduous teeth
    • 18% of non-Hispanic White children have had caries in their deciduous teeth
  • Income - 17% of children from low-income households have untreated caries compared to about 5% of children from higher-income households.
Why the Disparities?

• Disparate oral health outcomes are based on social determinants of health.\(^7\)
  • Communities without clean, fluoridated water
  • Lack of access to healthy food in food deserts
  • Financial barriers
    • Low income
    • No dental insurance
  • Limited access to dental care
    • Lack of dental providers in impoverished areas
    • Transportation challenges to get to dental providers
    • Cannot take time from work to visit the dental home for preventive and restorative services, requires multiple visits for children
Case History

• Your patient, a 9-month-old girl, is in for a health supervision visit with her mother. She is healthy, typically developing with consistent growth curves. Immunization status is up to date.

• While talking with her mother, you notice her mother has gingivitis and possible dental decay. The family is insured through the mother’s employer and a family friend provides childcare.
Mitigatable risk factors for developing dental caries in early childhood include:  

- Mother or other caregivers with dental decay in the past year
- Lack of an established family dental home
- Poor oral hygiene
- Inadequate fluoride
- Frequent or prolonged bottle/sippy cup use
- Frequent snacking on carbohydrate-rich junk foods
- Presence of white spot lesions, visible plaque or gingivitis.
Dental Caries Formation

• Caries is an infectious transmissible disease resulting from tooth adherent bacteria that metabolize sugars to produce acid which ultimately demineralize tooth structure and, if left untreated, can progress to a cavity.

For more details, go to:
Protecting All Children’s Teeth (PACT)
Bright Futures Guidelines
Priorities

Priorities for the 9 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health* (risks [intimate partner violence], strengths and protective factors [family relationships and support])
- Infant behavior and development (changing sleep pattern [sleep schedule], developmental mobility and cognitive development, interactive learning and communication, media)
- Discipline (parent expectations of child’s behavior)
- Nutrition and feeding (self-feeding, mealtime routines, transition to solid foods [table food introduction], cup drinking, plans for weaning)
- Safety (car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
For infants, this health promotion theme focuses on preventive strategies:

1. Dental home referral
2. Use of the Oral Health Risk Assessment tool
3. Fluoride varnish application in primary care setting
4. Parent education
   - Twice a day brushing with fluoridated toothpaste
   - Reduction of junk food consumption
   - Scheduled meals and snacks to reduce the “grazing” habit
   - Fluoridated water for drinking
   - Weaning from bottle/sippy cup
Self Assessment #1: Based on this previsit questionnaire, what are some priorities to address today?

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development screening and Oral Health Risk Assessment are also part of this visit. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? Yes/No

Does your baby have special health care needs? Yes/No

Have there been major changes in your baby's or family's life? Yes/No

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? Yes/No

WHO ARE THE PEOPLE IN YOUR BABY'S LIFE?

Tell us about the people who play a special role in your baby's life. List each person and which role. For example: "Grandma - family"

YOUR BABY'S HEALTH CARE PROVIDER

Who is your baby's primary care provider? Doctor/Nurse/Nurse Practitioner/Other

YOUR FAMILY'S HEALTH AND WELL-BEING

How are things going for you, your baby, and your family? Yes/No

Do you have a regular bedtime routine for your baby? Yes/No

Have you developed routines or other ways to take care of yourself? Yes/No

CARING FOR YOUR BABY

Is your baby sleeping well? Yes/No

Is your baby eating when hungry? Yes/No

Is your baby's sleep pattern changing? Yes/No

Do you have a regular bedtime routine for your baby? Yes/No

Have you made a family media use plan to help you balance media use with other family activities? Yes/No

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior? Yes/No

Do you have any questions about your baby's development, learning, or behavior? Yes/No

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior? Yes/No

Do you have any questions about your baby's development, learning, or behavior? Yes/No

RISK ASSESSMENT

Hearing

Does your baby have hearing difficulties? Yes/No

Lead

Does your baby have lead exposure? Yes/No

Oral health

Does your baby have tooth decay? Yes/No

Vision

Does your baby have vision problems? Yes/No

ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family? Your Family's Health and Well-Being

Do you always feel safe at home? Yes/No

Have you prepared an emergency plan? Yes/No

Do you have a plan for babysitting? Yes/No

If you are breastfeeding, are you planning on continuing? Yes/No

DISCIPLINE

Do you use positive reinforcement? Yes/No

Do you have any concerns about your discipline strategies? Yes/No

FEEDING YOUR BABY

Do you have any concerns about your baby's feeding? Yes/No

Do you have any concerns about your baby's appetite? Yes/No

SAFETY

Do you have any concerns about your baby's safety? Yes/No

Do you keep your baby away from the stove, microwave, and other heat sources? Yes/No

American Academy of Pediatrics

Bright Futures

9 MONTH VISIT
Based on this Previsit Questionnaire, what are some priorities to address during this visit?

- Healthy food choices
- Feeding practices
- Weaning from bottle
- Sippy cup or cup use
- Self-feeding
- Transition to table foods
Self Assessment #2:

What risk factors can you identify in this infant on the Bright Futures Oral Health Risk Assessment tool? Is this infant at low or high risk for caries?

