

Vermont Preventive Pediatric Oral Health Care

Recommendations for Pediatric and General Dental Health Care Providers

Background

The following recommendations outline preventive pediatric oral health services that children should receive at their pediatric or general dental home. They meet reasonable standards of dental practice intervals and incorporate recommendations from the American Dental Association, the American Academy of Public Health Dentistry, American Academy of Pediatric Dentistry, and the American Academy of Pediatrics (AAP), including recommendations from AAP's [*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition*](#).¹

Vermont's medical and dental healthcare communities can collaboratively address the most common chronic childhood disease, early childhood caries. Dental caries is a complex disease with individual, familial, and community-level influences. It is only by working together and integrating our medical and dental systems of health care that we can successfully close the gap in oral health disparities in Vermont.

The Vermont Department of Health recognizes the importance of early professional intervention and the continuity of care based on the individualized needs of the child. These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally, but do not indicate an exclusive course of treatment or standard of care. The recommended services may need to be modified for children with special health care needs or those affected by disease or trauma. They are not intended to define which type of provider should render the services, as this will likely be determined by other factors such as local community capacity.

Content

- i. Periodicity Schedule/Table of Recommendations
- ii. References
- iii. Supporting Resources: Tools to Help Implement the Recommendations into Practice

Contact Information

Vermont Department of Health
Office of Oral Health
802-863-7330

¹ The AAP's [*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition*](#) outlines preventive services that children should receive in their medical home. *Bright Futures* includes a health promotion theme dedicated to oral health, reflected in the following recommendations.

I. Vermont Periodicity Schedule/Table of Recommendations

Key: ○ Assess Risk with appropriate action to follow ● To Be Performed □ May be addressed in both medical and dental homes*

	Recommendation	Prenatal	0-6 months	6-12 months	12-24 months	2 to 6 years	6 to 12 years	12 years +
Assessment	Caries/oral health risk assessment ¹	●	●	●	●	●	●	●
	Systemic fluoride exposure ²	●	●	●	●	●	●	●
	Growth and development ³			●	●	●	●	●
	Radiography	○		○	○	○	○	○
	Malocclusion development					●	●	●
	Pit and fissure sealants ⁴					●	●	●
	Third molars (extraction)							●
Prevention	Establish a dental home by age one ⁵			●	●	●	●	●
	Fluoride varnish/topical fluoride, if indicated ⁶	○		○	○	○	○	○
	Fluoride supplements ²			○	○	○	○	○
	Comprehensive dental care throughout pregnancy ⁷	●						
	Clinical oral examination (including oral cancer screening) ⁸	●		●	●	●	●	●
	Professional dental cleaning	●		●	●	●	●	●
Counseling and Anticipatory Guidance	Oral hygiene ⁹	Parent ●	Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Dietary ¹⁰	Parent ●	Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Injury Prevention ¹¹		Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Non-nutritive habits ¹²		Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Speech/language development			○	○	○		
	HPV vaccine ¹³						Parent ○	Patient/Parent ○
	Substance abuse/ tobacco use ¹⁴	●					●	●
	Counseling for intraoral/perioral piercing	●					●	●
	Recommend continuity of dental health care into early adulthood/assist with transition to general practice if you are a pediatric practice	○						●

*Some restrictions apply to services provided by medical care providers, see [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition](#) for details.

II. References

1. **Caries/oral health risk assessment:** Must be repeated regularly and frequently to maximize effectiveness. *
2. **Assess for systemic fluoride exposure and prescribe supplements if indicated:** It's important that trusted health care providers proactively bring up the subject of fluoride with parents not only to assess their patient's level of systemic fluoride before providing supplements, but also to answer any questions parents may have about fluoride. Vermont's Guide to Fluoride Levels in Public Water Systems lists the fluoride levels for all public water systems. Free well water testing is available for families that have a child under the age of four. *
3. **Assess growth and development:** By clinical examination.
4. **Assessment for pit and fissure sealants:** For caries-susceptible primary molars, permanent molars, premolars and anterior teeth with deep pits and fissures. Place sealants as soon as possible after eruption. *
5. **Establishment of a dental home at age one as recommended by the ADA, AAPD and AAP:** Medical health care providers in Vermont are recommending that parents establish a dental home for their child by age one. *
6. **Fluoride varnish/topical fluoride:** Timing, selection and frequency determined by a child's history, clinical findings and susceptibility to oral disease. *
7. **Comprehensive dental care throughout pregnancy:** Good oral health is important for both mother and baby. Comprehensive dental care, including radiographs, is safe throughout pregnancy. *
8. **Clinical oral examination:** First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status. Includes assessment of pathologies and injuries.
9. **Oral hygiene counseling:** Initially responsibility of parent, as child matures, jointly with parent; then, when indicated, only child. *
10. **Dietary counseling:** At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. **Injury prevention counseling:** Initially play objects, pacifiers, car seats, when learning to walk, then with sports and routine playing, including the importance of mouth guards.
12. **Counseling for non-nutritive habits:** At first, discuss the need for additional sucking: digits vs. pacifiers. Then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching or bruxism.
13. **HPV vaccine counseling:** Talk to parents of children ages 11 and over about the connection between HPV and oral cancer. Recommend that patients receive the HPV vaccine. *
14. **Counseling for substance abuse/ tobacco use:** [802Quits](#) is Vermont's tobacco cessation resource; the 802Quits website has information and resources for both health care providers (medical and dental) and patients.

