

Educational Curriculum on  
Perinatal and Infant Oral Health Care:  
Current Standards of Care for  
Dental and Dental Hygiene Students

**Module 3- Age 1 Dental Visit**

# Acknowledgments

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This project is supported in part by funding from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services grant number H47MC28475

# Age 1 Dental Visit

After viewing these resources students will be able to describe the components of a dental visit for a young child and recognize the importance of establishing a dental home for a child by age 1 or after the eruption of the first tooth by:

1. Understanding primary prevention of disease and the importance of the age 1 dental visit.
2. Using a knee to knee position to provide dental services.
3. Performing an oral inspection and caries risk assessment.
4. Applying preventive treatments (i.e. fluoride).
5. Providing anticipatory guidance based on age of child.
6. Understanding what constitutes a dental home.
7. Recognizing the need of referral for dental treatment.
8. Recognizing billable dental codes for provided services.

# Activity 1 – Smiles for Life Curriculum

The Smiles for Life curriculum consists of eight 45-minute modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. Users must score an 80% or higher to receive credit for each course.

- Login to the course using the username/login you created in the pregnancy module.
- **Complete Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling** [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)



## Smiles for Life: A National Oral Health Curriculum <sup>3rd edition</sup>

Smiles For Life produces educational resources to ensure the integration of oral health and primary care



LEARN ONLINE



TEACH

### Answering the Call: Joining the...



### Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines how oral health is a vital component of effective primary care. Click the hand corner of the video thumbnail to view it full-sized. This video is 10 minutes in length.

An extended version (21 minutes) of this documentary is also available.

**Smiles for Life**  
A national oral health curriculum

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### Learn Online

The Smiles for Life curriculum consists of eight 45-minute modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. Users must score an 80% or higher to receive credit for each course.

<b>Relationship of Oral &amp; Systemic Health</b>  COURSE 1	<b>Child Oral Health</b>  COURSE 2	<b>Adult Oral Health</b>  COURSE 3	<b>Acute Dental Problems</b>  COURSE 4
<b>Pregnancy &amp; Woman's Oral Health</b>  COURSE 5	<b>Caries Risk Assessment Fluoride Varnish &amp; Counseling</b>  COURSE 6	<b>The Oral Exam</b>  COURSE 7	<b>Geriatric Oral Health</b>  COURSE 8

# Activity 1 – Smiles for Life Curriculum

Watch the Knee to Knee exam video below.

- <https://youtu.be/Hw99Aoti7ZE>



# Activity 1 Assessment

- In **Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling** complete the 'Post Assessment', print the certificate of completion and provide a copy to your instructor.

## Time to Take the Assessment



User competencies are assessed at course completion.  
To receive a certificate, you must answer all 10 questions and press **Submit** to see your score. You will then be directed to complete a brief survey and press **Submit** again to view a link to download your certificate. You must score 80% or higher to receive CME credit. Click **NEXT** to take this Assessment.



# Activity 2 – Practice Guidelines

- Read the two articles described and accessed on the following slides.
- Complete the assessment activity described on slide 11.

# “Policy on the Dental Home”

[http://www.aapd.org/media/Policies  
Guidelines/P\\_DentalHome.pdf](http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf)

## Policy on the Dental Home

**Review Council**  
Council on Clinical Affairs  
**Latest Revision**  
2015

**Purpose**  
The American Academy of Pediatric Dentistry (AAPD) supports the concept of a Dental Home for all infants, children, adolescents, and persons with special health care needs. The Dental Home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and nondental professionals. Establishment of the Dental Home is initiated by the identification and interaction of these individuals, resulting in a heightened awareness of all issues impacting the patient's oral health. This concept is derived from the American Academy of Pediatrics' (AAP) definition of a medical home which states pediatric primary health care is best delivered or supervised by qualified child health specialists.<sup>1,2</sup>

**Methods**  
This policy was originally developed by the Council on Clinical Affairs and adopted in 2001. This document is an update from the last revision in 2012. This policy is based on a review of the current dental and medical literature related to the establishment of a Dental Home. An electronic search was conducted using the terms: Dental Home, medical home in pediatrics, and infant oral health care; fields: all fields; limits: within the last 10 years, humans, English. Papers for review were chosen from this list and from references within selected articles. Expert opinions and best current practices were relied upon when clinical evidence was not available.

