

Brush up on infant oral exam techniques in preparation for your event

Your “Give Kids a Smile” event may present a perfect opportunity to improve the lives – and smiles – of your young patients, as well as their baby brothers and sisters in the waiting room.

If you see parents with babies in the waiting room, while older siblings are in the operatories, please take some time to meet with the parent and baby to discuss oral health strategies. Especially if the siblings have extensive dental disease, this brief discussion could prevent the baby from suffering the same problems in the future.

“Offer to include baby in the exam,” suggests Teresa Fong, D.D.S., who chairs the MDA’s Children’s Health Care Committee. “Not everyone will want baby to be examined, but most parents would love to know how to prevent oral health problems for their baby. It’s a chance to start over, especially if older children have problems.”

To prepare for this opportunity to interact with infants and small children, all volunteers are encouraged to use a valuable – but free – instructional kit, produced by the Wisconsin Dental Association, called “WDA Dental Home.”

The 33-minute video is available on the MDA website. It provides information about the “dental home concept,” instructions about how to conduct a knee-to-knee oral health exam on very young children, and the anticipatory guidance information needed by infants’ caretakers. The video is divided into nine short chapters so dentists and staff may view all at once, or by chapter.

A short quiz, worth 2 continuing dental education credits, is available after viewing the videos. Print the quiz, answer the questions, sign and date the Certification form and retain in your Professional Development Portfolio.

How to do a 90-second, knee-to-knee exam

The knee-to-knee exam is very simple to do. Prepare the parents for the fact that Junior is probably going to “fuss a little bit.” On facing chairs or stools, sit kneecap-to-kneecap with the parent. Ask the mother to hold the child facing her and with the child’s legs straddling her waist. Have her hold the child’s hands firmly -- the child is more likely to settle down and feel “This is where I’m supposed to be.”

Have the parent lay the back of the child’s head down at your knees (not high up into your lap). Get a good grip and look everything over, being careful to keep the mirror and your fingers out from between those sharp little incisors.

Check the teeth for plaque, stains, white spot lesions, caries, or the enamel defects of hypoplasia or hypocalcification.

If the little one will close his mouth, you may try making a cursory assessment of the developing occlusion by checking for overbites, cross-bites, open bites, or dental arch crowding. Also check the oral soft tissues and make a note of any anomalies in size, shape, color, or symmetry.

That’s it. Ninety seconds and you are done.

- Excerpt from *“Right from the Start: A New Initiative for Children’s Oral Health Part Two: 60,000 Babies,”* in the July-August 2010 issue of *Northwest Dentistry*.