

When and Why Parents Seek Dental Care for Children under 36 Months

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ABSTRACT

Background: The aim was to analyze an infant preventive program determining at what age parents take their children for their first dental visit and the reasons why they do it.

Materials & Methods: A total of 844 children aged from 0 to 36 months, enrolled in the program of oral health maintenance of the Baby Clinic, participated in this study. During the first dental visit, the parents were inquired about the reasons that led them to enroll their children in the program. One trained investigator identified these reasons on the records and classified them according to the following scores: orientation/prevention, caries treatment, malpositioned teeth, dental trauma, tooth color alterations and others.

Results: Orientation/prevention was the most prevalent reason from 0-6 months to 25-30 months of age, and at the age 30-36 months, the reason caries/treatment overcame orientation/prevention, becoming the most prevalent reason in that age group. The third place was occupied by dental trauma. The mean age parents seek for dental care to their children was 14, 92 months.

Conclusion: This study showed a preferentially preventive/educational profile for the children. However, lots of parents still take children to the dentist preferentially for curative instead of preventive treatment.

Key Words: Dental care for children, dentistry for babies, infant dental care, first dental visit.

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Introduction:

Since the early eighties, most pediatric dentists have recommended that children should have their first dental examination established at 12 months of age¹. According to Hale and Shah², in 2001, this age is the best time to assess oral growth and development, age-appropriate injury prevention counseling, and counseling for oral habits and, mainly, caries prevention.

However, some identified barriers have been found to impede the achievement of a large-scale reduction in the incidence of caries among children. Those are: most parents still take children to the dentist preferentially for curative instead of preventive treatment³ and many professionals resist the recommendations and refuse to see children until after three or four years of age¹.

In fact, the dental attendance of children of small age is not an easy task, and the baby's attendance is even

more complex. To infants, the first lived experiences will always be reference to the following and, for this reason, the first dental experience should be driven as comfortable as possible to avoid any chances of psychological traumas, leading to comporment difficulties during treatment. Thus, the first dental visit should be part of a general health program, providing preventive information and orientation to the parents as early as possible to improve their lifelong oral health⁴.

As for parental behavior, Schneider in 1993⁵ analyzing the records of patients seen during the period from 1966 to 1988, observed a considerable and progressive increase in the number of patients seeking a dentist for preventive reasons, specially in children under 4 years corresponding to 69% of these patients. Cunha *et al.*³, in 2004, analyzing the period of 1996 to 2001, observed that the predominant reason for seeking dental care for children aged up to 12 months also was orientation and prevention seek for dental treatment occupied only the third place.

Melhado *et al.*⁶, in 2003, found that the application of dental care from the first year of life, mainly emphasizing the educational and preventive aspects, provides an important, if not the most important, means for an individual to reduce the possibility of

contracting dental caries. They also concluded that early dental care is completely justified since it reduces the prevalence of dental caries.

The aim of the present study was to analyze a preventive program for infants determining at what age parents take their children for their first dental visit and the reasons why they do it.

Methods

A total of 844 children aged 0 to 36 months, enrolled in the program of oral health maintenance of the Baby Clinic of the Dental School of Bauru – University of São Paulo, participated in this study. During the first dental visit of the baby, the parents were inquired about the reasons that led them to enroll their children in the program.

One trained investigator identified this reasons on the records and classified them according to the following scores:

- Orientation/Prevention
- Caries treatment
- Malpositioned teeth
- Dental trauma
- Tooth color alterations (due to hypoplastic lesions or intrinsic/extrinsic pigmentation)

Table 1. Distribution of the reasons according to the period (year)

Period (year)	1997	1998	1999	2000	2001	2002	2003	2004	2005
Reasons for consultation	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Orientation/prevention	198(76.8)	92(70.8)	73(71.6)	19(54.3)	56(76.7)	30(56.6)	37(52.9)	21(53.9)	61(72.6)
Caries/treatment	38(14.7)	21(16.2)	15(14.7)	12(34.3)	11(15.1)	14(26.4)	16(22.9)	08(20.5)	05(6.0)
Dental trauma	13(5.0)	09(6.9)	05(4.9)	03(8.6)	04(5.5)	03(5.7)	09(12.9)	03(7.7)	09(10.7)
Malpositioned tooth	03(1.2)	01(0.8)	05(4.9)	00(0.0)	00(0.0)	00(0.0)	01(1.4)	02(5.1)	01(1.2)
Tooth color alterations	03(1.2)	04(3.1)	02(2.0)	00(0.0)	00(0.0)	00(0.0)	01(1.4)	03(7.7)	03(3.6)
Others	03(1.2)	03(2.3)	02(2.0)	01(2.9)	02(2.7)	06(11.3)	06(8.6)	02(5.1)	05(6.0)
Total	258 (100.0)	130 (100.0)	102 (100.0)	35 (100.0)	73 (100.0)	53 (100.0)	70 (100.0)	39 (100.0)	84 (100.0)

