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***Sheet no. : 1***

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***Introduction into pediatric dentistry***

**Book: Pediatric dentistry “Welbury” 4th edition**

**\*What is pediatric dentistry? It is a normal dentistry but for children. So what controls us is the age (Dentistry for children).**

**\* Pediatric dentistry exists because children have dental and orofacial problems.**

**\* Until the mid 1950s in at least one state of the USA, major dental supplier gave all new dentists opening dental offices a sign that says “No children under the age 13 treated in this office”. \*In general not all people like treating children.**

**\* Now to graduate you have to treat children.**

**\* Jordan community is a young community, so you have to be dealing with children a lot. In 2013, 37% of Jordanian population is under 15 years old ( pediatric dentistry).**

**\* American dental association defines pediatric dentistry as: Age defined specialty that provides both primary and comprehensive, preventive and therapeutic oral health care for infants and children through adolescents including those of special health care need.**

**\*\* Age defined: all other specialties are procedure defined (ortho for all ages, endo for all ages), but in pediatric dentistry you are providing general care for a specific age group of patients. - There is no limitation to what type of treatment is provided. - This doesn’t mean that we can do everything for children, sometimes we ask for help from other specialties like ortho, prostho.**

**\*\* Primary and comprehensive care: pediatric dentistry is a primary provided care (no need for referral of patient, they come directly for treatment). - Usually all children have a pediatrician to follow up their growth and health. Recently, the parents are taking their children to a pediatric dentist to follow up their teeth. So parents can chose to have their children evaluated and treated by a pediatric dentist just like they can chose to have their children treated by a pediatrician. -Most of the time, the children come referred to a pediatric dentist (so he is not the primary care provider), sometimes we have to treat them under GA. But there is a trend that parents now know that there is something called pediatric dentistry and bring their children to be treated by a pediatric dentist.**

**\*\* Age: infants and children through adolescents. - Sometimes the infants have neonatal teeth when they born. - By definition: any child at any age from his birth to 18 (or 16 according to the country). - Adults with a retained primary teeth sometimes are referred to a pediatric dentist, usually they should be treated by a general dentist because pediatric dentistry is defined by age.**

**\*\* Special health care needs: they are medically compromised, sometimes mentally compromised. They need GA sometimes. So health care for individuals with special needs requires special knowledge acquired by additional training.**

**\* What are the aims of pediatric dentistry??? 1- The child reaches adulthood in a state of a good dental health. 2- The child develops positive attitude to dentistry.**

**\* What is the scope of pediatric dentistry? What does it cover? - It covers everything for children. So the pediatric dentist is interested in the health of the child as a whole, prevention, restoration of the mouth to a good health, observation and controlling the developing dentition, behavior management, dental emergencies.**

**1- So first you have to be interested in the child physical condition: - watching for early signs of diseases. So you study the growth and development in the individual as a whole, if you feel that the child is tired or sick you can refer him for advice and treatment. - Oral health plays an important role in the overall health of the children (if there teeth are in pain then they won’t eat good so this will affect their growth).**

**2- Prevention: - It is very important, because usually we treat the children then they come back with carious permanent teeth so without prevention we are not doing much. Advices on good oral health practices and proper nutrition can be started. In case of expecting parents we can give them prenatal counseling about their baby’s oral health and the type of food,……..etc. - First dental visit is best to be around the child first birthday (at the age of one year or 6 months after the eruption of the first tooth), so caries at this period will not be developed yet, so the visit will be for prevention. The patient will not come to the clinic because of pain (no LA, no pulp therapy, no extraction) and that way the child will have a good first experience in dental clinic. - In each visit we have to reinforce the child’s oral health, ask him about his oral hygiene methods. - Previously the recommended age for the first visit was 3 years, but if we delay it to 3 years the child will come with already carious teeth and it will be hard to deal with him. - We have to give advices about nutrition, systemic and topical fluoride, and home care.**

**3- Restoration of the mouth to a good health: - We have to convince ourselves and the parents and the child of the importance of primary teeth “A primary tooth with infection and pus will not hold on till the age of 10 or 11”. - High technical standard work: we don’t get many chances with the child so if he opens his mouth we have to try to finish as much as possible of our work (if we have stainless steel crown we use it instead of filling and leave it with no need for more visits). - The appointment should be enjoyable, and we have to encourage the parents for regular check up for early diagnosis because the early diagnosis needs simple treatment (simple cavity instead of pulp therapy). - Early diagnosis using good exam techniques (good light, dry the teeth). - Encourage regular attendance. - Use LA whenever it is necessary. - Use modern cutting instruments (sharp burs not blunt) to have a productive appointment with less time.**

**4- Observation and controlling the developing dentition: - Asses the dentition from an orthodontic point of view. We have to know timing and sequence of tooth eruption. Patients diagnosed early can be referred at the correct time. - We have to retain the primary teeth and treat them if we can, otherwise we extract them and think about using a space maintainer. - Oral habits.**

**5- Behavior management: - It is very important. The child has to be managed differently than the adult, the very young patients and teenagers all need different approaches in dealing with their behavior. We have to deal with the children with different ages in different ways (5 years old child differs from a teenager).**

**6- Dental emergencies: - Mostly dental trauma, we shouldn’t pay attention to aesthetics. - If a child with a fractured tooth comes to the clinic we have to cover the exposed dentine with GI initially then when he comes back we do class 4 composite. - The main consideration should be the good of the child as a whole, think of the child instead of perfection in dental emergencies.**

**\* Dental home: - Like the idea of the medical home. - Pediatrician: follows up the child’s weight, height, vaccinations, and the parents commit that they visited this pediatrician every 3 months to watch the progress of their child “medical home”. - Now there is a trend to have a specific dentist (not necessary a pediatric dentist) for the child from his first birthday as a part from the regular check up. - Dental home: is the on going 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. - Establishment of a dental home begins no later than 12 months of age (check up, no pain). - It includes the referral to other dental specialties when the pediatric or general dentist can’t provide the needed care. - A study has made on 10000 patients, they found that even the cost of the treatment is lower in the children who have dental home and go for regular preventive dental visits. So children who had an early preventive dental visits are more likely to use subsequent preventive services and experience lower dentally related cost. - Dental home is a good thing. By establishing a dental home and taking preventive steps recommended by the dentists, parents can avoid their children having early childhood caries “Rampant caries in young children, extensive tooth decay that results in pain and in many cases extensive and costly restorative work”.**

**\* Importance of primary teeth: 1- Digestion: eating the healthy food like vegetables instead of the unhealthy food. 2- Maintenance of space in the dental arches for the permanent teeth: they are the best space maintainers, the space maintainers that we use have bad effects on the oral health. 3- Stimulation of the growth of the jaws. 4- Development of speech (there are certain letters that are affected by the primary teeth). 5- psychological health of the child (appearance).**

**- Common saying “Baby teeth don’t deserve care because you lose them anyway”. And this is wrong.**