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**Oral Health Risk Assessment Tool**

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

**Instructions for Use**

This tool is intended for documenting caries risk of the child; however, two risk factors are based on the mother or primary caregiver’s oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with an (x) sign, are documented for. In the absence of these factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors or clinical findings in determining low versus high risk.

**RISK FACTORS**

- Mother or primary caregiver had active decay in the past 12 months
  - Yes (x)
  - No
- Mother or primary caregiver does not have a dentist
  - Yes (x)
  - No
- Cariogenic food items such as candy or hard fruit or milk
  - Yes (x)
  - No
- Frequent snacking
  - Yes (x)
  - No
- Special health care needs
  - Yes (x)
  - No
- Medication history
  - Yes
  - No

**PROTECTIVE FACTORS**

- Feeding/dental hygiene
  - Yes (x)
  - No
- Dishes have fluoride water or takes fluoride supplement
  - Yes (x)
  - No
- Fluoride varnish in the past 12 months
  - Yes (x)
  - No
- Has teeth brushed twice daily
  - Yes (x)
  - No

**CLINICAL FINDINGS**

- Visible plaque accumulation
  - Yes (x)
  - No
- Gums are bleeding (general bleeding)
  - Yes (x)
  - No
- Tooth present
  - Yes (x)
  - No
- Healthy teeth
  - Yes (x)
  - No

**ASSESSMENT/PLAN**

**Caries Risk:**

- Low
- High

**Completed:**

- Yes
- No

**Self Management Goals:**

- Regular dental visits
- Brush twice daily
- Use fluoride toothpaste
- Wax on bottle
- Dental treatment for parents
- Only water in sippy cup
- Drink tap water
- Healthy snacks
- Low/no fruit or candy
- No soda
- Nyquil

**Treatment of High Risk Children**

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoride toothpaste. Referral to a pedodontist or a dentist is recommended for children who should be made with follow-up to ensure that the child is being cared for in the dental home.

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*American Academy of Pediatrics* 
*Bright Futures: prevention and health promotion for infants, children, adolescents, and their families*
What risk factors can you identify in this infant on the Bright Futures Oral Health Risk Assessment tool? Is this infant at low or high risk for caries?

- Infant with newly erupted teeth
- Mother’s untreated dental disease
- No dental home
- Carbohydrate-rich foods
- Takes a bottle of formula to bed
- No oral hygiene routine
Summary of Anticipatory Guidance for Infants

• Maternal diet, good oral health hygiene, and attendance at regular dental checkups to set the stage for optimal child oral health.

• In the early months of infancy, guidance focuses on:
  • Holding the infant while feeding.
  • Never putting an infant to bed with a bottle.
  • Using a cloth or soft toothbrush with tap water and a small smear of toothpaste to gently clean gums and new teeth.

• As an infant reaches 6 months, guidance expands to include:
  • Introducing fluoride varnish and fluoridated water or, if needed, fluoride supplements.
  • Minimizing exposure to natural or refined sugars in the infant’s mouth.
  • Weaning off bottles as the infant approaches 12 months.
  • Discussing the recommendation of no juice until age 1.
  • Finding a dental home.
Qualities of a Dental Home:

Care within a dental home should begin no later than 12 months of age and should provide:\(^2\)

✓ Comprehensive oral health care including preventive and acute care services.

✓ Family-centered, individualized services based on risk assessment and evidence-based guidelines.

✓ Anticipatory guidance on teething, oral habits and feeding behaviors.

✓ Instruction on proper care of teeth and gums.

✓ Referrals to specialists when care needed is outside scope of care available.
Bright Futures Parent Handout 9 Month Visit

**BRIGHT FUTURES HANDOUT ► PARENT**
**9 MONTH VISIT**

Here are some suggestions from Bright Futures experts that may be of value to your family.

**HOW YOUR FAMILY IS DOING**
- If you have added a new born to your household or have been busy caring for other family members, let us know. Holistic and community caregivers can provide preventive help.
- Keep in contact with friends and family.
- Invite friends over to join a parent group.
- Take time for yourself and with your partner.

**FEEDING YOUR BABY**
- Be patient with your baby as he tries to get used to new foods.
- Keep the daily feeding schedule consistent.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving micronutrient foods as they need to be withheld except for rare money and large chunky low-fat cereals or pudding drinking.
- Stay the baby's desire for a limitless amount of liquids from the baby's food.
- Don't give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Have him decide when he is full and when he is ready to stop eating.
- Keep your baby's meals exciting by giving him baby's books, toys that roll, tokens, and containers to play with.
- Help your baby's mealtime routine.
- Talk, sing, and read daily.
- Don't take your baby to watch TV or use computer, tablets, or smartphones.
- Consider making a family meals calendar. It helps you make plans for meals and activities together.

