

Starting Strong: The Importance of the Age One Dental Visit

February 6, 2025

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To Receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, February 14.**
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



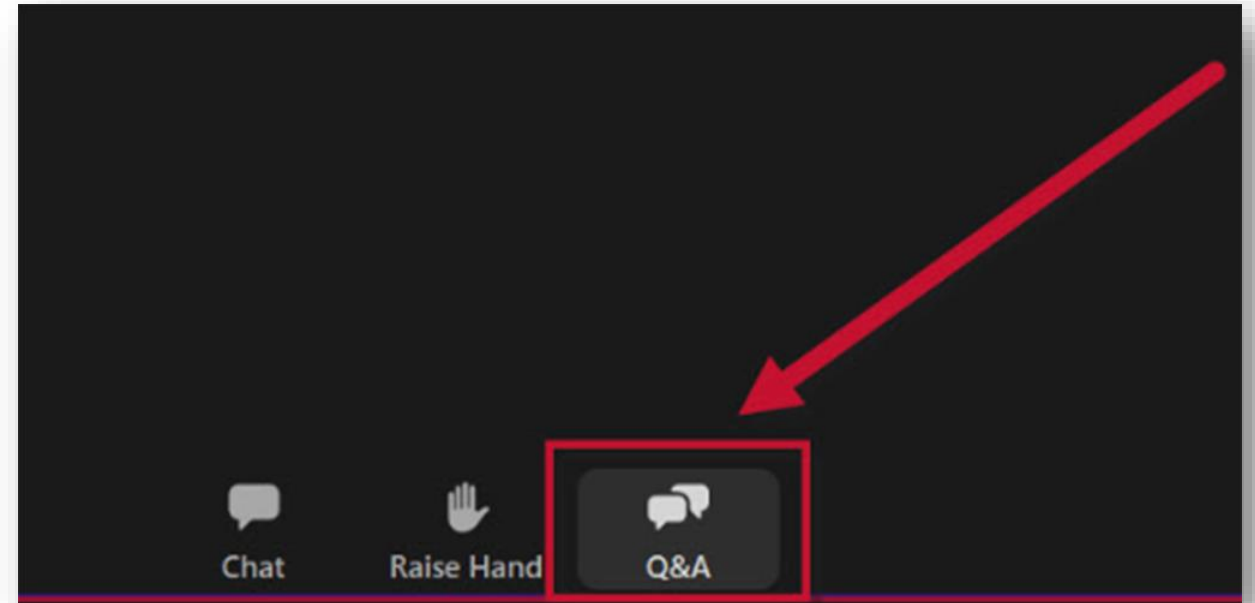
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Thank You





Webinar

Starting Strong:

The Importance of the
Age One Dental Visit

Thursday, February 6, 2025

7-8 p.m. ET

ADA CERP Credits: 1



Special Guest

Brett H. Kessler, DDS
President,
American Dental Association



Moderator

Jane Grover, DDS, MPH
Senior Director,
Council on Advocacy for
Access and Prevention,
American Dental Association



Presenter

Nick Rogers, DDS
General Dentist,
Member, Council on Advocacy
for Access and Prevention,
American Dental Association



Presenter

Jessica Robertson, DMD
Board Certified Pediatric Dentist,
Chair, Council on Advocacy for
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Poll Questions

1. Do you currently perform age one dental visits in your practice?

- Yes, we regularly provide them.
- Yes, but only occasionally.
- No, but we refer patients to providers who do.
- No, we do not provide or refer for them.

2. In your experience, what do you think is the most common challenge for dental teams in providing age-one dental visits?

- Lack of training or familiarity with age-one dental visit protocols.
- Helping caregivers understand the importance and value of the age-one dental visit.
- Uncertainty about appropriate billing and reimbursement.
- Limited time or resources to accommodate these visits.



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Learning Objectives

- Explain the purpose and importance of age one dental visits in promoting oral health and minimizing risk of early childhood caries.
- Describe the standard components, clinical steps, and documentation of an age one dental visit.
- Develop effective messaging and implement strategies to educate and engage patient caregivers for a successful age one dental visit.

Starting Strong: The Importance of the Age One Dental Visit

CareQuest Institute for Oral Health

February 6, 2025

Jessica Robertson, DMD

Board Certified Pediatric Dentist

Fellow of the American Academy Pediatric Dentist

Chair ADA Council on Advocacy for Access and Prevention

Nick Rogers, DDS

General Dentist

ADA Council on Advocacy for Access and Prevention

Around the Mountain Pediatric Dentistry



Our mission: Be the leader in promoting children's oral health in Arizona

Flagstaff, Lakewood, Cottonwood



"The Big Authority on Little Teeth"

Around The Mountain Pediatric Dentistry

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Cottonwood, AZ 86326

Phone: (928) 634-6641

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Who Am I?



