Dentistry for Special People is committed to the prevention of *Early Childhood Caries* through community outreach, collaborative care with pediatricians and the promotion of establishing a “Dental Home” by age 1.

Dentistry for Special People is a *Leader* in bringing the message of the American Academy of Pediatric Dentistry’s campaign “*Get it Done in Year One*” to medical and public communities.
Your Speaker

Jean Rath, RDH, BS

- Registered Dental Hygienist: NJ, PA, DE
  - Public Health Dental Hygiene Practitioner, PA
  - Council of Public Health Issues NJDHA
- Clinician: Dentistry for Special People
- Educator: Burlington County College Dental Hygiene Program
  - Pre-Clinic, Freshman / Senior Clinic, Dental Radiology and Medical Emergencies
- Public Speaker
- American Dental Hygienist’s Association:
  - SNJDHA: Past President, Past Vice-President, Council of Public Health Issues and current editor.
Why a Pediatric Dentist?

What is the difference between a pediatric dentist and a family dentist?

• Pediatric dentists are the pediatricians of dentistry.

• A pediatric dentist has two to three years specialty training following dental school and limits his/her practice to treating children only. Pediatric dentists are primary and specialty oral care providers for infants and children through adolescence (age 1-19), including those with special health needs.
The American Academy of Pediatric Dentistry recommends that a dental home be established for infants by the age of 1 year.

“The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.” (AAPD Definition)

Complete policy available on-line at: http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf
Traditionally children have received first visits around age 3. *By this age all 20 primary teeth have erupted and oral disease and decay may already be present.

- Establishing a dental home by age 1 promotes oral health and prevents early childhood caries.
- Enhances the dental professional’s ability to assist children and their parents/care givers in the quest for optimum oral health care, beginning with the age 1 visit for successful preventive care and treatment as part of an overall oral health care foundation.
- Insurance code: D0145
  - Covers diagnostic and preventative services performed for a child under the age of 3. (Private and Medicaid)
American Academy of Pediatric Dentistry (AAPD)
American Dental Association
American Dental Hygienists’ Association
American Academy of Pediatrics

All recommend an oral health risk assessment and evaluation by age 6 months and a “Dental Home” by age 1.

A scientific paper published in the journal *Pediatric Dentistry* revealed that children who wait to have their first dental visit until age 2 or 3 are more likely to require restorative and emergency visits.

Dental Care is Crucial During the First Year of Life

- Baby teeth are vulnerable to decay from their very first appearance, on average between the ages of 6 and 12 months.

- Proper care for baby teeth is imperative as they serve several critical functions, including:
  - Fostering good nutrition by permitting proper chewing
  - Aiding speech development
  - Helping proper development of permanent teeth by saving space for them
Undetected and untreated tooth decay can lead to:
- Infection
- Loss of teeth
- Expensive and mostly preventable emergency and restorative visits
- Establishing anxiety associated with dental care and check-ups
  - Anxiety that can lead to a life long apprehension of dental care
- The associative pain of tooth decay can prevent a child from eating correctly, impacting overall health and development
Benefits of the Year One Dental Visit

• **1 + 1 = ZERO**
  
  ONE dental visit when there’s one tooth can = ZERO cavities

• Visiting a pediatric dentist by the time the first tooth appears enables the child to begin a lifelong preventative dental care program to minimize tooth decay.

• Pediatric dentist can detect early tooth decay, provide parents with information on proper oral and facial development, determine fluoride needs and MUCH more.
How can Pediatricians make a difference?

- By incorporating the age one visit / infant oral health exam into your practice referral, you will help prevent early childhood caries and go a long way toward assuring optimal oral health care for a lifetime.

- Parents may not take young children to the dentist for a variety of reasons and yet an October 2004 study in the journal *Pediatrics* showed that the dental costs for children who have their first dental visit before age one are 40 percent lower in the first five years than for those who do not see a dentist before their first birthday.

The First Appointment

Pediatric Dentist are prepared to see children as early as the first tooth eruption.

- The 1st appointment provides:
  - Age Appropriate Anticipatory Guidelines
  - Review of oral and physical health history
  - Evaluation of caries susceptibility
  - Development of an appropriate preventive oral health regimen
  - Communications with and counseling of the child’s parent / caregiver
The First Appointment

Discussion: the first part of the dental appt.

