DISCLAIMER: The views and opinions expressed in this presentation are those of the authors and do not necessarily represent official policy or position of the Ohio Department of Health.
CME Disclosure

James Duffee, MD, MPH, FAAP, faculty of this educational activity, has no relevant financial relationship with ineligible companies to disclose.
Housekeeping

• Please make sure that you are muted and stay muted until the end of the presentation.
• These slides and a recording of today’s session will be posted on our website following the presentation.
• Participants will receive an email after the presentation about how to receive CME credit.
Brush, Book, Bed
December 13, 2023
James Duffee, MD, MPH, FAAP
Learning Objectives: Brush, Books, and Bed

• Promote positive oral health routines, starting during prenatal period
• Perform an oral health assessment including recognition of signs of early childhood caries (ECC)
• Discuss early literacy with families during pediatric well visits and other encounters
• Know proven models of early literacy promotion

• Explain the ABC’s of safe sleep for infants
• Be able to advise parents about good sleep hygiene and help with sleep related concerns
• Recognize the opportunity to integrate and promote relational health during routine pediatric visits and anticipatory guidance
Brush, Book, Bed: How to Structure Your Child’s Nighttime Routine

Brush, Book, Bed, a program of the American Academy of Pediatrics (AAP), has a simple and clear message for parents:

1. Each night, help your children to brush their teeth.
2. Read a favorite book (or two)!
3. Get to bed at a regular time each night.

Having a predictable nighttime routine will help them understand and learn to expect what comes next. Additionally, routines may ease the stress that some families experience at nighttime.
Resilience and Relational Health

The most important and frequent commonality of children who succeed is that they have had at least one stable and committed relationship with a supportive parent, caregiver or other adult.

Harvard University Center on the Developing Child
http://developingchild.harvard.edu
Relational Health in Primary Care

Support Safe, Stable, Nurturing Relationships and Environments

- Engaging Serve and Return
- Recognizing temperament variations
- Understanding normal responses to stress

Encourage self-reflection in parent, child and mutual activities, keep child in mind

http://www.artic.edu/aic/collections/artwork/111442
SES, Cognitive Ability at Kindergarten Entry

- 600 children with cognitive assessments at kindergarten entry from the US Early Childhood Longitudinal Birth Cohort Study
- SES divided into quintiles
- Average reading and math rankings increased from low 30% to approx 70% across quintiles
- Benefits correlated with parental interactions, expectations for achievement and school attendance.

Caregiver Support During Pre-School and Hippocampal Development

• 127 children studied longitudinally
• significant effect of early childhood maternal support on hippocampal volume growth
• growth trajectory is associated with later emotion functioning.

Luby et al. Preschool is a sensitive period for the influence of maternal support on the trajectory of hippocampal development. PNAS. 2016. www.pnas.org/cgi/doi/10.1073/pnas.1601443113
BRUSH: ORAL HEALTH IN PRIMARY CARE
Role of Primary Health Care Professional

- Assess oral health risk of infants and children.
- Evaluate caretaker’s oral hygiene.
- Recognize signs and symptoms of caries.
- Determine child’s exposure to fluoride.
- Application of fluoride varnish.
- Optimize oral hygiene.
- Early referral to a Dental Home.
Oral Flora

• Normal Oral Flora colonized at time of tooth eruption
• Transmitted mainly from mother or primary caregiver to infant
• Caries is an infection initiated by cariogenic bacteria: Streptococcus Mutans
• Earlier child colonized, the higher the risk of caries
• Growth of bacteria determined by frequency of exposure, available substrate, oral hygiene and presence of fluoride
Oral Health Assessment Tool

  – Risk Factors
  – Protective Factors
  – Clinical Findings
  – Assessment/ Plan

• Maintaining and Improving the Oral Health of Young Children
### 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 Interprofessional Initiative on Oral Health.

#### Instructions for Use

This tool is intended for documenting cases risk of the child, however two risk factors are based on the mother or primary caregiver’s oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for cases if any risk factors or clinical findings, marked with an X, are documented.

In the absence of risk factors or clinical findings, the clinician may determine the child is at high risk of cases based on one or more positive responses to other risk factors or clinical findings. Assessing yes to protective factors should be taken into account with risk factors or clinical findings in determining low versus high risk.

