

Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule: <https://brightfutures.aap.org/clinical-practice/Pages/default.aspx>.

Major Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries.

Diet

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit. The family's ability to access healthy food should be discussed and addressed, if needed.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of the teeth. Premature babies also may experience enamel hypoplasia. These children should be referred to a pediatric dentist for skilled care in addressing these complex issues.

Dental Home

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the pediatrician should continue to do oral health risk assessment at every well-child visit.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum. <https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling>

Drinking Fluoridated Water

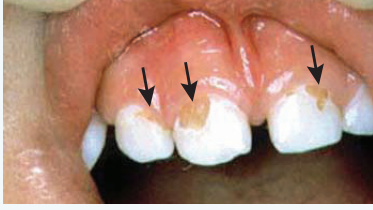
Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the pediatrician or dentist if needed. View fluoride resources on the AAP Campaign for Dental Health website. <https://ilikemyteeth.org/health-professionals>

Toothbrushing and Oral Hygiene

Pediatricians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day with fluoride toothpaste. The child's teeth should be brushed twice a day as soon as the teeth erupt with a smear or a grain-of-rice-sized amount of fluoridated toothpaste. After the third birthday, a pea-sized amount of fluoridated toothpaste should be used.



Physical Findings



Obvious Decay

Tooth decay is the decomposition of the tooth structure due to acid caused by bacteria and can appear on any surface of the tooth. Decay can range in color from yellow to black. When obvious decay is present, the child should be considered high risk and referred for immediate dental care.



Restorations

Restorations

Restorations indicate that decay occurred and was treated. Restorations can present as materials such as silver diamine fluoride, metal, alloy, plastic, glass ionomer, or porcelain. A child who has been treated for decay is at continued risk and should be under the regular care and supervision of a dental professional.



Decalcification

Decalcification is an early sign of tooth decay, takes the form of white spots on the teeth, and commonly presents along the gum line. Remineralization can be achieved with fluoride, in particular application of fluoride varnish. When calcifications are present, the child should be considered high risk and referred for immediate dental care.



Gingivitis

Gingivitis is the inflammation of the gums. Pediatricians can teach patients and their families good oral hygiene skills to reduce inflammation.



Visible Plaque

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Pediatricians can teach parents to remove plaque from the child's teeth by brushing and flossing.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing. Apply fluoride varnish if child has not received treatment in prior six months.

For more information about the AAP's oral health activities and resources, email oralhealth@aap.org or visit www.aap.org/oralhealth.

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