



Oral Health in Primary Care

Center for Rural Health  
University of North Dakota



# Completing Pediatric Dental Screens in Primary Care Settings

April 8, 2021

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## Housekeeping Items

- All attendees are muted and attendees cannot share video during this session.
- Remember to ask questions using the chat box.
- Slides and resources for today's session can be accessed on our [program website](#).
- Continuing education credits are available for today's session. To receive a certificate for continuing education, you must complete the evaluation.
- We have made every attempt to make today's presentation secure. If we need to end today's presentation unexpectedly we will follow-up with you using your registration information.

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# Land Acknowledgement Statement

[UND Land Acknowledgement Statement](#): Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

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## Dental Caries



Dental caries is the most common  
chronic disease of childhood



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## Caries-Severe Consequences

- Pain
- Infection
- Impaired chewing and nutrition
- Increased caries in permanent dentition
- Sleep difficulty
- Poor self-esteem
- School/Work Absences
- Poor School Performance
- Extensive and expensive dental work under anesthesia



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## Well Child Visits

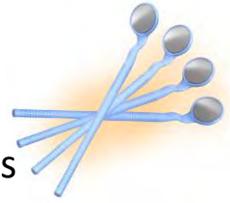
- Great opportunity to complete an oral exam
- Who can do the screening?
  - Nurse, physician, Public Health Hygienists



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## In each exam room keep the following:



- Two chairs (to preform knee-knee exam)
- Disposable mouth mirror
- A light source (pen light, head lamp, flashlight)
- 2x2 gauze
- Single dose packet fluoride varnish
- Patient education materials on oral health and after fluoride varnish instructions
- Copies of oral health risk assessment tool
- Dental referral resources (list of local dentists, business cards)



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## Infants and Oral Health



- What to look for babies with no teeth
- What to look for when teeth erupt in infants and toddlers
- Educate parents on vertical transmission of caries causing bacteria



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## Small Children: Knee-to-Knee Exam

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1. Child is held facing the caregiver in a straddle position



2. Child leans back onto examiner while caregiver holds child's hands



3. Provider performs exam while caregiver holds child's hands and legs



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## Fluoride

### Topical Mechanisms (main effect)

- Inhibiting tooth demineralization
- Enhancing remineralization
- Inhibiting bacterial metabolism

### Systemic Mechanisms (lesser effect)

- Reducing enamel solubility through incorporation into its structure during tooth development

### Fluoride Sources

- Topical: Fluoride toothpaste  
Fluoride varnish  
Gels, foams, mouthwashes
- Systemic: Water fluoridation  
Dietary fluoride supplements



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## Diet Advice 0-12

### Recommendations

- Strongly encourage breast feeding
- Hold infant for bottle feeding
- Avoid giving bottles at bedtime or naptime
- Don't offer sweetened pacifiers
- Introduce cup at 6 months
- Wean bottle by 12 months
- Avoid ad lib use of sippy cup unless it contains water
- Recommend no juice in the first year of life
- Snacks should contain no added sugar



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## Diet Advice:1-5

### Recommendations

- Discontinue bottle by 12 months
- Limit juice to 4 oz. per day and serve with meals only
- Avoid carbonated beverages and juice drinks containing sugar
- Choose fresh fruits, vegetables, or sugar-free whole grain snacks
- Only drink milk or water between meals
- Limit eating occasions to 3 meals a day with 2 snacks between meals
- Limit soft drinks, candy, and sweets



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# Adolescent Oral Exam



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# Fluoride Varnish Application



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# Who Should Get Screened?

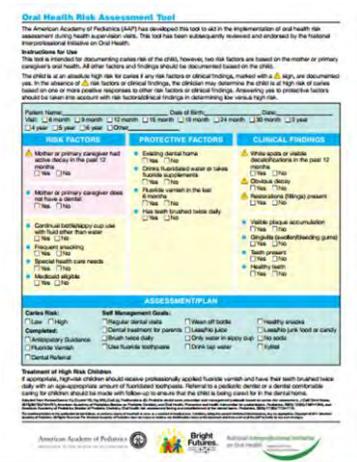


Only children who have not been to a dentist within the last 6 months?

Since 2003, the American Academy of Pediatrics (AAP) has recommended that health care professionals conduct an oral health risk assessment when an infant is 6 months of age and be completed at each subsequent well child visit.



# Risk Assessment Tool



The AAP Risk Assessment Tool is the most used tool in primary care in the United States

Why risk assessment?

- Aids in documenting clinical findings and guides counseling
- Aids in determining high-risk for carries

Risk Assessment Tool PDF available from the [AAP Oral Health Home](#)



# AAP Risk Assessment Tool

**Oral Health Risk Assessment Tool**

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Representative Institutes of Oral Health.

This tool is a clinician's opportunity to document the oral health of the child, however, low risk factors are based on the mother or primary caregiver's report of oral health. High risk factors are based on the clinician's observation of the child's oral health.

The child is at an elevated high risk for caries if any risk factors or clinical findings, marked with a (1), are documented on the assessment. If the findings or clinical findings, the clinician may determine the child is at high risk of caries based on the child's oral health. Recommendations for oral health care should be based on the child's oral health findings and the child's oral health risk assessment.