#### Risk Factors

**Maternal Oral Health**

Children who have all teeth or primary caregivers who have had active decay in the past 12 months are at a greater risk to develop cases. A follow-up question may be the child has a dentist.

**Maternal Access to Dental Care**

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop cases. A follow-up question may be if the child has a dentist.

**Continual Bottle/Sippy Cup Use**

Children who drink milk, water, and other liquids that are not water, from a bottle or sippy cup, throughout the day, at night, or at any increased risk of cases. The frequent intake of sugar does not allow for the acid produced to be neutralized or washed away by saliva. Parents or children with this risk factor need to be counseled on how to reduce the frequency of sugary containing beverages in the child’s diet.

**Frequent Snacking**

Children who snack frequently are at an increased risk of cases. The frequent intake of sugary, carbohydrate-rich foods does not allow for the acid produced to be neutralized or washed away by saliva. Parents or children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthful snacks such as cheese, vegetables, and fruit.

**Special Health Care Needs**

Children with special health care needs are at an increased risk for cases due to their diet, somatic illness (diabetes, asthma, obesity, etc.), medications (antidepressants, antibiotics, etc.), and oral health problems. These children are at an increased risk of cases due to their diet, medications, and oral health problems. These children may have an increased risk of cases due to their diet, medications, and oral health problems.

**Protective Factors**

**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 qualified dentist. The AAPD recommends 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 primary care clinician should continue to monitor and provide oral health examination and comprehensive care.

**Fluoridated Water/Supplements**

Fluoridated water fluoridation is a school with systemic and topical fluoride exposure, a proven caries risk reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist as needed. Fluoride supplements are prescribed by the primary care clinician or dentist as needed. Fluoride supplements are prescribed by the primary care clinician or dentist as needed. Fluoride supplements are prescribed by the primary care clinician or dentist as needed. Fluoride supplements are prescribed by the primary care clinician or dentist as needed.

**Fluoride varnish in the last 6 months**

Children who receive fluoride varnish have a lower risk of cases than those who do not. Fluoride varnish may be professionally applied with a risk of contact against the child.

**Toothbrushing and Oral Hygiene**

Toothbrushing and oral hygiene practices are important for maintaining oral health. Teaching parents and children about brushing practices that help maintain oral health is important. Children should have their teeth brushed after meals with a small, soft toothbrush. Children should be taught to brush their teeth twice per day. Children 3 years of age or older should use a 0.05% fluoride toothpaste. Toothpaste in the mouth should be a fraction of a teaspoon (0.5 gram). Toothpaste should be followed by a rinse to remove plaque. Children should be taught to brush their teeth twice per day. Children 3 years of age or older should use a 0.05% fluoride toothpaste. Toothpaste in the mouth should be a fraction of a teaspoon (0.5 gram). Toothpaste should be followed by a rinse to remove plaque.

#### Oral Health Risk Assessment Tool Guidance

**Timing of Risk Assessment**

- The Bright Futures® Recommendations for Preventive Pediatric Dental Care, 4th Edition, recommends that children receive a risk assessment at the 6- and 12-month visits for the age 60-89 months. And for children who have a risk assessment shown to be effective, the recommendation is that the dental home has not been established. View the Bright Futures® Recsendal Care, 4th Edition, which includes risk assessment questions to screen children for dental health services. View the Bright Futures® Recsendal Care, 4th Edition, which includes risk assessment questions to screen children for dental health services.

#### Oral Health Risk Assessment Tool

- Patients Name
- Date of Birth
- Age

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2-Gen Approach

Two-Generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together. FrameWorks Institute 2019

Message to mother:
Brush for Two.

https://www.smilesforlifeoralhealth.org/

Annett Vauteck/Photos.com
Sample Questions During Pregnancy

- Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?
- When was your last dental visit?
- Do you need help finding a dentist?

https://www.smilesforlifeoralhealth.org/courses/pregnancy-and-women/

The Caries Balance

Disease Indicators
- Brown or white spots
- Plaque accumulation
- Gingivitis
- Active cavities

Risk Factors
- Maternal Caries
- Cariogenic Bacteria
- Poor Diet (sugar)
- Medications