- Others (neonatal teeth, halitosis, soft tissues alterations, eruption delay)

Results

Table 1 shows the distribution of the reasons according to the year in which the child was enrolled in the program. Analysis of a total of 884 patients showed orientation/prevention as the predominant reason for seeking dental care. This reason maintained the first place during the nine studied years. The second place was occupied by caries/treatment followed by dental trauma.

The results presented in Table 2 show the distribution of the reasons that led the parents to enroll their children in the program according to the age that the patient had in that moment. Orientation/prevention was the most prevalent reason from 0-6 months to 25-30 months of age, however, it clearly showed a decrease tendency and at the age 30-36 months, the reason caries/treatment overcame orientation/prevention, becoming the most prevalent reason in that age group.

Figure 1 shows the distribution of the patient mean age according to the year that the parents enrolled them in the program. It can be seen that the mean age of the

children had a slight increase in the years 1997 to 2001 and then decreased from 2001 to 2005. At this year the mean age was 14.92 months.

Discussion

The infant oral health care should be seen as the foundation on which a lifetime of preventive education and dental care can be built, in order to help assure optimal oral health into childhood. Oral examination, anticipatory guidance including preventive education, and appropriate therapeutic intervention for the infant can enhance the opportunity for a lifetime of freedom from preventable oral disease, emphasized in education about the importance of oral health for general health and adequate dietary and sanitary habits, as well as basic information about dental caries, in order to encourage the parents to adhere to a program^{2, 4, 7-8}.

The present study showed that parents are giving more attention to preventive oral care of their children, which can be seen on Table 1. Throughout the years included in this study, most parents took their children to the clinic seeking for orientation and prevention of oral diseases. Similar results were obtained by Cunha *et al.*³

