



## Complete Summary

---

### GUIDELINE TITLE

Oral health risk assessment timing and establishment of the dental home.

### BIBLIOGRAPHIC SOURCE(S)

Hale KJ. Oral health risk assessment timing and establishment of the dental home. Pediatrics 2003 May; 111(5 Pt 1):1113-6. [22 references] [PubMed](#)

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

Early childhood dental caries

### GUIDELINE CATEGORY

Counseling  
Prevention  
Risk Assessment

### CLINICAL SPECIALTY

Dentistry  
Family Practice  
Pediatrics

### INTENDED USERS

Advanced Practice Nurses  
Dentists  
Health Care Providers  
Nurses

Physician Assistants  
Physicians

#### GUIDELINE OBJECTIVE(S)

To present guidelines on oral health risk assessment and establishment of the dental home in early childhood

#### TARGET POPULATION

- Infants and young children at risk of dental caries
- Parents (or other caregivers) of young children

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Prenatal oral health risk assessment in pregnant women
2. Risk assessment in infants beginning at 6 months of age using the Caries Risk Assessment Tool provided and continually updated by the American Academy of Pediatric Dentistry
3. Establishment of the dental home which provides:
  - Parent education regarding parents' and children's oral hygiene, diet, and fluoride exposure
  - Comprehensive dental care
  - Referrals to endodontists, oral surgeons, orthodontists, and periodontists, as needed

#### MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Peer Review

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

#### MAJOR RECOMMENDATIONS

1. Early childhood caries is an infectious and preventable disease that is vertically transmitted from mothers or other intimate caregivers to infants. All health care professionals who serve mothers and infants should integrate parent and caregiver education into their practices that instruct effective methods of prevention of early childhood caries.
2. The infectious and transmissible nature of bacteria that cause early childhood caries and methods of oral health risk assessment, anticipatory guidance, and early intervention should be included in the curriculum of all pediatric medical residency programs and postgraduate continuing medical education curricula at an appropriate time.
3. Every child should begin to receive oral health risk assessments by 6 months of age from a pediatrician or a qualified pediatric health care professional.
4. Pediatricians, family practitioners, and pediatric nurse practitioners and physician assistants should be trained to perform an oral health risk

- assessment on all children beginning by 6 months of age to identify known risk factors for early childhood dental caries.
5. Infants identified as having significant risk of caries or assessed to be within 1 of the risk groups listed in the original guideline document should be entered into an aggressive anticipatory guidance and intervention program provided by a dentist between 6 and 12 months of age.
  6. Pediatricians should support the concept of the identification of a dental home as an ideal for all children in the early toddler years.

For more information on the establishment of the dental home and anticipatory guidance and parent and patient education refer to the original guideline document.

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

Judicious optimization of diet, fluoride intake, and hygiene can decrease bacterial levels of specific organisms responsible for dental caries residing within normal dental flora. Decreasing the levels of cariogenic flora in the mother before and during the colonization process coupled with counseling directed toward optimal practices of diet, oral hygiene, and fluoride exposure can significantly and positively impact the child's predisposition to early childhood caries.

#### POTENTIAL HARMS

Not stated

### IMPLEMENTATION OF THE GUIDELINE

#### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

#### IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness  
Patient-centeredness  
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Hale KJ. Oral health risk assessment timing and establishment of the dental home. Pediatrics 2003 May; 111(5 Pt 1):1113-6. [22 references] [PubMed](#)

ADAPTATION

Not applicable: Guideline was not adapted from another source.

DATE RELEASED

2003 May

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Section on Pediatric Dentistry

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Members of the Section on Pediatric Dentistry, 2002-2003: Paul A. Weiss, DDS (Chairperson); Charles S. Czerepak, DMD, MS; \*Kevin J. Hale, DDS; Martha Ann Keels, DDS, PhD; Huw F. Thomas, DDS, MS; Michael D. Webb, DDS; John E. Nathan, DDS, MDS (Past Executive Committee Member)

Liaison: Ray E. Stewart, DMD, MS (American Academy of Pediatric Dentistry)

Staff: Chelsea L. V. Kirk

\*Lead author

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

#### GUIDELINE STATUS

This is the current release of the guideline.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

#### GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on December 11, 2003. The information was verified by the guideline developer on February 2, 2004.

#### COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions. Please contact the Permissions Editor, American Academy of Pediatrics (AAP), 141 Northwest Point Blvd, Elk Grove Village, IL 60007.

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/15/2004

FIRSTGOV