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: 1-12 months 13 months - 24 months 25 months - 36 months 37 months - 48 months 49 months - 60 months 61 months - 72 months 73 months - 84 months 85 months - 96 months 97 months - 108 months 109 months - 120 months

ORAL HEALTH RISK	PASTORAL FACTORS	CLINICAL FINDINGS
<b>1. Mother as primary caregiver</b> a. Does mother speak English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does mother have a dental appointment in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does mother have a dental appointment in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Does mother have a dental appointment in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Does mother have a dental appointment in the past 1 month? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Does mother have a dental appointment in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No g. Does mother have a dental appointment in the past 1 week? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Drinking Dental Home</b> a. Does child have a dental home? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does child have a dental home in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does child have a dental home in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Does child have a dental home in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Does child have a dental home in the past 1 month? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Does child have a dental home in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No g. Does child have a dental home in the past 1 week? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. White Spots/Decalcifications</b> This child is high risk. White spot decalcifications present—immediately place the child in the high-risk category.
<b>4. Carious Teeth/Restorations</b> a. Does child have a carious tooth? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does child have a carious tooth in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does child have a carious tooth in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Does child have a carious tooth in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Does child have a carious tooth in the past 1 month? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Does child have a carious tooth in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No g. Does child have a carious tooth in the past 1 week? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. Obvious Decay</b> This child is high risk. Obvious decay present—immediately place the child in the high-risk category.	<b>6. Restorations (Fillings) Present</b> This child is high risk. Restorations (fillings) present—immediately place the child in the high-risk category.
<b>7. Visible Plaque Accumulation</b> Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.	<b>8. Gingivitis</b> Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.	<b>9. Healthy Teeth</b> 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.

**ASSESSMENT PLAN**

**Caries Risk:**  Low  High  Very High

**Self Management Goals:**  Regular dental visits  Dental insurance  Dental sealants  Fluoride toothpaste  Flossing  Drinking water  Drinking less sugar  Drinking less juice  Drinking less soda

**Recommendations:**  Sealants  Fluoride toothpaste  Flossing  Drinking water  Drinking less sugar  Drinking less juice  Drinking less soda

**Treatment of High Risk Children:** If appropriate, high risk children should receive professionally applied fluoride varnish and have their teeth treated with daily use of an anti-caries agent or fluoride application. Referral to a pediatric dentist or a dental specialist may be indicated for children at high risk of caries. Referral to a pediatric dentist or a dental specialist may be indicated for children at high risk of caries.

American Academy of Pediatrics | Bright Futures | American Academy of Pediatric Dentistry

Risk Assessment Tool PDF available from the [AAP Oral Health Home](#)

**Clinical Findings**

**White Spots/Decalcifications**  
This child is high risk. White spot decalcifications present—immediately place the child in the high-risk category.

**Obvious Decay**  
This child is high risk. Obvious decay present—immediately place the child in the high-risk category.

**Restorations (Fillings) Present**  
This child is high risk. Restorations (fillings) present—immediately place the child in the high-risk category.

**Visible Plaque Accumulation**  
Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.

**Gingivitis**  
Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.

**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.

For more information about the AAP's oral health activities email [oralhealth@aap.org](mailto:oralhealth@aap.org) or visit [www.aap.org/health](http://www.aap.org/health).

Risk Assessment Tool PDF available from the [AAP Oral Health Home](#)



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## What to look for?



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## Healthy Teeth

### Nature of Healthy Teeth

- Creamy white with no signs of deviation in color, roughness, or other irregularities
- Any child with enamel abnormalities (defect vs early cavity) is at high risk for caries and should be referred to a dentist for further evaluation
- Application of topical fluoride varnish may prevent caries



Photos: Joanna Douglass, BDS, DDS



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## Caries Progression

Early Childhood Caries (ECC) affects the teeth that emerge early and are least protected by saliva (the upper central teeth)

### Order of Progression

- Upper incisors (maxillary anterior teeth)
- First molars
- Second molars



Photos: Joanna Douglass, BDS, DDS

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## ECC: White Spots

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- White spots and lines are the first clinical signs of demineralized enamel
- Usually affects upper front teeth first and typically appear at the gingival margin



Photos: Joanna Douglass, BDS, DDS

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## Severe ECC: Cavitations

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- Enamel destruction has exposed underlying dentin
- Lesions darken as they become stained with pigments from food



Photos: Joanna Douglass, BDS, DDS

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## Severe ECC with Soft Tissue Involvement

- Multiple dark cavities appear in anterior and posterior teeth
- Abscesses and draining fistulae may be present
- Patients may experience pain, but young children may not be able to verbalize it



Photos: Joanna Douglass, BDS, DDS



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## Medical-dental integration in North Dakota



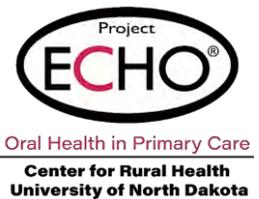
# Coming Soon...

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## Case presentation



Oscar is a 3-year-old boy, brought to the clinic by his mother for well child appointment and immunizations. His mother has no concerns about him but mentions that her sister (Oscar's aunt) is concerned about his teeth, saying that he has cavities and should be seen by a dentist. She states that Oscar's grandmother informed her cavities are normal at this age in his baby teeth and those teeth will just fall out anyway.



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## Case presentation

**Social and Family History:** Lives with mother and 5-year-old sister. Mother is fluent in English and Spanish. Oscar is a picky eater and drinks juice, water, or whole milk from a bottle. He eats several sugary snacks between meals each day. Mother has had cavities filled in the past 6 months and has had three teeth pulled in the past several years. She does not have a regular dentist. Oscar's sister has had fillings in her teeth. Oscar has never seen a dentist. He brushes his teeth sporadically and mom if his toothpaste contains fluoride or not. The family has Medicaid health insurance.

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# Questions ?



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## CONTACT INFORMATION



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