Rogers Family Dentistry
Our Family Serving Yours

Full-Time Staff



Location



General Practice

Procedures by Collections

1. Restorative
2. Diagnostic
3. Preventive
4. Orthodontics
5. Oral Surgery
6. Prosthodontics
7. Endodontics
8. Implants



General Practice

Age Distribution

0-9	18.81 %
10-19	15.75%
20-29	13.95%
30-39	15.27%
40-49	10.08%
50-59	9.65%
60+	16.49%

- Will file most insurances
- Not any PPO's
- **We accept all children with Medicaid**
- 30% of our patients have Medicaid
- Due to location, we do most dental procedures

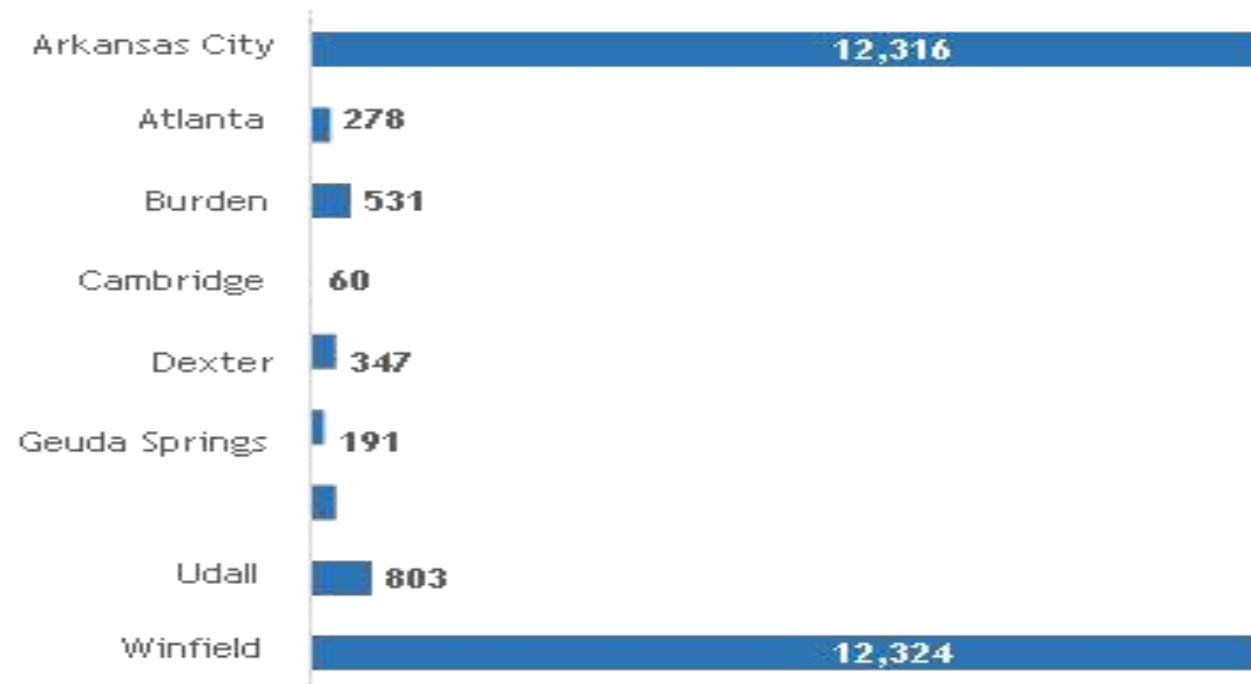
Cowley County

Cowley County Cities

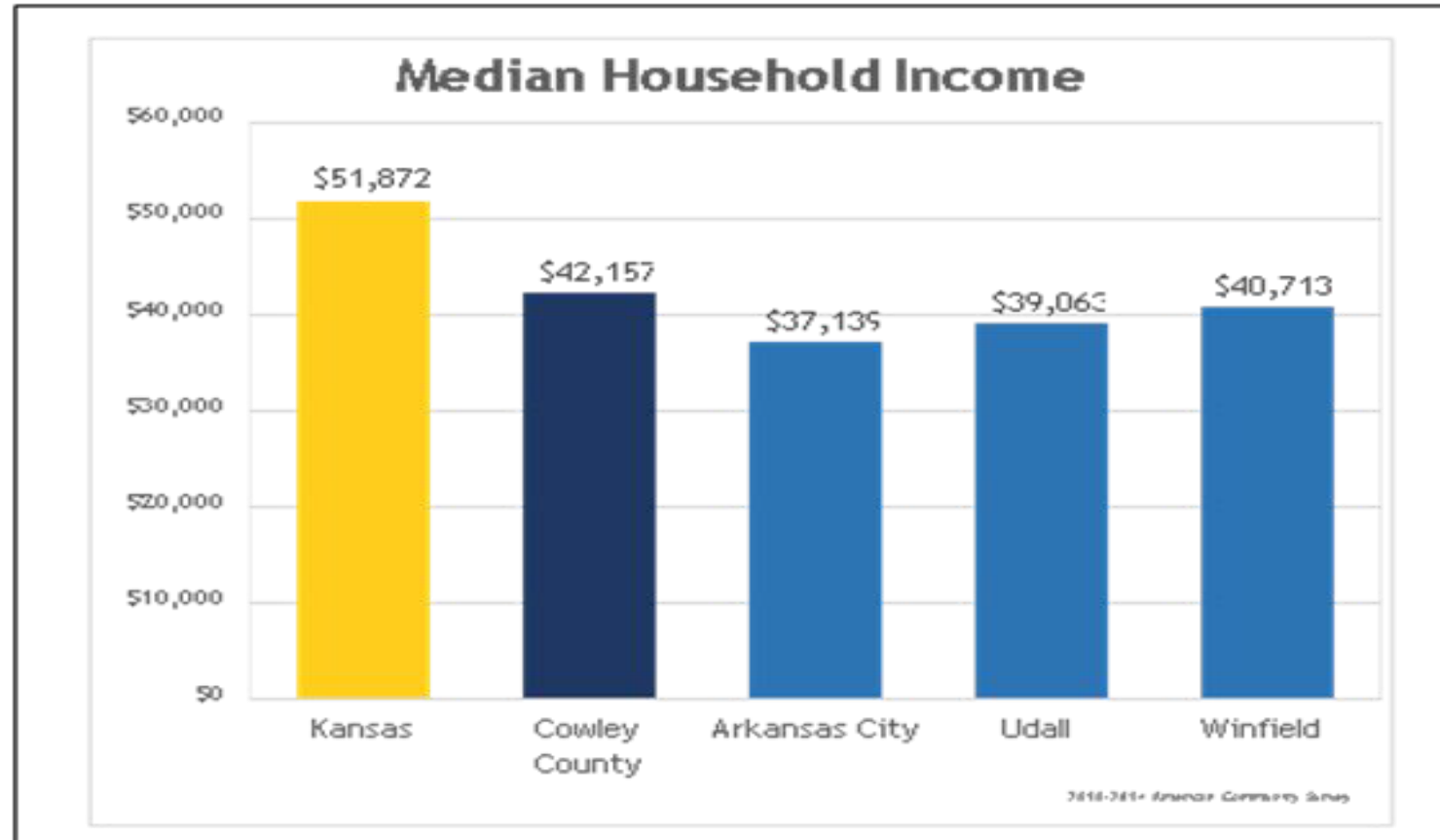


Cowley County Cont.

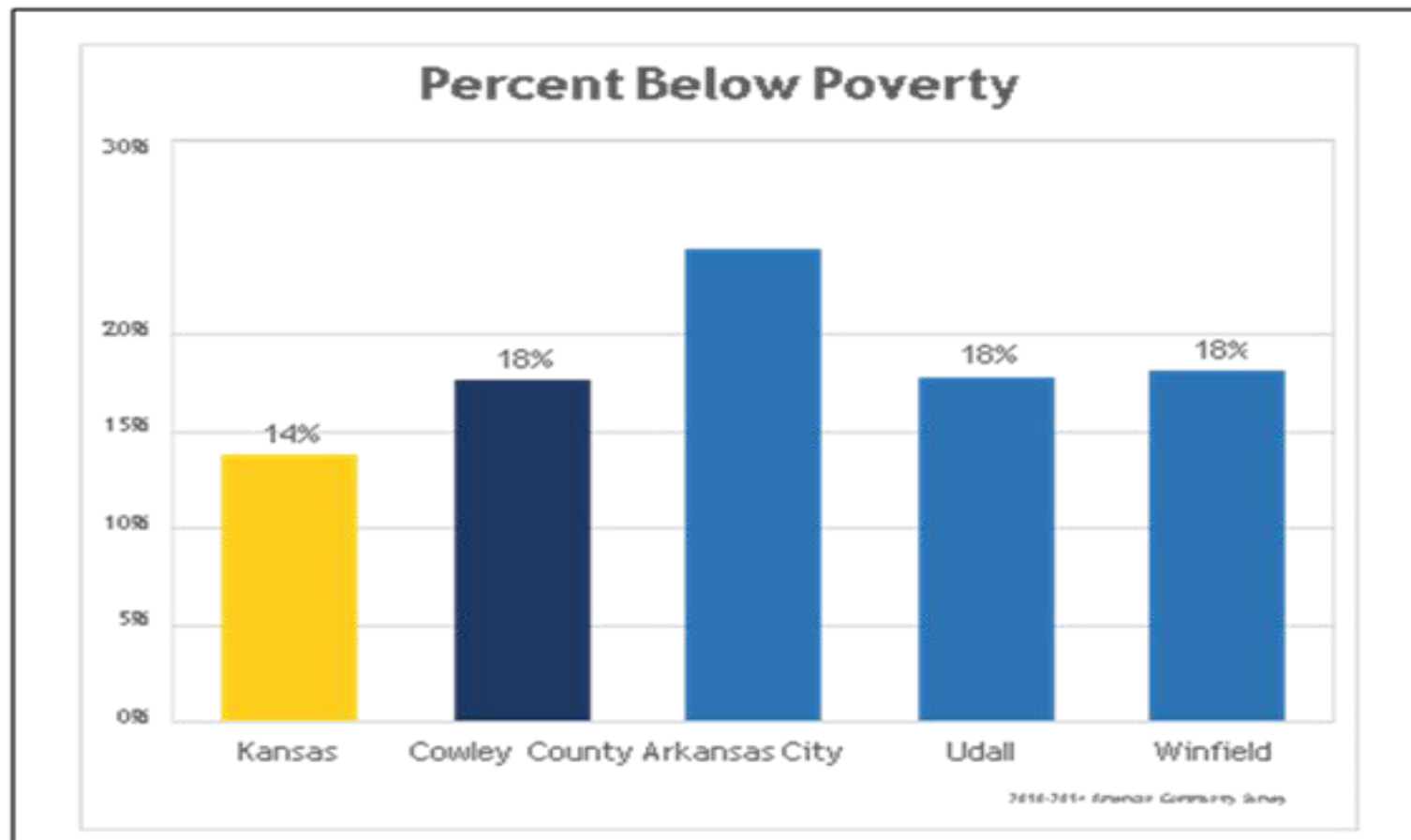
Population of Cowley County Cities



Socioeconomic



Socioeconomic, cont.



