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5th Edition



Textbook of Pediatric Dentistry

Nikhil Marwah

Forewords
Figen Seymen U
Radhika Muppa
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CHAPTER 2

First Dental Visit

Nikhil Marwah

Chapter Outline

- Parents Role in Preparation of Child for First Dental Visit
- Preappointment Behavior Modifications
- Recommended Procedures to be Carried Out on First Visit
- Examination of the Infant and Toddler
- Tips to Prepare the Child for First Dental Visit

Traditionally, the first visit of a child to dentist was scheduled around 3 years of age. This recommendation was based on the child's ability to cooperate in the dentist's office and the assumption that most children under 3 years of age did not have any cavities. According to **Nowak** (1997), a child's first visit to dentist should occur no later than 12 months of age so that the dentist can evaluate the infant's oral health, determine the child's risk for developing dental disease, intercept the potential problems, and educate parents in the prevention of dental disease in their child.

In 1986, the American Academy of Pediatric Dentistry (AAPD) adopted a position on infant oral health recommending that the first visit of the child to the dental clinic should occur within 6 months of the eruption of the first primary tooth. Recent knowledge in aspects of cariology and prevention has modified this further, and it is now stated that the first visit of the child to the dental office must be as soon as the tooth erupts in oral cavity, that is, 6 months of age.

The child's first dental visit should be organized in such a way that it becomes an enjoyable experience for him. The first visit is more or less a mutual assessment session during which the dentist assesses the child, and the child assesses the dentist and the dental environment. **Lenchner** (1975) postulated that the incorporation of attitudes and behavior patterns from parents, siblings, or peers is as common as contracting measles from a family member or friends. The main hypothesis for disruptive dental behavior were summarized by **Lenchner** as:

- Behavior contagion
- Threatening the child with the dentist as a punishment
- Well-intentioned but improper preparation of the child
- Discussing dentistry within hearing of the child
- Children's anxieties, generated both externally and internally, with respect to behavior contagion (a term used by **Wolking**, 1963).

PARENTS ROLE IN PREPARATION OF CHILD FOR FIRST DENTAL VISIT

The parents play an important role in the preparation of child for dental visit and also on the behavior which the child will exhibit at the time of appointment. Some of the common but necessary things which parents must perform before the child's appointment are:

- Before the visit, ask the dentist about the procedures of the first appointment so that there are no surprises.
- Plan a course of action for your child who may exhibit cooperative or non-cooperative behavior. Very young children may be fussy and may not sit still.
- Talk to your child about what to expect and build excitement as well as understanding about the upcoming visit.
- Bring with you to the appointment any records of your child's complete medical history.

PREAPPOINTMENT BEHAVIOR MODIFICATIONS

A child's first dental visit can be made successful by a few preappointment preparations which have been discussed in the following sections.

Preappointment Mailing

- Parents usually try in some way to prepare their child for the dental visit. Some parents, through their own fears or ignorance, do more harm than good in this attempt.

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Fig. 2.1: Sample of preappointment mail.



Fig. 2.2: Audiovisual modeling.

Contact with a child's parents before the first dental visit can alleviate some concerns.

- The precontact can provide directions for preparing the child patient for an initial dental visit and, therefore, increase the likelihood of a successful first appointment.
- Parents sometimes try to prepare their child for the visit by saying that "the dentist will not hurt," or by bribing them to be good with the promise of a toy (or even a sweet).
- It is suggested to the parents through mail **(Fig. 2.1)** to be as casual as possible. It is advised to simply inform the child, either on the morning of the appointment or on the day before, that he or she will be visiting the dentist. The child should be said that the dentist is going to count his/her teeth, and he will be helping the child to look after their teeth in a better way.
- Suggestion is also given to avoid conversation in the home that might include unfavorable references to dentistry.
- The parents are informed through the same mail about the procedures that will be carried out during the first visit. This will alleviate the anxiety and the concerns of the parents regarding the child's visit to the dental clinic to some extent.

Preappointment Modeling

Modeling is a type of behavior modification technique whereby a young patient can learn about the dental experience by viewing other children receiving treatment. Several authors have reported that this technique seems to improve the behavior of apprehensive patients who have no previous dental experience. The goal is for the patient to reproduce the behavior exhibited by a model (**Bandura**, 1967). Modeling is of two types, viz., audiovisual modeling and live modeling.