- Medical Hx: parental issues, infant illnesses, and meds.
  - Meds that contain syrup formulas / sugar flavoring
  - Nebulizer treatments and effects on the oral cavity

- Systemic fluoride intake:
  - Primary water source
  - Supplements
  - Benefits
The First Appointment

Discussion:

Provide Parents and Caregivers with Information:

- Oral developmental stages. Eruption and exfoliation patterns
- Maternal health: relation between MOH and BOH
- Vertical transmission: parent / caregiver transmission of carries bacteria to child
- Nonnutritive sucking
- Numbing agents
- Injury prevention: trauma and fluoride ingestion
The First Appointment

Discussion:

- Oral hygiene homecare Instructions

- Roll of Nutrition:
  - Juice intake
  - Nighttime feeding
  - Extended nursing or bottle feeding
  - Teething biscuits: highly cariogenic
  - Snacks

- Preliminary Caries Risk Assessment derived from obtained information
The First Appointment

Oral Examination and Cleaning

- Caries Risk Assessment:
  - Caries lesions: white and dark spots
  - Demineralization
  - Assess for oral malformations
  - Look for visible biofilm plaque formation
  - Prophylaxis
  - Apply fluoride for moderate to high risk
  - Home care instructions and regimen
The First Appointment

The Lap Exam
### Iowa Study: 340 parents

<table>
<thead>
<tr>
<th>Findings</th>
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<tbody>
<tr>
<td>Taking their child to see dentist by age 1</td>
</tr>
<tr>
<td>Taking their child to see dentist by age 2</td>
</tr>
<tr>
<td>Taking their child to see dentist by age 3</td>
</tr>
<tr>
<td>Amount unseen before age three</td>
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</tbody>
</table>

- 31% of American children preschool age & younger experience early childhood caries (ECC)
  - 40% by Kindergarten
- 1 in 10 school children have at one point experienced oral pain due to ECC
- 25 – 50% of general dentist due not treat children 3 and under

## Statistics and Facts

### DFSP Statistics 2012

<table>
<thead>
<tr>
<th>Findings</th>
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<tbody>
<tr>
<td>Number of caries 3 and under</td>
<td>1047 / 79 pt = 13.25 %</td>
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<tr>
<td>Hospitalizations 3 &amp; under</td>
<td>79 pt</td>
</tr>
<tr>
<td>Caries treated 3-5</td>
<td>312 pt</td>
</tr>
<tr>
<td>Hospitalizations 3 – 5</td>
<td>118 pt 38%</td>
</tr>
<tr>
<td>NP emergencies 3-5 on average</td>
<td>1 pt a day</td>
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</table>
Case Study 1

Dark Spots
White Spots

Case Study 2

Not easily seen by Pediatrician’s in-office exam

Seen by dentist in reclined exam with magnification
White Spots

- **White Spots** = Demineralization of enamel = Damage already in progress
- Indicative of early decay and weekend enamel.
- Early intervention can sometimes reverse the damage.
  - Topical fluoride, homecare / proper plaque removal, dietary changes
- Many times restorative is needed.
- Not easy to detect by just a visual exam in doctor office.
- Preventative education of parents and caregivers by age one is best prognosis.
Case Study 3

DOB: 10/17/2009  SEX: M  AGE: 2
DR: Sayany, Zuhair
Restorative

- Stainless steel crowns
- Porcelain fused to metal
- Space maintainer
Dentistry for Special People:

OUR MISSION: We offer a unique dental experience that is fun, affordable, interactive and effective. Combining the right mix of personal care, high technology and continuing education, we maintain a commitment to our patients in every facet of our practice.
“The child is the superstar here at our practice. When they come into our office we address the child first and make them the center of attention.” Dr. Sayany

• We believe in interacting with children on a level they are comfortable with, which makes them easy to manage and makes us seem not so scary

• We welcome parents back into the operatory and truly believe in involving the whole family in the process.

• www.dentistryforspecialpeople.com
What We Do

Dentistry For Special People:

- We have completed training which allows us to provide optimal dental care for children of all ages, including those with special needs.
- Our patients include infants, toddlers, children, adolescents, teenagers, children with special healthcare needs, children with behavior disorders, children with mental disabilities and children with physical handicaps.
- [www.dentistryforspecialpeople.com](http://www.dentistryforspecialpeople.com)
What We Do

Dentistry For Special People:

• General Sedation in Hospital
  • Hospital Privileges: Virtua, Kennedy, Summit Surgical Center, Cooper, Children’s Hospital of Philadelphia, St. Christopher Hospital (2014)
  • Only practice in state of NJ that sees medically complex pts. at CHOP.
  • Voorhees Pediatric Facility
  • Fox Rehabilitation Kids
  • Partners in Pediatrics
  • PRACTICE that other PEDIATRIC DENTIST refer to.
Community Outreach

What DFSP is doing in the community? - A Lot!

Autism Speaks

Boy Scouts of America

School and Community Education
What Can You Do?

- Educate
- Refer
- Spread the word
- Learn more
- Get involved
Questions

● How can DFSP help?
  ● Cherry Hill Office
    1910 Marlton Pike E., Suite 9
    Cherry Hill, NJ 08003
    Phone: (856) 424-5955
  ● Turnersville Office
    188 Fries Mill Rd., Suite K-1
    Turnersville, NJ 08012
    Phone: (856) 629-0222

● Lectures
  ● Professional Associations
  ● Continuing education

● Health fairs

● Mommy classes

● Wellness centers