Protective Factors
- Saliva and Sealants
- Diet/hygiene
- Fluoride varnish
- Existing Dental Home

Caries Progression

Healthy Teeth

Featherstone, Young, Wolff 2007 (modified)
Pathophysiology of Caries

TOOTH
- Age
- Fluorides
- Morphology
- Nutrition
- Trace Elements
- Carbonate Level

SUBSTRATE
- Oral Clearance
- Oral Hygiene
- Salivary Stimulants
- Frequency of Eating
- Carbohydrate (type, concentration)

FLOW RATE pH

TOOTH
- Flow Rate pH
- Buffer Capacity
- Saliva

CARIES

FLORA
- Strep, Mutans
- Oral Hygiene
- Flouride in Plaque
Early Childhood Caries

• Extreme pain
• Sleep loss, poor school performance
• Difficulty chewing, poor nutrition
• Poor growth trajectory
• Extensive and costly dental treatment
• Risk of dental decay in adult teeth
• Malocclusion, spread of infection
Prevalence of Caries in Children and Youth

- 21.4% aged 2 to 5 years
- 50.5% aged 6 to 12 years
- 53.8% aged 12 to 19 years
- 5 times more common than asthma
- 7 times more common than hay fever

Initial lesions—white decalcification with beginning enamel breakdown
High-Risk Groups for Caries

- Children with special health care needs
- Children from low socioeconomic and marginalized communities
- Children with suboptimal exposure to topical or systemic fluoride
- Children with poor dietary and feeding habits
- Children whose caregivers and/or siblings have caries
Normal Healthy Teeth
Early Signs of Decay: White Spots
Later Signs of Decay: Brown Spots
Severe ECC
Children With Special Health Care Needs

- Be aware of oral health problems or complications associated with medical conditions.
- Monitor impact of oral medications and therapies.
- Choose non–sugar-containing medications if given repeatedly or for chronic conditions.
- Refer early for dental care (after the first tooth erupts, no later than first birthday).
- Emphasize preventive measures.

Damage caused by holding medications in mouth
Substrate: You Are What You Eat

• Caries is promoted by carbohydrates, which break down to acid.
• Acid causes demineralization of enamel.
• Frequent snacks or sugary drinks promote acid attack.
• Foods with complex carbohydrates (breads, cereals, pastas) are major sources of hidden sugars.
Brushing

- Children younger than 3 years old should use a smear of toothpaste, about the size of a grain of rice.
- Children 3 to 6 years old should use a small dab of toothpaste, about the size of a pea.
Flossing

- Once a day (preferably at night)
- Whenever any 2 teeth touch
Fluoride

**Benefits and Risks**

- Fluoride is a naturally occurring mineral that strengthens tooth enamel, protecting against caries
- Community water should have about 0.7 mg/L
- Community water fluoridation shown to reduce caries by 25%
- Fluorosis is rare, cosmetic, and clinically insignificant

**Delivery Mechanisms**

- Systemic
  - Community Fluoridation
  - Supplementation
- Topical
  - Home
    - Toothpaste
    - Gels
  - Office
    - Foam
    - Varnish
Supplementation

- The ODH Oral Health Program maintains information about the fluoride level of each community water system in Ohio.

![Supplementation Table]

www.smilesforlifeoralhealth.org
Fluoride Varnish in Primary Care

• 5% sodium fluoride or 2.26% fluoride in a viscous resinous base in an alcoholic suspension with flavoring agent (eg, bubble gum)
• No special equipment
• Not associated with fluorosis
• Safe, effective, well tolerated
Benefits of Fluoride Varnish

- Reduces caries by arresting demineralization and re-mineralizing teeth
- 25 to 45% reduction in ECC
- Effective on white lesions
Regulations and Payment

Ohio Admin. Code 5160-4-33 - Application of topical fluoride varnish by non-dentist providers

- Payment may be made not more frequently than once per one hundred eighty days to for the topical application of fluoride varnish to the teeth of a child younger than six years of age by any of the following practitioners:
  • A physician;
  • A physician assistant; or
  • An advanced practice registered nurse.