*More information in supporting resources on next page

III. Supporting Resources: Tools to Help Implement the Recommendations into Practice

The ADA's Caries Risk Assessment forms: Children should receive dental care based on their risk for developing dental disease. The ADA has developed two risk assessment forms:

- Children over 6: http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic_caries_over6.ashx
- Children under 6: https://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_under6.ashx

Brush, Book, Bed: The American Academy of Pediatrics' [Brush, Book, Bed Program](#) was designed to help dentists, pediatricians and other health care providers reinforce healthy bedtime habits including oral hygiene, early literacy and safe sleeping practices. Resources include patient and provider education, talking points with families, and information for obtaining supplies.

Fluoride in Vermont: Fluoride is scientifically-proven to prevent tooth decay, but there is a lot of misinformation about it. It's important that trusted health care providers proactively address fluoride with parents –both to assess their patient's level of systemic fluoride before providing supplements and to answer any questions parents may have. [Vermont's Guide to Fluoride Levels in Public Water Systems](#) lists the levels of fluoride in all public water systems in the state. It also contains information about Vermont's well water testing program. Parents of children under the age of four who have a well can have the fluoride level of their water tested for free through the Health Department's Lab. For general information about fluoride, visit healthvermont.gov/wellness/oral-health/fluoride.

HPV counseling in dental practice: Team Maureen is an organization dedicated to ending cervical cancer by educating people about the HPV cancer connection and the importance of prevention and early detection. TM has a [Dental HPV Education Program](#), designed to educate dental health professionals about the connection between HPV and oral, cervical, and other cancers. Dental professionals are provided with resources to prepare them for conversations with patients about HPV-related cancer and the HPV vaccine as a cancer prevention tool.

Oral health during pregnancy and Vermont's expanded Medicaid dental benefit: Oral health care throughout pregnancy is safe and important for both mom and baby. Prenatal care providers are integrating oral health messages as part of prenatal care and referring pregnant women to dentists. In Vermont, there is no cap on dental services for pregnant women who are insured by Medicaid. This expanded benefit lasts throughout pregnancy and for 60 days after the pregnancy ends. Find more on working with families at healthvermont.gov/wellness/oral-health/resources-health-professionals.

Sealants and rates in Vermont: Tooth decay is the most common chronic disease among American children. Sealants are effective in caries prevention and can prevent the progression of early non-cavitated carious lesions. However, according to the Health Department's [latest elementary oral health survey](#), only 55 percent of Vermont children have sealants. For American Dental Association resources on sealants, visit www.ada.org/en/member-center/oral-health-topics/dental-sealants.

The age one dental visit training for dental health care providers: General dental health care providers can see children beginning at age one – they do not need to be seen in a pediatric dental practice. This can be a fun and rewarding visit! For dental health care providers who are not comfortable seeing children at age one, there is an in-office training available through the Health Department. Please contact the [Office of Oral Health](#) if you are interested in learning more.

Medical health care providers and oral health: Medical health care providers in Vermont are taking an active role in addressing pediatric oral health with [From the First Tooth](#) – a free, in-office training program for medical health care providers to integrate oral health risk assessments, fluoride varnish applications, and patients referrals to dental homes at age one, as part of well-child care. The training encourages medical practices to develop relationships with dental practices. Medical practices in Vermont can request this free in-office training through Vermont's [Area Health Education Center](#).

February 2018