Question

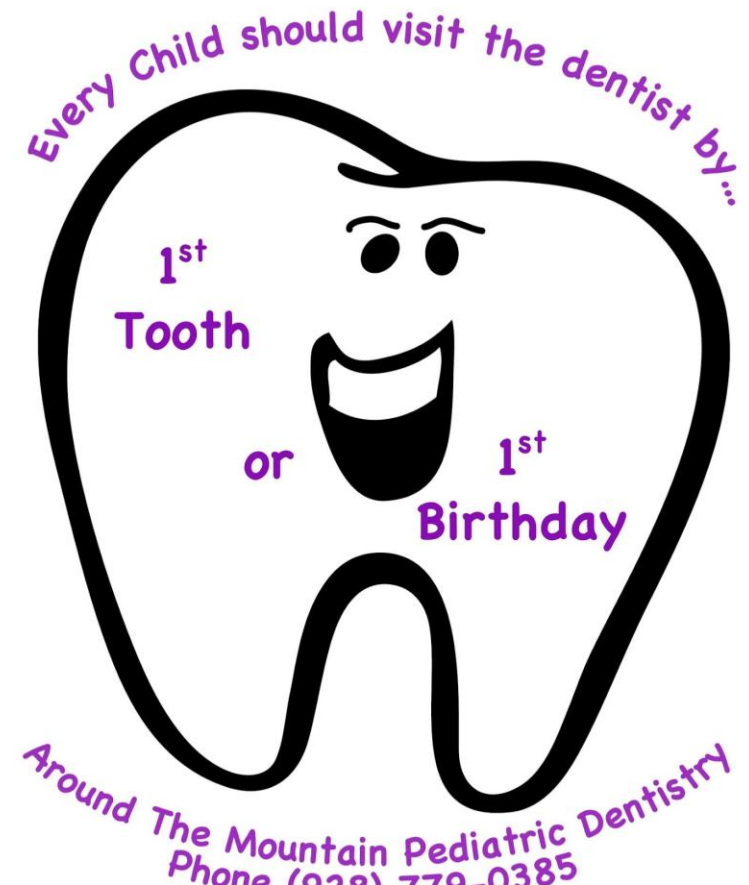
**When Should You First Take Your
Child To The Dentist?**

Answer

The first dental visit is recommended no later than 12 months of age, or within 6 months of the first tooth coming in.

Recommended by:

- American Academy of Pediatrics (AAP)
- American Dental Association (ADA)
- Academy of General Dentistry (AGD)
- American Academy of Pediatric Dentistry (AAPD)



Consistency

- As a profession, we must be consistent in our messaging!
- Even if you as a dentist will not accept a one-year-old in your practice, give the correct answer and a referral to a practice that does.

Consensus Statement Treating Patients While Pregnant

“Oral health care, including having dental radiographs taken and being given local anesthesia, is safe at any point during pregnancy. Further, the American Dental Association and the American College of Obstetricians and Gynecologists (ACOG) agree that emergency treatments, such as extractions, root canals or restorations can be safely performed during pregnancy and that delaying treatment may result in more complex problems.

Although ACOG has a statement regarding postponing elective non-obstetric general surgery and some invasive procedures (e.g., cardiac catheterization or colonoscopy) until after delivery, **their statement on oral care during pregnancy and through the lifespan states that oral conditions requiring immediate treatment, such as periodontal or endodontic treatment, extractions, or restoration of untreated caries can be managed at any time during pregnancy.” - American Dental Association**

ADA Policy on Dental Examinations for Pregnant Persons and Persons of Child-Bearing Age Adopted October 2024

- Resolved, that the ADA urge all pregnant persons and persons of child-bearing age to have a regular dental examination.
- Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and child.

Gum Disease During Pregnancy

- There is a link between gum disease in pregnant women and **PREMATURE BIRTH** and **LOW BIRTH WEIGHT**.
- Babies who are born prematurely can have a risk of brain injury, and problems with their eyesight and hearing.

Fears of Dental Treatment During Pregnancy

- X-Rays
- Local anesthetic

They are both safe during pregnancy!

Common Causes of Dental Health Problems During Pregnancy

- Hormone changes
- Vomiting
- Cravings for sugary foods
- Gagging while brushing
- Acid Reflux

For More Information



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Pregnancy

Key Points

- Preventive, diagnostic and restorative dental treatment is safe throughout pregnancy.
- Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine, mepivacaine) may be used during pregnancy.
- Special considerations should be given to pregnant dental personnel whose job duties can involve direct exposure to nitrous oxide and radiation.

Introduction



Oral Health Conditions During Pregnancy



Medication Use



Learn more:



For More Information

Exploring the Myths and Misconceptions about Oral Health and Pregnancy



WEBINAR | Thursday, April 25, 2024 | 7:30–8:30 p.m. ET | ADA CERP Credits: 1

MODERATOR



Jane Grover, DDS, MPH
Senior Director Council on Advocacy for Access and Prevention, American Dental Association

PRESENTER



Hector Chapa, MD, FACOG
Assistant Clinical Professor, OBGYN, Texas A&M University, 2024-25 ACOG Fellow At Large, Texas A&M Health, the American College of Obstetricians and Gynecologists

PRESENTER



Elizabeth Vi Simpson, DMD
General Dentist, Chair of the Council on Advocacy for Access and Prevention for the American Dental Association, American Dental Association

Date

Thursday, April 25, 2024 - 7:30 p.m. ET

CE Credits

1

Duration

1 hour

Learn more:



Why Should a One-Year-Old Visit the Dentist?

