

## Dentistry for babies: why do parents seek dental care?

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*This study investigated what are the main reasons that led parents to enroll children in a clinic for infants. This was studied by consulting 1368 records during the period from July 1996 to August 2001. The predominant reason for enrolling was orientation/prevention followed by "other" and treatment. This study demonstrated that a program for children from the first year of life encourages parents to have a new vision of dentistry.*

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### INTRODUCTION

The first visit of a child to the dentist represents a hallmark of dental life for the child, and should be part of general health for the child. During the eighties, a progressive increase in the number of children attending dental offices was observed. This increase led to a decline in the prevalence of caries of primary and permanent teeth, especially among school-age children.<sup>1,2</sup> The decrease in dental caries during this period was also due to the association of methods using fluoride-containing products, as well as the implantation of preventive programs for pre-school children. This decline was even more pronounced with the occurrence of the directive, which established the first year of life of the child for the initial visit to the dentist.<sup>3,4</sup> However, since most parents still take children to the dentist preferentially for curative instead of preventive treatment, a great barrier remains to be overcome in order to achieve a large-scale reduction in the incidence of caries among children.

In Brazil, this directive led to the development of baby clinics, and as they evolved, the population became aware of the benefits. Walter, Ferelle, and Issao demonstrated a radical change in the reason why parents seek care five years after the implementation of a

baby-care program.<sup>5</sup> Schneider, analyzing the records of patients seen during the period from 1966 to 1988, observed a considerable increase in the number of patients seeking a dentist for preventive reasons, with children aged less than 4 years corresponding to 69% of these patients.<sup>6</sup>

The change in the understanding of dental care from a solely curative to a preferentially preventive/educational profile will no doubt lead to a better compliance of parents with dental health programs and, consequently, to a considerable improvement in the quality of the oral health of children. Based on these considerations, the aim of the present study was to determine the main reasons why parents seek dental care for their babies.

### MATERIAL AND METHODS

A total of 1368 patients aged up to 12 months, enrolled in the program of oral health maintenance of the Baby Clinic of the Dental School of Araçatuba - UNESP, participated in this study. During the first dental visit of the baby, the parents inquired about the reasons that led them to enroll their children in the program.

It should be noted that records containing more than one reason reported by the parents were also evaluated, and in this case all reasons were considered. Two trained investigators identified these reasons on the records and classified them according to the following scores:

- |                           |                                |
|---------------------------|--------------------------------|
| 1. Caries                 | 5. Malpositioned tooth         |
| 2. Orientation/prevention | 6. Without a defined complaint |
| 3. Treatment              | 7. Routine visit               |
| 4. Trauma                 | 8. Others                      |

### RESULTS

Table 1 shows the distribution of the reasons according to the year in which the child was enrolled in the program. Analysis of a total of 1368 patients showed orientation/prevention as the predominant reason for

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**Table 1.** Distribution of the reasons according to study year.

Reason for consultation	Year					
	1996	1997	1998	1999	2000	2001
Orientation/prevention	169 (69.5%)	231 (81.6%)	231 (83.1%)	207 (87.7%)	188 (87.9%)	102 (89.5%)
Treatment	36 (14.8%)	26 (9.2%)	11 (4.0%)	12 (5.1%)	11 (5.1%)	02 (1.8%)
Trauma	19 (7.8%)	13 (4.6%)	05 (1.8%)	08 (3.4%)	05 (2.3%)	0
Malpositioned tooth	02 (0.8%)	08 (2.8%)	03 (1.1%)	0	01 (0.5%)	0
Routine visit	04 (1.6%)	08 (2.8%)	29 (10.4%)	04 (1.7%)	14 (6.5%)	08 (7.0%)
Others	40 (16.5%)	29 (10.2%)	37 (13.3%)	31 (13.1%)	17 (7.9%)	13 (11.4%)
Records analyzed	243	283	278	236	214	114

seeking dental care, with this reason increased during the six years of the study, followed by the item "Others" which included the presence of soft tissue lesions, oral infections, signs and symptoms of gingivitis, ulcers, etc. Treatment occupied third place and was found to decrease over the study period.

## DISCUSSION

There is agreement in the literature regarding the need for providing dental care to children during the first year of life.<sup>7-9</sup> These programs emphasize items such as education about the importance of oral health for general health and adequate dietary and sanitary habits, as well as basic information about the mechanisms of dental caries and general guidance in order to encourage parents more and more to adhere to the program.<sup>10,11</sup>

Such fact is supported by the analysis of the results of the present study. In 1996, the beginning of the dental care program at the Baby Clinic of the Dental School of Araçatuba, 69.5% of the parents participated in the program with the purpose of maintaining the oral health of their babies, whereas 14.8% enrolled their infants for curative treatment. The latter rate decreased during the following years to less than 10%, and was 1.8% by the first semester of 2001. Certainly, the greater awareness regarding the importance of maintaining oral health was due to the wide advertising of the program among the population, mainly through the media, demonstrating the advantage of referring patients before treatment is needed.

Analysis of the item, "Others", which includes alterations in the chronology of tooth eruption, presence of natal and neonatal teeth, dental fusion, gingival inflammation and soft tissue lesions, revealed a constant interest on the part of the parents in the normal anatomical structures, altered development and

pathologies of the oral cavity itself of their babies. There is no doubt that all the frequent orientations the parents receive about oral health care of their babies contributed to this attitude. It is noteworthy that during this phase parents are much more receptive to health orientation and education, motivated by the wish to offer the best to their children, a fact leading to even greater motivation.

We conclude that the application of this program provided satisfactory results over time, as demonstrated by a preferentially preventive/educational profile when parents consider dental care for their children. This in turn will be reflected in an extremely positive outcome in terms of the maintenance of the oral health of the baby, preparing the child for the later phases of dental care.

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