**YOUR CHANGING AND DEVELOPING BABY**
- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with him to keep him safe and feeling secure.
- Be realistic about his abilities at this age.
- Recognize that your baby is eager to interact with other people but will also show anxiety when separated from you. Crying when you leave is normal. Try to comfort your baby, but don't be afraid to leave it to your baby and do not be afraid to leave it to your baby.
- Support your baby's mealtime by giving him baby toys, toys that roll, tokens, and containers to play with.
- Help your baby when he needs it.
- Talk, sing, and read daily.
- Don't take your baby to watch TV or use computer, tablets, or smartphones.
- Consider making a family meals calendar. It helps you make plans for meals and activities together.

**DISCIPLINE**
- Tell your baby in a real way what to do ("time to eat"), rather than what not to do.
- Be consistent.
- Use redirection at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—use your baby's two most effective cues.
- Use "No" only when your baby is about to get hurt or hurt others.

**SAFETY**
- Use a rear-facing only car seat until the back seat of all vehicles.
- Have your baby's car seat safely rear facing until she reaches the highest weight or height allowed by the car seat safety manufacturer. In most cases, this will be well past the second birthday.
- Never put your baby in the front seat of a vehicle that has a passenger seat.
- Your baby's safety depends on you. Always wear your seat belt in the car, and don't let your child wear clothing that interferes with the weight of your baby.
- Never leave your baby's seat belt or seat belt assist device in the car. Stairs will prevent your baby from even forgetting your baby in the car, such as putting your cell phone in the back seat.
- If it is necessary to keep your baby in your home, store it in a locked and secured place.

**WHAT TO EXPECT AT YOUR CHILD'S 9 MONTH VISIT**
- We will talk about:
  - Crying for your child, your family, and yourself
  - Creating daily routines
  - Feeding your child
  - Crying for your child's health

**WEBSITE**
- Visit our website for more information.

**CONSULTANT WITH BRIGHT FUTURES:**
- Guidelines for Health Supervision of Infants, Toddlers, and Adolescents, 4th Edition
- For more information, go to https://brightfutures.aap.org.
Self Assessment #3: What are the key points to promoting oral health for this patient?
Self Assessment Feedback #3:

What are the key points to promoting oral health for this patient?

1. Establish a dental home
2. Perform an Oral Health Risk Assessment
3. Fluoride use
4. Parent education

Click the icon to hear narrated guidance.
Fluoride Use

• Fluoride is essential for the mineralization of teeth.

• Adequate fluoridation by using all of the following:
  • Twice daily brushing with fluoridated toothpaste.
  • Fluoride varnish applied every 3-6 month in the dental home or primary care setting starting with the first tooth eruption.
  • Tap or bottled water containing > 0.6 ppm Fluoride ion level to use for formula mixing and drinking.

• Risk for fluorosis is low.
Dietary Fluoride Supplementation

• Those families with non-fluoridated community water systems or wells and those using bottled water for drinking will require oral fluoride supplementation as topical fluoride alone is not adequate protection.

• It is important to note all fluoride sources and level of fluoride ion in drinking water to determine how to dose supplemental oral fluoride.

• Fluoride levels can be checked at CDC’s My Water’s Fluoride
  https://nccd.cdc.gov/doh_mwf/default/default.aspx

• If you have questions about fluorosis, go to
  https://www.cdc.gov/fluoridation/faqs/dental_fluorosis/
Post-test

Test your knowledge about the topic and review feedback on your responses. Please complete the post-test, link below.

Please click on link to be routed to the post-test

Note: This is for learning purposes only and is NOT approved for CME.
Resources

Clinician Resources:
- AAP PediaLink: Preventive Oral Health Services Video Series
- AAP EQIPP: Oral Health Best Practices
- Campaign for Dental Health: Oral Health Prevention Primer
- Smiles for Life

AAP Policy
- Clinical Report: Fluoride Use in Caries Prevention in the Primary Care Setting
- Policy Statement: Maintaining and Improving the Oral Health of Young Children
- Policy Statement: Early Childhood Caries in Indigenous Communities

AAP & Bright Futures Resources
- AAP Oral Health
- AAP Oral Health Practice tools (including Oral Health Risk Assessment Tool)
- Bright Futures Guidelines, 4th Edition - Promoting Oral Health
- Promoting Oral Health clinical implementation tip sheet
Family Resources

- Brush, Book, Bed: How to Structure Your Child’s Nighttime Routine
- Cavity-free at Three Program
- Good Oral Health Starts Early
- Mouth Monsters (AAPD)
References