- Establish a Dental Home.
- Children who have a dental home are more likely to receive appropriate preventive and routine oral health care.
- As a dental home, you are not required to provide dental treatment to a one-year-old, but it is your responsibility to refer them to a dentist that can provide treatment such as a pediatric dentist.

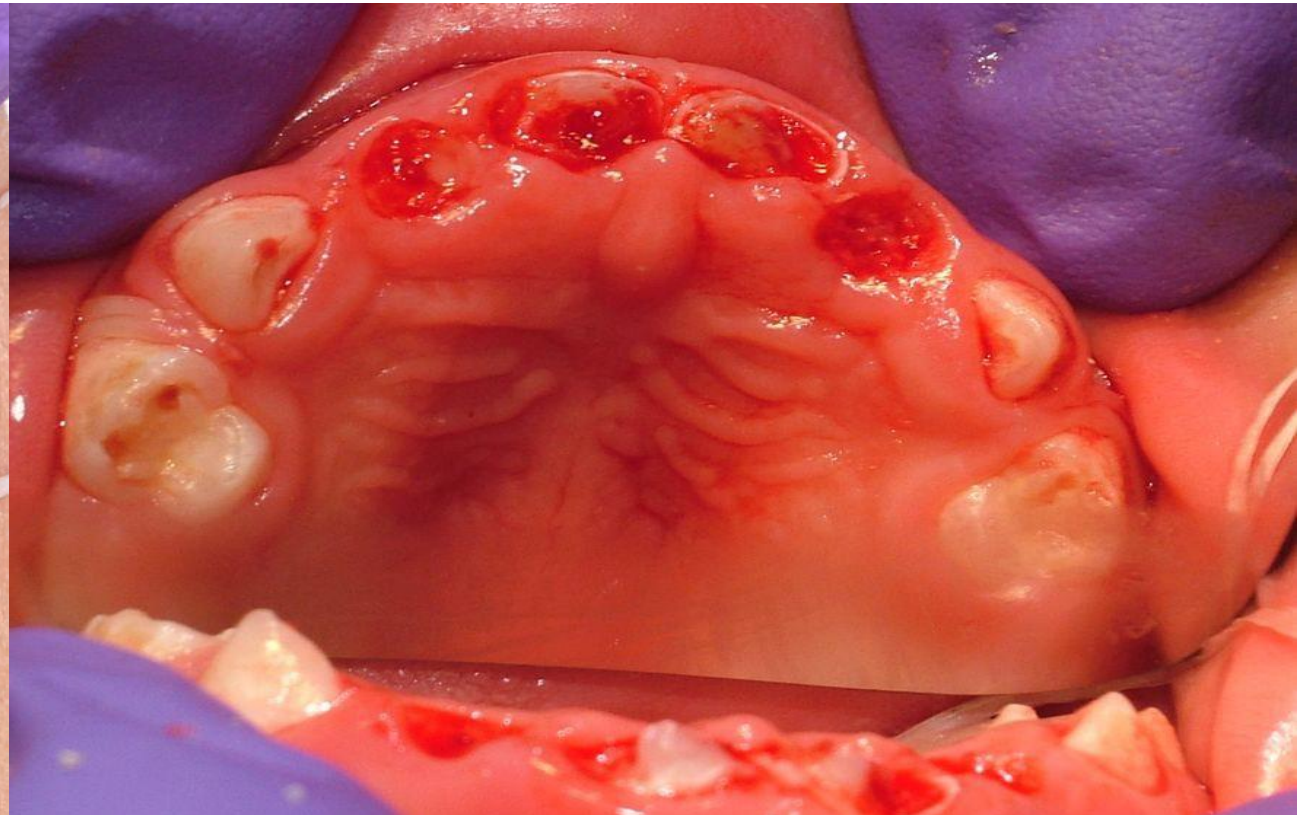
Not just an exam, you're making a difference.

- Promoting good habits early.
- We can stop the cycle, “my parents had bad teeth”.
- Our diet has changed, early 2000’s the risk for caries started to increase again.
- More kids than pediatric dentists can handle, we need general dentists to see young kids, TEAMWORK!
- A great way to break up your day.
- Practice builder.

Importance of the Age 1 Visit

- Working as a team and being on the same page, preventing Severe Early Childhood Caries (SECC).
 - **First Tooth First Birthday!**
- Educating families.
- Decrease the number of sedation cases.
- Making cavity free visits fun and easy.
- Breaking the cycle of poor oral health.
- Poor systemic health starts in the oral cavity.

Severe Childhood Caries



ADA Code 0145

D0145 is the ADA dental procedure code for an oral evaluation for a patient under 3 years of age and counseling with a primary caregiver.

D0145 Includes

- Recording the patient's oral and physical health history.
- Evaluating for risk factors for dental diseases.
- Oral hygiene instruction.
- Developing a preventive oral health plan.
- Counseling the patient's parent, legal guardian, or primary caregiver.

Components of Year One Visit

- Usually about 30 minutes
 - Exam and prophy will take 3-5 minutes, most of the visit is education.
- Exam (D0145)
 - Education-Anticipatory/Guidance
 - Answer Questions
- Cleaning (D1120) - **Even a toothbrush prophy counts**
- Caries Risk Assessment (D0601 Low, D0602 Moderate, D0603 High)
- Fluoride Varnish (D1206)

Prepare Caregivers

- Do all the talking first.
- Answer any chief complaints that may not require the exam first (avoids having to do a second exam).
- Explain the process.
- LET THEM KNOW **THEY WILL CRY**, prepare them to hold hands and legs.