**Background**  
The AAP issued a policy statement defining the medical home in 1992.<sup>3</sup> Since that time, it has been shown that health care provided to patients in a medical home environment is more effective and less costly in comparison to emergency care facilities or hospitals.<sup>4,5</sup> Strong clinical evidence exists for the efficacy of early professional dental care complemented with caries-risk assessment, anticipatory guidance, and periodic supervision.<sup>6</sup> The establishment of a Dental Home may follow the medical home model as a cost-effective and higher quality health care alternative to emergency care situations.<sup>7</sup>  
Children who have a Dental Home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age and no later than 12 months of age.<sup>8-10</sup> Furthermore,

subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease.<sup>11</sup>

**Policy statement**  
The AAPD encourages parents and other care providers to help every child establish a Dental Home by 12 months of age. The AAPD recognizes a Dental Home should provide:

- Comprehensive, continuously-accessible, family-centered, coordinated, compassionate, and culturally-effective care for children, as modeled by the AAP.<sup>12,13,14</sup>
- Comprehensive oral health care including acute care and preventive services in accordance with AAPD periodicity schedules.<sup>15</sup>
- Comprehensive assessment for oral diseases and conditions.
- Individualized preventive dental health program based upon a caries-risk assessment<sup>16</sup> and a periodontal disease risk assessment<sup>17</sup>.
- Anticipatory guidance regarding growth and development.
- Plan for acute dental trauma.
- Information about proper care of the child's teeth and gingivae. This would include the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and esthetics of those structures and tissues.
- Dietary counseling.
- Referrals to dental specialists when care cannot directly be provided within the Dental Home.
- Education regarding future referral to a dentist knowledgeable and comfortable with adult oral health issues for continuing oral health care.
- Referral at an age determined by patient, parent, and pediatric dentist.

**ABBREVIATIONS**  
AAP: American Academy of Pediatrics, AAPD: American Academy Pediatric Dentistry.

# “Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance and Oral Treatment for Infants, Children and Adolescents”

[http://www.aapd.org/media/Policies\\_Guidelines/BP\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/BP_Periodicity.pdf)

REFERENCE MANUAL V 39 / NO 6 17 / 18

## Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents

**Review Council**  
Council on Clinical Affairs  
**Latest Revision**  
2013

**Purpose**  
The American Academy of Pediatric Dentistry (AAPD) intends this guideline to help practitioners make clinical decisions concerning preventive oral health interventions, including anticipatory guidance and preventive counseling, for infants, children, and adolescents.

**Methods**  
This guideline was originally developed by the Clinical Affairs Committee and adopted in 1991. This document is a revision of the previous version, last revised in 2009. The update used electronic database and hand searches of articles in the medical and dental literature using the terms: periodicity of dental examinations, dental recall intervals, preventive dental services, anticipatory guidance and dentistry, caries risk assessment, early childhood caries, dental caries prediction, dental care cost effectiveness children, periodontal disease and children and adolescents U.S., pit and fissure sealants, dental sealants, fluoride supplementation and topical fluoride, dental trauma, dental fracture and tooth, non-nutritive oral habits, treatment of developing malocclusion, removal of wisdom teeth, removal of third molars; fields: all; limits: within the last 10 years, humans, English, and clinical trials; birth through age 18. From this search, 3,418 articles matched these criteria and were evaluated by title and/or abstract. Information from 113 articles was chosen for review to update this document. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians.

**Background**  
Professional dental care is necessary to maintain oral health.<sup>1,2</sup> The AAPD emphasizes the importance of initiating professional oral health intervention in infancy and continuing through adolescence and beyond.<sup>3-9</sup> The periodicity of professional oral health intervention and services is based on a patient's individual needs and risk indicators.<sup>4,7</sup> Each age group, as well as each individual child, has distinct developmental needs to be addressed at specific intervals as part of a comprehensive evaluation.<sup>4,11</sup> Continuity of care is based on the assessed needs of the individual patient and assures appropriate management of all oral conditions, dental disease, and injuries.<sup>12-18</sup> The early dental visit to establish a dental home provides a foundation upon which a lifetime of preventive education and oral health care can be built.<sup>19-21</sup> Anticipatory guidance and counseling are essential components of the dental visit.<sup>8,10,15-26</sup>

**Recommendations**  
This guideline addresses periodicity and general principles of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for children who have no contributory medical conditions and are developing normally. An accurate, comprehensive, and up-to-date medical history is necessary for correct diagnosis and effective treatment planning. Recommendations may be modified to meet the unique requirements of patients with special health care needs.

