

Born to Smile

Infant Caries Risk Assessment

General Health History

While generally these issues may not dramatically affect the dental health of infants, physical, developmental, mental and emotional impairments may limit the child's ability to perform daily self-maintenance activities as he/she grows older. It is important to discuss these concerns with parents as the child matures.

1. Were there problems during the pregnancy or delivery?
2. Has your child experienced any unusual illnesses or developmental difficulties?
3. Have there been any injuries to your child's teeth or jaws?
4. Does your child have a specific dental problem that needs attention?
5. Is this your child's first visit to the dentist?

Parent or Guardian Questions

These questions give you the information needed for the Risk Assessment and open the door to our educational message. Use these questions as an opportunity to discuss the infectious nature of dental disease. Most young children appear to acquire some cariogenic microbes from their mother or primary caregiver, so it is important for parents and caregivers to take good care of their teeth. They should avoid sharing food, drink or eating utensils with their baby. It is important for them to understand that if they have active dental disease, it increases the chance dental disease will be passed on to the child.

1. Are routine dental visits practiced by your family?
2. When was the last time you saw a dentist?
3. When was the last time you had a cavity?

(Continued on reverse side)

Behavioral Questions

These questions are valuable for the Risk Assessment, but they also prompt the educational message. Discuss the importance of good nutrition and how sugary foods, snacks and drinks – for infants, especially sodas and fruit juices – can feed bacteria that set the stage for dental disease. Discuss the difference between “guzzlers and gobblers” vs. “sippers and grazers.” Explain that toddlers who carry bottles or sippy cups and drink from them throughout the day are regularly disrupting the natural oral microflora, creating an environment that is much more susceptible to dental decay. Explain the importance of at-home care, demonstrate how to brush an infant’s teeth and discuss the need for follow-up care and additional fluoride varnishes, if deemed appropriate.

1. Does your child sleep with a bottle for naps or bedtime?
2. Does your child use a bottle or sippy cup other than mealtime?
3. What does your child like to drink?
4. Are you brushing your child’s teeth daily?

Clinical Exam

With the parent or guardian’s assistance, conduct a knee-to-knee exam. Brief them on your findings and the child’s risk status for developing ECC. Recommend the establishment of a dental home for the child and parents, if none exist. Explain how at-home preventive care, combined with the preventive care provided in the dental office, can set the stage for a lifetime of good dental health for the child.

1. Are there any signs of congenital deformities or other concerns?
2. Is there visible plaque (white, sticky buildup)?
3. Are there signs of decay or demineralization (chalky white spots or lesions)?

Take Home Messages

1. Accentuate the positive. Praise the adult for the positive steps they are taking, including bringing the infant in for the well-baby exam.
2. Stress the important role they play in their child’s long-term dental health.
3. Provide them educational materials to assist them with in-home care.
4. Set a follow-up appointment, encourage them to seek care from their current dentist, or suggest how the parent might establish a dental home at another dental office.