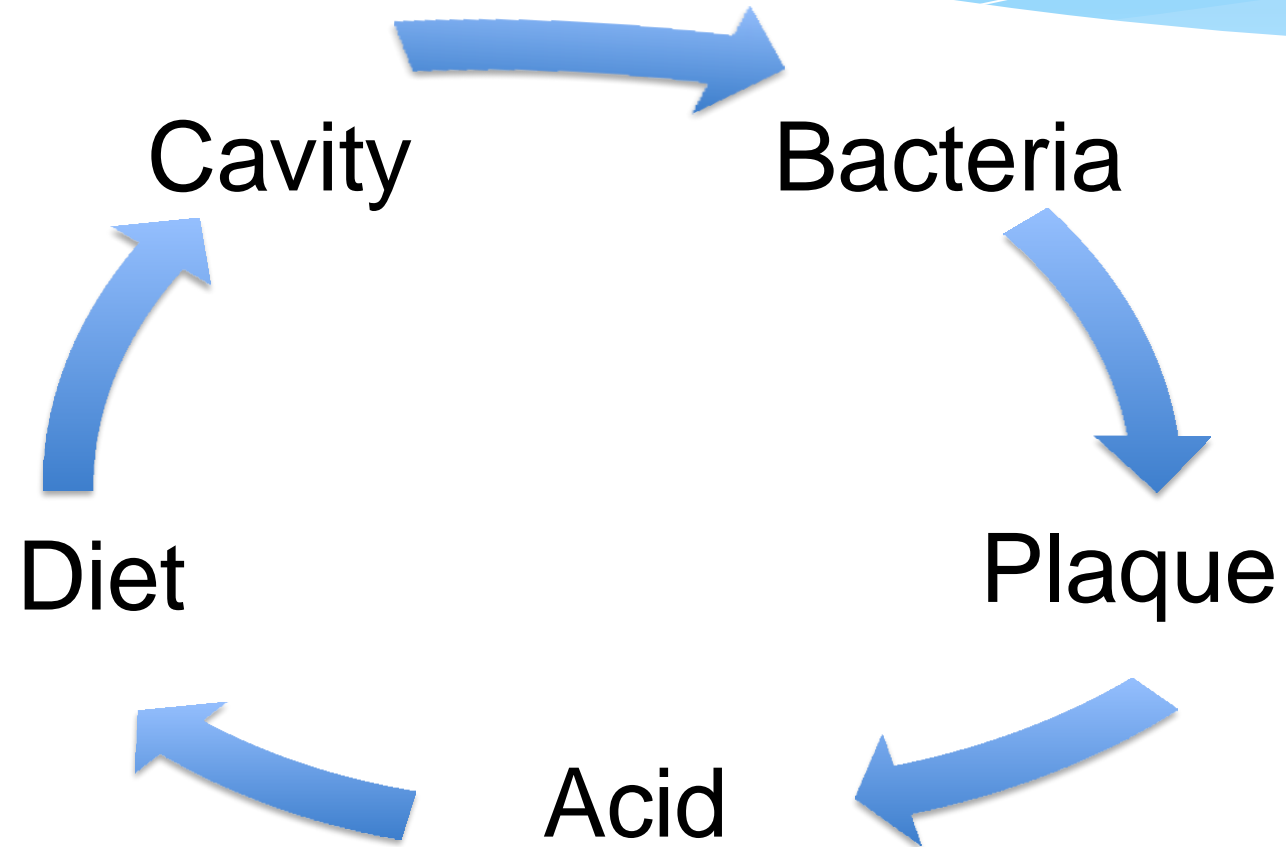
Anticipatory Guidance

- Etiology of tooth decay
- Eating habits
 - Determine Fluoride exposure through community water fluoridation
- Infectivity
- Tooth brushing
- Proximity of teeth
- Nonnutritive habits of the child
- Socioeconomic factors

Etiology of Tooth Decay

- Food + plaque = acid that leads to decalcification and decay.
 - Use terms they understand (white spots, cavities).
 - After eating, the acid lingers up to **two hours** depending on salivary buffering.

Caries a Preventable Disease



Eating Habits

- Do not graze and/or sip on sugary drinks or milk.
- Even before teeth come in encourage wiping arches.
- Once teeth are in, discourage on demand breastfeeding or nighttime bottle, unless parents are wiping teeth after each feeding.
- Scheduled meals.
 - Kids love schedules.
 - Sporadic eating habits increases chances of an acidic environment all day long.
 - Encourage proteins for snacks.
- Sippy cups - unless at the table with a meal, should only have water.
- Juices and other perceived “healthy” foods.
- Is there fluoridated water?

Determine Fluoride Exposure

Table. DIETARY FLUORIDE SUPPLEMENTATION SCHEDULE

Age	<0.3 ppm F	0.3 to 0.6 ppm F	>0.6 ppm F
Birth to 6 months	0	0	0
6 months to 3 years	0.25 mg	0	0
3 to 6 years	0.50 mg	0.25 mg	0
6 to at least 16 years	1.00 mg	0.50 mg	0

Abbreviations in this table: ppm F=Parts per million fluoride; mg=milligram.