Audiovisual Modeling

- The child sees a video tape or film before proceeding to the dental clinic **(Fig. 2.2)**.
- This is done on the day of the appointment or perhaps at a previous visit.
- The presentation explains in terms the child can understand the dental equipment and the procedures to take place.
- The biggest advantage of an audiovisual modeling is that it is a prerecorded commercial presentation, thus nothing inadvertently creeps into the presentation that could influence the child negatively.
- The disadvantage of this technique is the need for special equipment and space for presentation which makes the technique expensive, and unless the procedure is developed by the dentist, it can be impersonal. In a few dental setups, some of the members of the dental team are employed to help the child understand the presentation and to draw their attention toward the important aspects of the presentation.

Live Modeling

- It can be achieved through siblings, other children, or parents.
- Since observing child will likely be initiated with a dental examination, a parent's recall visit offers an excellent modeling opportunity. On these occasions, many young children climb into dental chair following their parent's appointments.
- It has been found that sibling proves to be a better model as compared to their parents **(Fig. 2.3)**. At times, younger sibling can play the role of a model, but it is better to have the older sibling in this role. This is mainly because in the house an elder brother or sister plays the role of a role model for the younger ones. This is even better if the model is of the same sex.



Fig. 2.3: Live modeling by sibling.

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- When a cooperative sibling is not available, a non-related child may be used as a good model.
- The disadvantage of live modeling is that, sometimes the model himself/herself may show some disruptive behavior which may result into an improper impact over the behavior of the child. Thus, models should be selected carefully.

RECOMMENDED PROCEDURES TO BE CARRIED OUT ON FIRST VISIT

- Many first visits are nothing more than introductory ice-breakers to acquaint your child with the dentist and the practice.
- If the child is frightened, uncomfortable or non-cooperative, a rescheduling may be necessary.
- Patience and calmness on the part of the parent and reassuring communication with your child are very important in these instances.
- Short, successive visits are meant to build the child's trust in the dentist and the dental office and can prove invaluable if your child needs to be treated later for any dental problem.
- Appointments for children should always be scheduled earlier in the day, when the child is alert and fresh.
- For children under 2 years of age, the parent may have to sit in the dental chair and hold the child during the examination, whereas for older patients, parents may be asked to wait in the reception area so a relationship can be built between the child and the dentist.

Every effort should be made by the complete dental team to make the first dental visit of the child as comfortable and enjoyable as possible. For this reason, it is advisable not to carry out any invasive, stressful, painful or traumatic procedure on the first visit. Apart from taking history, the dentist can polish a few teeth on the first visit. If radiographs are required, it is logical to obtain them at the first visit, not only because they complement the clinical examination and contribute to the diagnosis but also because the procedures are not traumatic and therefore provide a suitable introduction to treatment **(Table 2.1)**.

Table 2.1: Common procedures carried out during the first visit.

1. History taking: » Social » Dental » Medical
2. Clinical examination: » Extraoral » Intraoral
3. Take radiographs if required
4. Explain aims of the treatment to the parents: » Emphasize the need for preventive as well as operative treatment » Request that the child's toothbrush be brought at the next visit » Inform about the financial aspects and the number of appointments required for the complete treatment of the child
5. Simple procedures: » Attend to any of the emergency present and treat for pain if present » *Prophylaxis:* Incisors only (in young child) or full mouth including removal of calculus if required » Topical fluoride application or other atraumatic procedure

EXAMINATION OF THE INFANT AND TODDLER

Objectives of the Infant Examination

- **Introduction to dentistry:**
  - Foundation for the development of a positive attitude towards dentistry should be built.
  - Pleasant, nonthreatening introduction to dentistry for the child and parents.
- **Risk assessment and oral examination:**
  - Medical history, current feeding and oral health practices, clinical findings, child's social and physical environment.
  - Evaluation of the head and neck and inspection of the oral cavity for early detection.
- **Prevention:** Parents' preventive counseling including diet, feeding and snatching practices, tooth cleaning, fluoride assessment is done.