- As part of the application of fluoride varnish, a practitioner provides three related services:
  • An oral assessment for the identification of obvious oral health problems and risk factors, which may be omitted if an oral assessment is conducted or has been conducted during an early and periodic screening, diagnostic, and treatment (EPSDT) visit;
  • Communication with the parent or guardian about the fluoride varnish procedure and proper oral health care for the child; and
  • If the child has obvious oral health problems and does not have a dental provider, referral to a dentist or to the county department of job and family services.

- Payment for the application of fluoride varnish is made separately from payment for a well child visit or a sick child visit.

Use CPT code 99188
Anticipatory Guidance: Infant

• Continue breastfeeding as foods are introduced for 1 year or longer.
• Discourage putting a child to bed with a bottle. Wean from a bottle by 1 year of age. If still using bottle at bedtime, only use water.
• Ok to offer a pacifier at naptime and bedtime because of a protective effect of pacifiers on the incidence of sudden infant death syndrome (pacifier use should be avoided until breastfeeding is established).
• Avoid sharing with their child items that have been in their own mouths.
• Infants without teeth should have their mouths cleaned after feedings with a wet soft washcloth.
• Recommend that a dental home be established after the first tooth erupts but no later than the first birthday
Anticipatory Guidance: Toddler

• Brush twice daily as soon as the teeth erupt with a smear (grain-of-rice sized until age 3) of fluoride toothpaste.
• A pea-sized amount of fluoridated toothpaste should be used from 3 to 6 yrs.
• Start flossing a child’s teeth as soon as the child has two teeth that touch.
• Help supervise a child brushing his or her teeth. Parents should dispense the appropriate amount of toothpaste and help children brush until age 6 – 8 (when the child is able to clean the teeth well without assistance.)
• Limit sugary foods and drinks to mealtimes. Encourage children to drink only water between meals, preferably fluoridated tap water
The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. (AAPD)

Refer high-risk children by 6 months and all children by 1 year.

Maintaining and Improving the Oral Health of Young Children

https://pediatrics.aappublications.org/content/pediatrics/134/6/1224.full.pdf

https://www.smilesforlifeoralhealth.org/topic/establish-a-dental-home
Clinical Flow

- **Pre-visit/Rooming**
  - MA identifies eligibility, gathers supplies, provides handouts and notifies nurse

- **Visit**
  - FV application usually last (before immunizations)
  - Seamless transition from oral health assessment to FV application

- **Post-visit**
  - Clinician documents FV and submits code
  - Nurse documents oral health education and referral on AVS
Resources


New Oral Health Resources

**ORAL HEALTH IN PRIMARY CARE**

**THE SEEN APPROACH TO ORAL HYGIENE**

- Brush teeth with fluoride toothpaste for 2 minutes each day and night.
- Reduce sugar, especially before bedtime.
- Use a soft-bristled toothbrush.
- If your child is older than 3 years, use a fluoride mouthwash.

**YOUR MESSAGE TO CAREGIVER: BRUSH FOR TWO.**

**ANTICIPATORY GUIDANCE INFANT**

- Brush teeth with a clean cloth, brush cup, or a soft brush.
- Use a small amount of toothpaste.
- Avoid using fluoride toothpaste until 1 year of age.
- Avoid using dental floss.

**ANTICIPATORY GUIDANCE TODDLER**

- Start using a soft toothbrush at age 2 years.
- Use a small amount of toothpaste.
- Avoid using fluoride toothpaste until 3 years of age.
- Use a small amount of fluoride toothpaste at age 3 years.

**FLUORIDE VARNISH IN PRIMARY CARE**

- Administer varnish to children at risk of dental decay.
- Use varnish in children with no teeth.

**BENEFITS:**

- Reduced risk of cavities and caries in children.
- Protection against early childhood caries.
- Reduced need for dental intervention.

For more information, please visit: [Website Link]

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**KIDS LOVE ROUTINES - BRUSH, BOOK, BED**

**BRUSH!**

Brush with fluoride toothpaste for 2 minutes each day and night.

**BOOK!**

Sing, talk, and read aloud as much as possible to your child.

**BED!**

Send your nighttime routine 30 minutes before bedtime.

