

Embracing the Age One Dental Visit in Clinical Practice

The American Academy of Pediatric Dentistry, American Dental Association, American Public Health Association and the American Academy of Pediatrics currently recommend that all children have their first preventive dental visit by age one.^{1,2,3,4} The rationale? That infant dental visits will reduce the child's future dental disease risk, lead to improved oral health throughout childhood, and reduce oral health costs.^{5,6} Equally compelling to this case is recent data from the CDC indicating that dental caries in young children aged 2-4 is on the rise, increasing the call for our profession to care for infants and preschool-age children.⁷

While dentists may be aware of these new guidelines and want to implement them, there remain perceived challenges to adopting them into clinical practice. Many dentists recognize the need for marketing and the potential economic impact of providing early dental care on a practice. The potential economic impacts stems from the provider time taken in a chair to see the infant and communicate with the parent(s) about oral health, and the potential low profitability of treating infants.

From a marketing perspective, the early establishment of a dental home builds trust between the dentist and families and may lead to fewer broken appointments, more word-of-mouth referrals, greater treatment plan acceptance, and more loyalty from the patients towards the dentist. Recently, parenting magazines and other forms of lay media have encouraged parental adoption of the age one visit. USA Today's 2006 Annual Report⁸ identified a dentist visit as third on the "Top 15 Things You Must Do for Your Infant." In 2005, Redbook included in "Mommy Strategies" instructions to take a child to a dentist by age 1.⁹ This coverage in the lay press promotes a demand for infant dental services among the general population, and creates an opportunity for dental offices to grow their practices with relatively little need for marketing. One must consider the word-of-mouth influence that new mothers/families have within their own peer groups. New parents are in constant contact with other new parents. Play dates, school or day care events, playgrounds, and many other activities provide an outlet to share information such as recommending a dental visit by age one and referring their dental

home to other new parents (thereby promoting the AAPD infant guidelines.)

In addition to the increased demand from parents, we must also take into consideration that our medical colleagues are more dental savvy today than before. With the education of physicians to identify oral disease and refer infants for dental care, these referrals also can increase the need for pediatric dentists to see younger children.

Concerns about the economic impact of early preventive care can be addressed in two ways. Some dentists may not see infants and toddlers due to the perception that such visits may take more time. However, considering that the majority of appointments in dental offices are preventive and that a number of aspects in these visits can be delegated to auxiliary staff, seeing children from age one may provide a good investment for the dental practice. Additionally, infant oral health codes have now been included in the procedure code book, allowing for ease of billing and tracking.

Similarly, some parents avoid taking children to the dentist to save money, yet studies show that the dental costs for children who have their first dental visit before age one are 40 percent lower in the first five years of life than for those who do not see a dentist prior to their first birthday.³ Dental staff can help parents understand that it is in their own economic interest to bring their children to the dentist at an early age. In summary, as the various professional organizations embrace the dental home concept starting at age one, the dental community should continue to examine various models of delivering early oral health preventive services that maximize oral health outcomes in an economically efficient manner for clinical practices.

References:

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This article is the fourth in a series facilitated by AAPD and Children's Dental Health Project's Improving Perinatal and Infant Oral Health Project. The project is a five year Maternal and Child Health Bureau-funded initiative to promote the oral health of pregnant women and infants, and to increase public awareness of the importance of perinatal and infant oral health. Please watch for additional articles authored by members of the Ad Hoc Committee on Perinatal and Infant Oral Health in future editions of PDT. For more information on the Project or to become involved, please contact Dr. Ned Savide, Chair of the Ad Hoc Committee on Perinatal and Infant Oral Health at NLSavide@aol.com or Jessie Buerlein, Project Manager, at jbuerlein@cdhp.org.

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