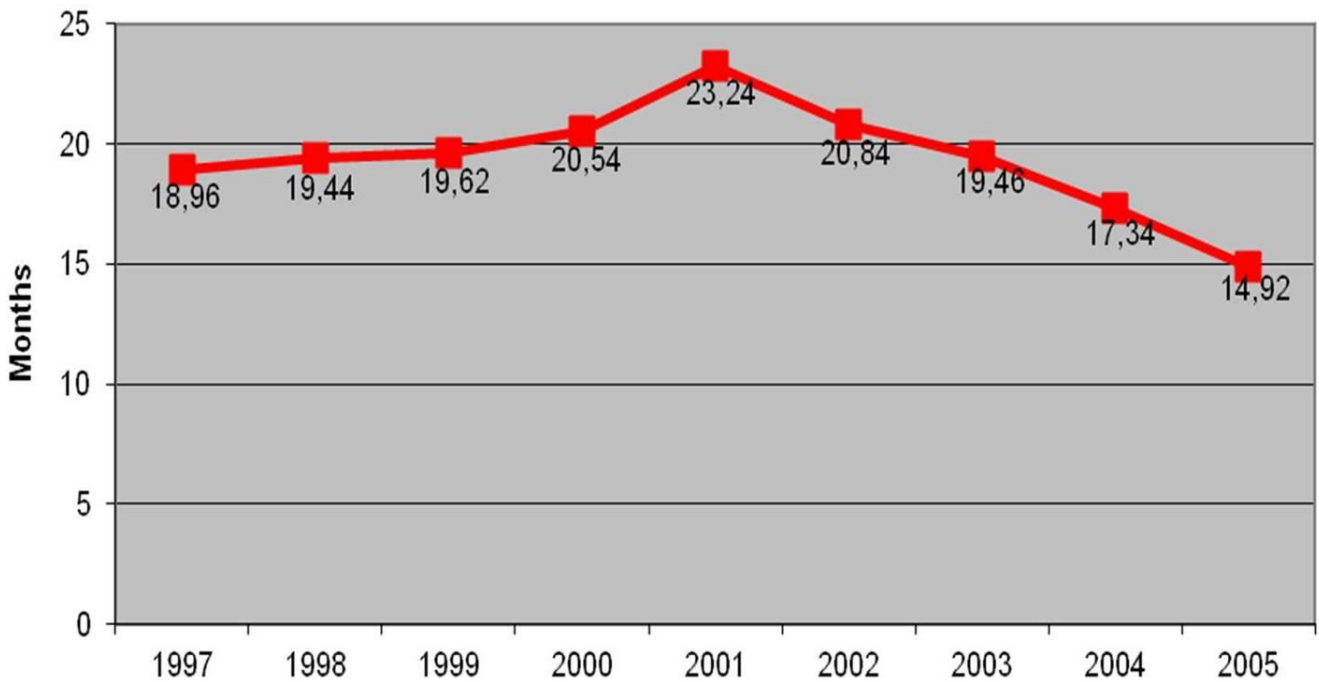


Fig. 1: Distribution of the patient mean age according to the study year.

Table 2. Distribution of the reasons according to the patient age

Age	0 – 6	7 – 12	13 – 18	19 – 24	25 – 30	31 – 36
Reasons for consultation	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Orientation/prevention	70(93.3)	130(92.9)	165(81.3)	108(57.1)	83(56.9)	31(34.1)
Caries/treatment	00(0.0)	00(0.0)	11(5.4)	44(23.3)	41(28.1)	44(48.3)
Dental trauma	00(0.0)	03(2.1)	13(6.4)	19(10.0)	14(9.6)	09(9.9)
Malpositioned tooth	00(0.0)	01(0.7)	03(1.5)	06(3.2)	02(1.4)	01(1.1)
Tooth color alterations	00(0.0)	01(0.7)	04(2.0)	06(3.2)	03(2.0)	02(2.2)
Others	05(6.7)	05(3.6)	07(3.4)	06(3.2)	03(2.0)	04(4.4)
Total	75(100.0)	140 (100.0)	203 (100.0)	189 (100.0)	146 (100.0)	91(100.0)

and Schneider⁵.

The results also showed that parents who take their children for dental assistance under the age of 12 months are almost exclusively searching for orientation and prevention. This clearly supports the understanding that this is the best age for initiating a preventive dental care program⁷⁻¹⁰ and may help to convince the pediatric dentists to attend this patients since preventive and educational procedures are easier to perform and, in addition, promote a favorable contact with the baby and its family.

Several studies have shown that the prevalence of caries increases with age^{9,12}, particularly in high-risk children with limited access to oral health services¹². In the present study the search for caries/treatment also increased with age, responding for 0% at ages 0–6 and 7–12 and increasing until reached 48.3% of the reasons why parents of infants aged 31 to 36 months seek dental attendance (the number 1 reason in this age group).

Another important finding was the mean age children were attended for the first time. Figure 1 shows that after an increase in the first five years, the mean age decreased from 2001 to 2005 reaching its lowest age at the year of 2005: 14.92 months. This age coincide with the eruption of the first primary molars⁹.

The change in the understanding of dental care from solely curative to a preferentially preventive/educational profile will lead to a better compliance of parents with dental health programs and to a considerable improvement in the quality of the oral health. The education of parents about the advantage of preventive treatment has alerted them to the fact that children need early treatment. They also learned about the advantages of preventive treatments programs and the

reflexes that the preventive oral care will promote to the child's general and oral health throughout its life. It is important to note that during this phase parents are much more receptive to health orientation and to change their habits, motivated by the wish to offer the best to their children.

Conclusion

The mean age parents take their children for their first dental visit was 14.92 months and the reasons why they seek dental care were orientation/prevention as the predominant reason, followed by caries/treatment.

This study showed a preferentially preventive/educational profile for the parents, which will bring positive outcomes in terms of the maintenance of the oral health of their children, preparing the infant for later phases of dental care and for a normal growth and development. However, many parents still take children to the dentist only when dental caries is present and there is the need for curative instead of preventive treatment. Prevention and education is the best treatment: well accepted by the child and their parents, less cost for public and private services with great results, that leads the opportunity for a lifetime of freedom from preventable oral disease.

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