**FEEL SAFE**

**REDUCE STRESS**

**COMPLETE DAILY ACTIVITIES**

**HAVE HEALTHIER LIVES**

**BRUSHING TIPS**

- Brush two times per day with fluoride toothpaste.
- Use a pea-sized amount of toothpaste for ages 0-3.
- Use a small amount of toothpaste for ages 3-5.
- Use a small amount of toothpaste for ages 6 and up.
- Use a small amount of toothpaste for ages 7 and up.
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- Use a small amount of toothpaste for ages 100 and up.

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Ohio Chapter
American Academy of Pediatrics
Dedicated to the Health of All Children®
BOOKS:
EARLY CHILDHOOD LITERACY PROMOTION
Early Childhood
Literacy

Literacy Promotion:
An Essential Component of
Primary Care Pediatric Practice

https://pediatrics.aappublications.org/content/pediatrics/early/2014/06/19/peds.2014-1384.full.pdf

Reach Out and Read. www.reachoutandreadnyc.org/programs

Reach Out and Read. www.reachoutandreadwa.org/programs
Ohio Statewide Imagination Library Program Overview

Primary Roles
- Supports Local and State Program Efforts
- Coordinates Read Aloud in Schools
- Coordinates toddler book orders and fulfillment
-levvageskey vender relationships
- Overhead and administration expense
- Supports Statewide Read Aloud and Book Selection
- Provides OUP, state/district, and support
- Coordinates monthly book order and fulfillment
- Maintains Imagination Library books in schools and registered

Partnership Benefits
- Leverages key vendor relationships
- Reduced overhead expense
- Increased visibility of Imagination Library
- Increased literacy awareness
- Connects to community

Local Imagination Library Partner (Affiliate)
- 50% of funds for monthly books and mailing
- Manages database of registered children
- Connects to community

State-Level Operating Partner - OUL
- 50% of funding

$2.10
per child per month
or $82.50 per child annually

Dolly Parton’s Imagination Library of Ohio

Updated November 2023
Percentage of kids enrolled in each county. Enroll at OhioImaginationLibrary.org

Ohio Chapter
INcorporated In Ohio
American Academy
of Pediatrics
Dedicated to the Health of All Children
Nine to Twelve Months

• 9 to 12-months may point with one finger to indicate interest in a picture; parents should see this as developmental progress.
• Babies this age can copy some of the sounds you make, the looks on your face, and the gestures you make.
• You’re teaching your baby that sitting on your lap and being read to feels good and that books are enjoyable.
• It’s okay if your child mouths the book! This is how babies explore and learn about their world.
Twelve to Eighteen Months

• 12 to 18 months may turn board book pages, and may insist on turning back again and again to a favorite picture.

• Babies this age can copy your reactions to the book you are enjoying together.

• Ask your child questions she can answer by pointing. You can say: “Where’s the doggie?” “Where’s the happy baby?” or “Who says meow?” This helps your baby learn the names of things.

• Once babies start to walk, holding them on your lap can be a struggle. Some children will want to move around during a story. That’s OK.

• Read stories every day but let your child help decide how long you read.

• When your child grabs the book, she is showing a healthy drive for independence. This is OK!
No book can be appreciated until it has been slept with and dreamed over.

– Eugene Field
The Power of Routine

• Make daytime playtime. Talking and playing with your baby during the day will help lengthen her awake times. This will help her sleep for longer periods during the night.

• The power of a bedtime routine is not in what you do, but how you do it. Start following a set pattern every night (e.g. bath, tooth brushing, quiet activity - story/song) for about 30 minutes starting at the same time.

• Start early enough in the evening so you have time to get through the sequence before bedtime.

• You can start your ritual in the bathroom or the living room; it should end in your baby's bedroom.
Bedtime: Infants

• Put your baby to bed when drowsy but still awake. This will help your baby learn to fall asleep on her own in her own bed.
• Keep your baby calm and quiet when you feed or change her during the night. Try not to stimulate or wake her too much.
• Safe sleep

Infant Safe Sleep


Baby sleeps safest alone, on their back, in a crib.

• SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment
  https://pediatrics.aappublications.org/content/pediatrics/138/5/e20162938.full.pdf
Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby’s sleep area.

Keep soft objects, toys, and loose bedding out of your baby’s sleep area.