Steps of the Infant Examination

- **Preappointment assessment:**
  - Obtain and preview information using a questionnaire.
  - Biographic data and family and social history to provide understanding of parent–child relationships.
  - Prenatal, natal, and neonatal history to explain dental abnormalities providing a means of documenting causative events such as high-risk pregnancies, medication ingested during pregnancy, preterm or low birth weight infants, and significant febrile episodes during early childhood.
  - Development history to discover significant growth alterations and basis for answering parent's queries.
  - Medical history regarding frequent episodes of otitis media, frequent ingestion of antibiotic suspensions containing high concentration of sucrose as it might influence recommendations for dietary management, tooth cleaning, and topical fluoride application.
  - Dental history regarding dental trauma, teething difficulties, non-nutritive sucking habits, current patterns of home oral health care for developing dentist.
  - Feeding history regarding breast and bottle feeding, frequency and duration, use of a night time bottle or pacifiers, contents of the bottle, weaning and transition to covered feeding cups.
- **Interview and counseling:**
  - Best accomplished prior to the examination
  - Specific concerns of the parents are identified
  - If the infant fusses during the examination (normal behavior), the parents predictability will direct their attention toward the child during the discussion that follows the examination and not toward the dentist.
  - The child can be occupied with toys in a nonthreatening environment prior to the examination.
- **The examination procedure (Figs. 2.4 and 2.5):**
  - Parent's assistance in a nonthreatening environment is taken
  - Use of dental chair is not necessary
  - A pleasant location away from operatory is recommended
  - Parent and dentist sit facing each other in a knee to knee position, supporting the child with the head cradled

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Fig. 2.4: Knee to knee examination.



Fig. 2.5: Lap examination.

on the dentist's lap. The parent can restrain the child gently, and the dentist has a good visualization.

- This position is comfortable and parental contact has a calming reassurance to the child.
- Since the psychological development under 30–36 months is insufficient to facilitate cooperation, so crying and fussing should not interfere with examination.
- Dentist should begin with a general appraisal of the child, using a warm, gentle touch in a nonthreatening manner. The head-and-neck region should be evaluated for the presence of abnormalities in size, shape, and symmetry of the head, lymph nodes, facial symmetry, eyes, ears, nose, lips and mouth. Practitioner should be aware of possibility of child abuse and look for bruising. The examination of the mouth, with an artificial light source, if needed should begin with palpation of the lips, gingiva, and mucosa by placing a forefinger along the cheek and positioning it on the gum pad distal to the most posterior maxillary tooth. Evaluate soft tissues for presence of pathologic processes such as inclusion cysts, congenital epulis, submucous clefts, traumatic ulcers, frenum lacerations, gingivitis.
- Positioning and technique for tooth cleaning should be demonstrated. The child should then be positioned with the head on parents lap so that parent can practice tooth cleaning under supervision and appropriate suggestions can be offered. These findings are then collated with previous information, and risk is assessed based on which recommendations are made.

❖ **Determining a recall schedule:**

- Appointment should be individualized and not determined on a traditional 6-month interval.
- At the recall visit, in addition to the clinical examination, the practitioner assesses the parents tooth-cleaning efforts, evaluates feeding and snacking patterns, and investigates the degree to which the parents are following the recommended prevention program that was previously outlined.

TIPS TO PREPARE THE CHILD FOR FIRST DENTAL VISIT

Read a story and/or watch a movie with your child about going to the dentist: Children can relate to characters in a book or on the screen. If they see that their favorite character shows no fear and is having a good time at the dentist, it will help your child be less afraid when he/she visits the dentist for the first time.



Make a dental appointment when the child is well rested and is generally a good time of day for them: Each child is different. Some children are much more receptive to new things and just generally in a better mood in the morning. Other children are not "morning people," and an appointment after an afternoon nap may be best. Schedule an appointment for a time of day that works best for your child.

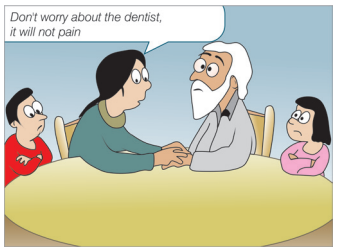
Play "dentist" with your child: Sit down with your child and count his/her teeth, check the gum tissues, and just get your child comfortable with having fingers in his/her mouth. Let your child then be the dentist and allow the child to count your teeth and play with your mouth. Calling the dentist before your child's first dental visit will also prepare you for what takes place on the first visit and you can incorporate that into "playing dentist."



Let your dentist know of any psychological, mental, or physical disabilities your child may have: The more informed the dentist is about your child, the easier it will be for the dentist to work with your child to make the first dental visit a pleasant experience and not a traumatic one.

