Are Dentists and Parents Ready for the Age-One Dental Patient?

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Background

In the United States, the recommended age to begin dental care has been lowered from three years to as young as six months. Dental care providers and parents may not have much experience accommodating younger children. The purpose of this study was to identify ways providers and parents can help young children cooperate with preventive dental procedures.

Methods

A web-based and/or paper survey was sent to providers (dentists and dental hygienists with limited access permits) affiliated with three Oregon dental care organizations. In addition to questions about personal and practice characteristics, the survey included questions about:

- How often providers use various methods to prepare parents for dental visits with young children ("Always", "Most of the time", "Sometimes", "Rarely", "Never")
- Providers' perceptions of parental behavior and its impact on child cooperation during dental visits ("Very effective", "Somewhat effective", "Somewhat ineffective", "Very ineffective")
- Providers' interest in continuing dental education about caring for children under the age of three ("Strongly interested", "Somewhat interested", "Somewhat not interested", "Not interested at all")

Results

Our analyses included 273 respondents who see patients under three years old (response rate: 52%). When asked about patients seen in the past month, providers reported that children younger than three comprised 5% of their patient population (median=5, standard deviation= 7.5). Most respondents (71%) were dentists and 29% were dental hygienists with limited access permits. On average, respondents had been practicing for 16 years, and over half (57%) reported an increase in young patients over the past five years.

Visit Preparation

Providers rarely (14%) or never (64%) provided advance written materials to help prepare parents for their child's visit. A majority of respondents (73%) said they "always" or "most of the time" have an assistant talk with the child to help the child get comfortable, and about half personally tell the child (53%) or the parent (47%) what to expect before entering the operatory.

Parent Behavior Evaluation

Providers identified the most and least effective parent behaviors for encouraging children under three years old to cooperate at the dentist.

<table>
<thead>
<tr>
<th>Effective* Parent Behaviors</th>
<th>%</th>
<th>Ineffective* Parent Behaviors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses child-friendly terms to describe procedures</td>
<td>95%</td>
<td>Interrupts dental procedure even if child seems okay</td>
<td>97%</td>
</tr>
<tr>
<td>Gives praise and thanks for trying to behave</td>
<td>91%</td>
<td>Talks to dentist about his/her own negative experiences</td>
<td>90%</td>
</tr>
<tr>
<td>Tells child to raise hand if something bothers him/her</td>
<td>80%</td>
<td>Tells dentist or staff to stop if the child cries</td>
<td>93%</td>
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<tr>
<td>Offers rewards for good behavior</td>
<td>77%</td>
<td>Conveys fear or pain with tone/facial expressions</td>
<td>92%</td>
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<tr>
<td>Holds child's hand or pats child for comfort</td>
<td>76%</td>
<td>Make sympathetic statements (e.g. &quot;I know it hurts&quot;)</td>
<td>91%</td>
</tr>
</tbody>
</table>

* Includes responses of "very" or "somewhat"

Continuing Dental Education

Most respondents (87%) expressed interest ("strongly interested" or "somewhat interested") in continuing dental education about dental care for children under the age of three. Three-quarters (75%) of the respondents took continuing dental education courses that included information on early childhood caries.

Conclusions

Dental providers are seeing an increase in the number of patients under three years old, and express interest in learning about providing care for a younger patient population. Although providers have clear preferences about how parents can help their young children cooperate with preventive dental procedures, few offer parents any guidance prior to the day of their child's visit.

A future study is needed to validate providers' opinions of parent behavior that helps children cope with dental procedures. Combined results of a parent study and the current findings could be used to develop educational materials for parents prior to their child's dental visit, and to create curricula for continuing dental education on providing dental care for young children.

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