Note: The recommendations in this table have not been revised since fluoride concentration in municipal water was standardized and use of fluoridated toothpaste for dentate infants was promulgated. All dietary sources of fluoride should be taken into consideration before recommending fluoride supplements for patients with fluoride-deficit community water.

Infectivity

- If the caregiver, especially the mother, presents with decay or a history of decay, take precautions as the bacteria that causes decay can be transmitted to the child.
- Ask if the mother and/or parents have dental problems
- Discourage sharing toothbrush and toothpaste

Toothbrushing

- Who brushes the teeth?
 - Caregiver should brush the teeth until the child can tie their own shoelaces.
- Establish a routine but nighttime brushing is a must.
 - Before bedtime is the best time.
- Should begin brushing, even with cloth, when the first tooth erupts.
- Fluoride toothpaste
 - Recommended as soon as the first tooth erupts.
 - Avoid tartar control and whitening toothpastes as it can cause discomfort to child.
- Pea-size drop

Proximity of Teeth



- Do the teeth touch?
- Spacing is good
- When the teeth touch, advise that they need to start flossing their child's teeth

Non-Nutritive Habits

- The child should be off of the bottle by one year old.
- While there are different opinions from experts, most agree that children should stop using pacifiers between the ages of 6 months and 4 years.
- The American Academy of Pediatric Dentistry recommends stopping pacifier use by age 3 to prevent dental issues.
 - Developmentally, age 3 is when you can negotiate.

Socioeconomic Factors

- Parent/Caregiver has life-time of poverty, low health literacy
- Recent migrant

Exam

- Knee to knee exam.
- A full exam of the teeth, jaws, bite, gums, and oral tissues to check growth and development.
- Lift the lip and look on the lingual side of maxillary anterior teeth.
- Children many times cry, but it does make it easier to see.
- Be gentle and understanding.
- Do not take the crying personally.



Cleaning

- Prophylaxis the teeth
 - Usually, a toothbrush prophylaxis which is a great way to demonstrate for the caregivers on how they should be brushing.
- X-Rays are rarely taken unless there is a suspected dental problem or trauma.
- Apply fluoride varnish.

Risk Assessment

- A systematic evaluation of a patient's oral health to determine their likelihood of developing oral disease.
- Risk factors: Social, behavioral, medical, and clinical risk factors.
- Protective factors: Factors that protect against dental disease.
- Clinical findings: Findings from a dental exam, such as the presence of plaque, food debris, or untreated decay.
- Caries risk level: A rating of the child's risk of developing caries.

Caries Risk Assessment Form (Age 0-6)

Patient Name:			
Birth Date:		Date:	
Age:		Initials:	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions			
Check or Circle the conditions that apply			
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste) <input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups) <input type="checkbox"/> Primarily at mealtimes	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP) <input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office <input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions			
Check or Circle the conditions that apply			
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers) <input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions			
Check or Circle the conditions that apply			
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions <input type="checkbox"/>	No new carious lesions or restorations in last 24 months <input type="checkbox"/>	Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions <input type="checkbox"/>	No new lesions in last 24 months <input type="checkbox"/>	New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries <input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Visible Plaque <input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Dental/Orthodontic Appliances Present (fixed or removable) <input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Salivary Flow <input type="checkbox"/>	Visually adequate <input type="checkbox"/>	Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk: Low Moderate High

Instructions for Caregiver:

ADA.org: Caries Risk Assessment



Table 1. Caries-risk Assessment Form for 0-5 Years Old

Use of this tool will help the health care provider assess the child's risk for developing caries lesions. In addition, reviewing specific factors will help the practitioner and parent understand the variable influences that contribute to or protect from dental caries.

Factors	High risk	Moderate risk	Low risk
<i>Risk factors, social/behavioral/medical</i>			
Mother/primary caregiver has active dental caries	Yes		
Parent/caregiver has life-time of poverty, low health literacy	Yes		
Child has frequent exposure (>3 times/day) between-meal sugar-containing snacks or beverages per day	Yes		
Child uses bottle or nonspill cup containing natural or added sugar frequently, between meals and/or at bedtime	Yes		
Child is a recent immigrant		Yes	
Child has special health care needs ^α		Yes	
<i>Risk factors, clinical</i>			
Child has visible plaque on teeth	Yes		
Child presents with dental enamel defects	Yes		
<i>Protective factors</i>			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
<i>Disease indicators^β</i>			
Child has noncavitated (incipient/white spot) caries lesions	Yes		
Child has visible caries lesions	Yes		
Child has recent restorations or missing teeth due to caries	Yes		

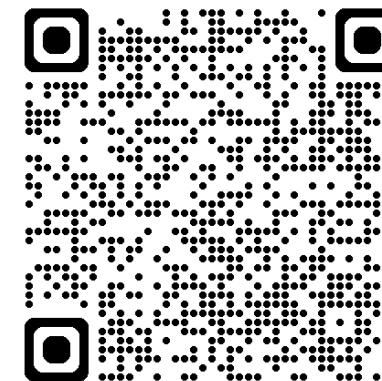
^α Practitioners may choose a different risk level based on specific medical diagnosis and unique circumstances, especially conditions that affect motor coordination or cooperation.

^β While these do not cause caries directly or indirectly, they indicate presence of factors that do.

Instructions: Circle "Yes" that corresponds with those conditions applying to a specific patient. Use the circled responses to visualize the balance among risk factors, protective factors, and disease indicators. Use this balance or imbalance, together with clinical judgment, to assign a caries risk level of low, moderate, or high based on the preponderance of factors for the individual. Clinical judgment may justify the weighting of one factor (e.g., heavy plaque on the teeth) more than others.