Do not be afraid to talk to your dentist: If you have any questions, do not be afraid to ask them. The more you know about your child's teeth, development, and how to best take care of your child's teeth and gums, and any treatment that may be needed, the better for your child. You will be able to help prevent cavities and/or other dental health issues, develop a good oral hygiene routine with your child that will most likely carry into adulthood, and also better prepare yourself and your child for any treatment that may be needed.

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Do not convey anxiety to your child: Your child is very receptive to your moods, tones in your voice, facial movements, and just general body language. If your child senses any kind of fear that you may have, it will make your child more uncomfortable and fearful. Remain as calm and relaxed as you possibly can. Sometimes, it may be better if a spouse, older sibling, or someone close to the child attend your child's first dental visit, if you have a fear of the dentist and are concerned about whether or not your child will sense this.

Watch what you say around your child: Never let your child hear of any past dental experiences that you may have had, or someone else experienced, that were traumatic or just generally bad experiences. Be careful not to use words like "shot," "needle," "hurt," "X-ray," or "drill." Instead, explain to your child that the "tooth doctor" will count his/her teeth and may be take pictures. Talk to your child about the first dental visit but keep it positive, short, and simple.

It's okay if your child cries during the first visit: Crying is perfectly normal during your child's first visit. Remain strong, supportive, and work with the dentist during this time. No parent enjoys seeing their child cry, but the parents should remain as positive and supportive as possible.

Allow some alone time for your child and dentist: When possible, let your child alone with the dentist and staff.



Even if you just stand outside of the room so your child cannot see or hear you. By allowing your child some alone time with the dentist, this will help to create a bond between the dentist and your child. The dentist will create a comfortable environment for your child, one where the child can open up to asking questions or explore around the room on his/her own time. The dentist will talk to your child in terms that your child can relate to, as well as help create a positive experience for your child.

Toy support: If your child has a favorite toy, something small, allow them to bring it with them to their first dental visit.



The more positive and supportive you can remain before and after your child's first dental visit, the better. Each time your child visits the dentist, the easier it will be if they had a positive, enjoyable experience the first time. Your child will also be more likely to be willing to learn good oral hygiene skills and will want to take good care of their teeth. Children, who develop good oral hygiene routines, will most often carry these routines well into their adult life.

POINTS TO REMEMBER

- First visit of the child should occur within 6 months of the eruption of the first primary tooth.
- Preappointment behavior modifications include preappointment mailing and modeling.
- Live modeling by sibling is the best method to enhance positive behavior in a child.
- Simple procedures like examination, oral prophylaxis, and topical fluoride application should be carried out in the first dental visit.

Clinical Significance

First dental visit should occur:

- As soon as the first tooth erupt into the oral cavity (AAPD 2021 guidelines).
- At around 6 months of age.
- Never treat the child try to do the complex treatments at the first visit. It is advisable to first become friendly with the child and establish the rapport following which preliminary investigations like X-rays and oral prophylaxis can be initiated.
- Always make sure that you are providing the proper oral hygiene instructions and thoroughly explain the brushing technique to the patient/parent during the first visit.
- Include behavior shaping and modeling of the child.

Questionnaire

1. Explain the role of parent in behavior modification in children.
2. Define and explain modeling.
3. What should be the protocol for the first dental visit of child?
4. Explain some tips which may be useful for parents in alleviating the anxiety of their child.

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Salient Features

- All the existing chapters have been thoroughly revised and updated with new concepts.
- Student-friendly adaptation with quick revision format and questionnaire.
- Contributions from more than 200 stalwarts of Pediatric Dentistry.
- New chapters like parenting styles, molar incisor hypomineralization (MIH), remineralization, sleep-disordered breathing in children, teledentistry, patents and innovation, stem cells in pediatric dentistry, digital pediatric dentistry, infant cleft care, hypnosis, etc., have been added.
- Apart from this some major modifications are done and newer concepts are added in various chapters like pediatric dental clinic, new techniques in digital radiographic diagnosis, new assessment scales in dental fear and anxiety, updated new methodologies in behavior management, nitrous oxide–oxygen anxiolysis, new types of space maintainers, concepts of minimal intervention, bioflex crowns, concepts of revascularization and pulp regeneration, rotary endodontics along with many others.
- Research studies, scientific references and text are updated with recent literature till 2022, according to the Dental Council of India (DCI) curriculum.
- More than 1,000 illustrations and clinical photographs are added.



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