Make sure nothing covers the baby’s head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a sleep sack, and do not use a blanket.
Bedtime Fussiness

• Wait a few minutes before responding to your child’s fussing. See if she can fall back to sleep on her own. If she continues to cry, check on her, but don’t turn on the light, play with her, or pick her up. If she gets frantic or is unable to settle herself, consider what else might be bothering her. She may be hungry, wet or soiled, feverish, or otherwise not feeling well.

• If night waking occurs, reassure briefly, give stuffed animal or blanket for self-consolation (before age one, stuffed animals and blankets should not be placed in the bed with the child for risk of suffocation) and bring back to bed.
Sleep Disorders in ADHD and ASD

Bidirectional relationship between sleep disorders and daytime behavior
• Sleep hygiene and behavioral interventions “cornerstone of management”
• Good sleep hygiene involves daytime and evening routines as well as optimal sleep environments
• Limit exposure to TV and computer screens for at least an hour before bed
• Ensuring a consistent bedtime routine with as little night to night variability as possible
• Effective routines improve sleep and decrease parental stress

Bibliotherapy for Fear of the Dark
I love my mommy because
Quiero a mi mamá porque
she is not afraid of the dark.
no tiene miedo a la oscuridad.
PROGRAM IMPLEMENTATION
Steps to Implementation I

• Get buy-in from your practice and co-workers.

• Identify a Brush, Book, Bed Champion who will coordinate the program, and inspire the staff.

• Get training for staff on oral health, early literacy, and sleep. This includes coding/billing information and where to order dental supplies.

• Obtain supplies and set up the practice for easy implementation. This may take a few PDSA cycles to find out what works best in your particular office.
Steps to Implementation II

• Reach out to dental referral sources and establish relationships/make them aware of your efforts around Brush, Book, Bed.

• Consider if you will need to receive donations of books, toothbrushes, etc. It may be possible to partner with a community organization, dentist, or to host a book drive to reach your goals.

• Develop a sustainability plan and/or evaluation plan using the survey tool included in the appendix or some other assessment.

• Make small goals (such as varnishing 25% of your patients under age 3) and celebrate when they are achieved.
Clinical Flow: Intake

• MA determines eligibility
  – 6 months to 6 years
  – Health maintenance visit

• BBB supplies
  – Toothbrush, toothpaste
  – Book
  – Dental home brochure
  – Bedtime or other handout

• MA documents activities in the record
• Particularly important for ROR
• If tracking for evaluation, number the bag
Clinical Flow: Risk Assessment and Guidance

• Discuss program, supplies
• Provide oral health counseling, risk assessment
• Use book for early literacy assessment, developmental screening and guidance
• Discuss bedtime routine
• Recommend fluoride varnish
Program Evaluation

• Process
  – Percent (or total number) of children under 5 who received book
  – Percent (or total number) of children under 3 who received fluoride varnish
  – Did practice develop a resource list for dental home referrals?

• Parental Survey
  – Post-visit
  – Change over time

• Completed dental home referrals
Sample Post-Visit Questions

Did your doctor or a member of the team talk to you today about how to take care of your child’s teeth?

Did your child receive a book? A toothbrush? Toothpaste?

Did your child receive a fluoride varnish application (a sticky substance that was painted on his teeth), either today or at a previous visit?

Did your doctor or a member of the team talk to you today about a regular bedtime routine for your child?
Questions That Could Change Over Time

In a typical day does someone brush or wipe your child’s teeth or gums (if no teeth present)?
  – a. No
  – b. If yes, how often?
    • Once per day, Twice per day, More than twice per day
  – c. Unsure

Does your child already have a typical bedtime routine?
• a. No
• b. If yes, does your child’s typical bedtime routine include brushing teeth? reading a story?
It’s All About Relationships
Brush, Book, Bed: General Resources

http://ohioaap.org/brushbookbed

https://downloads.aap.org/AAP/PDF/BBBGuide.pdf
Follow Up

Ohio AAP resources are available for download.

Find them at this link:

QR CODE:
Follow Up

• Screening for Maternal Depression at the Well Child Visit: *It’s a Family Affair*

• Wednesday January 24, 2024 at Noon

• 1 Hour of CME and MOC Part II Credit Available

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• January 31, 2024 at Noon

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