**Clinical oral examination**  
The first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age.<sup>19,21</sup> The developing dentition and occlusion should be monitored throughout eruption at regular clinical examinations.<sup>26</sup> Early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness.<sup>27-31</sup> Delayed diagnosis of dental disease can result in exacerbated problems which lead to more extensive and costly care.<sup>7,28,32-35</sup> Early diagnosis of developing malocclusions may allow for timely therapeutic intervention.<sup>3,26</sup>

Components of a comprehensive oral examination include assessment of:

- General health/growth.
- Pain.
- Extraoral soft tissue.

**ABBREVIATIONS**  
AAPD: American Academy Pediatric Dentistry; ADA: American Dental Association; ECC: Early childhood caries.

Source: The American Academy of Pediatric Dentistry Council on Clinical Affairs. (2013). *Guidelines on Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents*. References Manual Volume 39(6): 17/18:188-195.



# Activity 2 – Assessment

*You are talking to your friend and she doesn't understand why you are encouraging an age one dental appointment. She expressed the following common 'myths' about this visit;*

- *Children only have a couple teeth-what are you even looking at?*
- *How do you clean a child's teeth when they are so young?*
- *Why does it matter-they are only baby teeth, they lose them anyway.*
- Write a paragraph (3-4 sentence) response to each of your friends 'myths'. Use facts about the importance of an age one dental visit and what to expect during the appointment.

# Activity 3 – Oral Evaluation

- Review the clinical checklist for an oral evaluation for a patient under the age of 3 embedded in this page. This checklist was developed and is used by students at Chippewa Valley Technical College.
- Review the following caries risk assessment tools:
  - American Dental Association – [Caries Risk Assessment](#)
  - American Academy of Pediatric Dentistry – [Caries Risk Assessment](#)
  - American Academy of Pediatrics – [Caries Risk Assessment](#)

# Oral Evaluation for a Patient Under Three Years of Age

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

Review child's health history

Parent/Guardian Concerns

Caries Risk Assessment

Diet

Bottles/Nursing/Sippy Cups

Snacking

Current home care practice

Fluoride exposure

Water

Toothpaste

Fluoride Supplements

Family dental history

Perform Examination (knee-to-knee)

Occlusion

Soft tissues

Show parent/guardian how to clean the child's teeth

Toothbrush

Floss

Place fluoride varnish

Home care Recommendations

Brushing

# Activity 3 – Assessment

1. Working in a group of 2-4, create a role play of an oral evaluation for a patient under age 3. Follow the checklist and include caries risk assessment, performing the knee to knee exam, and anticipatory guidance for the parent. Record a video of the role play to share with your teacher/ the class.

**OR**

2. Individually, create a patient education material you would use to address a specific part of the age 3 check list (pacifier use, home care, eruption patterns, etc.).



# Billable Codes

- **D0145: “Oral evaluation for a patient under three years of age and counseling with primary caregiver”**

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

# Billable Codes

- **D1206: “Topical application of fluoride varnish”**
- **D1208: “Topical application of fluoride-excluding varnish”**

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

# CODA Standard 2-12

## Patient Care Competencies

### 2-12

- Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.
- Graduates must be competent in assessing the treatment needs of patients with special needs.

### Intent:

- *Age appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.*
- *Clinical instruction and experiences with special needs patients should include instruction in proper communication techniques and assessing the treatment needs compatible with these patients.*

# CODA Standard 2-12 (continued)

## **Examples of evidence to demonstrate compliance may include:**

- Program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichment experiences.
- Patient tracking data for enrolled and past students.
- Policies regarding selection of patients and assignments of procedures.
- Student clinical evaluation mechanism demonstrating student competences in clinical skills, communication and practice management.

# CODA Standard 2-23

## Critical Thinking Competencies

### 2-23

**Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.**

#### Intent:

- *Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.*

#### **Examples of evidence to demonstrate compliance may include:**

- Evaluation mechanisms designed to monitor knowledge and performance.
- Outcomes assessment mechanisms demonstrating application of critical thinking skills.
- Activities or projects that demonstrate student experiences with analysis of problems related to comprehensive patient care.
- Demonstration of the use of active learning methods that promote critical appraisal of scientific evidence in combination with clinical application and patient factors.

# Please Provide Feedback

- Use the link below to provide feedback on the content and how you used these modules.
- Thank you!
- <https://www.surveymonkey.com/r/66Q3ZQ2>
- For questions contact: [dfischer@chw.org](mailto:dfischer@chw.org)