Overall assessment of the child's dental caries risk: High Moderate Low

AAPD.org: Caries Risk Assessment



CAMBRA

Caries Management by Risk Assessment (CAMBRA) is a method for assessing a patient's risk of developing tooth decay, or caries, based on their health and lifestyle factors. CAMBRA is an evidence-based approach that helps dentists prevent cavities early and manage them effectively.

Table 4. Example of a Caries Management Pathways for ≥6 Years Old

Risk category	Diagnostics	Preventive interventions			Restorative interventions
		Fluoride	Dietary counseling	Sealants	
Low risk	<ul style="list-style-type: none"> – Recall every six to 12 months – Radiographs every 12 to 24 months 	<ul style="list-style-type: none"> – Drink optimally-fluoridated water – Twice daily brushing with fluoridated toothpaste 	Yes	Yes	– Surveillance
Moderate risk	<ul style="list-style-type: none"> – Recall every six months – Radiographs every six to 12 months 	<ul style="list-style-type: none"> – Drink optimally-fluoridated water (alternatively, take fluoride supplements with fluoride-deficient water supplies) – Twice daily brushing with fluoridated toothpaste – Professional topical treatment every six months 	Yes	Yes	<ul style="list-style-type: none"> – Active surveillance of non-cavitated (white spot) caries lesions – Restore cavitated or enlarging caries lesions
High risk	<ul style="list-style-type: none"> – Recall every three months – Radiographs every six months 	<ul style="list-style-type: none"> – Drink optimally-fluoridated water (alternatively, take fluoride supplements with fluoride-deficient water supplies) – Brushing with 0.5 percent fluoride gel/paste – Professional topical treatment every three months – Silver diamine fluoride on cavitated lesions 	Yes	Yes	<ul style="list-style-type: none"> – Active surveillance of non-cavitated (white spot) caries lesions – Restore cavitated or enlarging caries lesions – Interim therapeutic restorations (ITR) may be used until permanent restorations can be placed

[bp_cariesriskassessment.pdf](#) - AAPD

Tray

- Mirror
- Explorer (rarely needed but you want to be ready)
- Two 2x2s
- Fluoride varnish open and ready (if approved)
- Your glasses with light
- Your assistant can use cover tray to write notes
- Have a prize ready!

Pearls

- Talk first and try to answer all questions.
- Have your assistants ready to hand you everything systematically.
- Watch your fingers.
 - Push down on chin.
 - Keep your fingers behind teeth in order to pry open if they don't want to open.
- Exam and prophylaxis will be quick.

Resource: American Academy of Pediatric Dentistry



- Public Domain
- General Dentist Membership is Welcome



Thank You!



Questions

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Question and Answer

Webinar Evaluation

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Next Webinar:

Advancing Equity: Strategies to Overcome Implicit Bias in Dental Practices on **February 19 at 7 p.m. ET**

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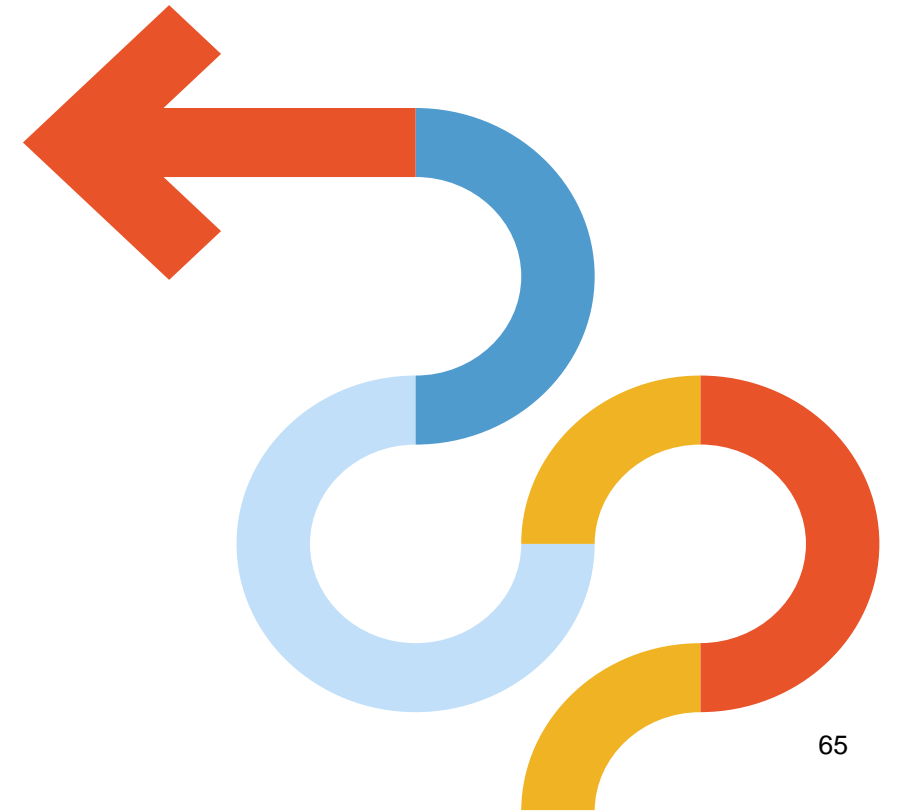
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