



Highchair dental care®

The American Academy of Pediatric Dentistry (AAPD) has long recognized the importance of early dental care. The partnership between dentist and parent is fundamental and, working together, can set families and children on the path to a lifetime free from preventable oral disease.

Highchair Dental Care is an age-appropriate oral health care model that identifies the opportunity to promote healthy behaviors at the point of care. Created by pediatric dentist, Dr. Winifred J. Booker, this thoughtful approach is fundamental to treating her 12 month to 2 year-old patient population. “Like most pediatric dentists, I’ve found that by eight months of age, most babies can sit well for several minutes without support. By placing the baby in a highchair, they are comfortable and willing to open-wide for their first exam. It is a child-friendly adaptation to patient care that works well with most infants,” shares Dr. Booker.

The highchair provides the safety and security needed to conduct the proper exam. It also allows the infant a first examination in an environment familiar to them, which a formal dental chair cannot. By using strategies that engage a child’s natural inclination to open their mouth to laugh or eat, it is possible to lure this new patient to open wide with a spoon of their favorite pear or sweet potato puree, flavored exam gloves or an engaging toy. The examination may be followed by a sip of water and a quick zylitol wipe of the teeth, tongue and cheeks.

Age-appropriate approach to oral health well-being.

At the first *Highchair Dental Care* appointment, the patient receives an oral health risk assessment. In addition to the thorough oral examination, the initial visit is designed to obtain thorough medical (infant) and dental (parent and infant) histories, performance of an age-appropriate tooth brushing demonstration, possible prophylaxis and fluoride varnish treatment if indicated.

Parental oral health education is provided with a focus on types of meals being consumed by the family, food portion controls and snacking habits. Dietary education for the parents includes the cariogenicity of certain foods and beverages, the role of frequency of consumption, and the demineralization/remineralization of teeth. Educating the parent on avoiding saliva-sharing behaviors (e.g., sharing spoons and other utensils, sharing cups, cleaning a dropped pacifier or toy with their mouth) can help prevent early colonization of bacteria in infants.

Parents are commended for establishing a dental home for their infant by 12 months of age. Teething, tooth-brushing, human milk and breast-feeding of infants, night time bottle feeding with juice, repeated use of a sippy or no-spill cup and frequent in between meal consumption of sugar-containing snacks or drinks are all on the talking points check list. Also included is the American Academy of Pediatrics (AAP) recommendation that children age one through age six, consume no more than four to six ounces of fruit juice per day, from a cup and as part of a meal or snack.

Optimal exposure to fluoride and non-nutritive oral habits are part of the *Highchair Dental Care* practice model.

Health care professionals and all other stakeholders in children's oral health support the identification of a dental home for all infants by 12 months of age. As the national health conversation focuses on managing costs, it is especially important at this time for pediatric dentistry to emphasize our commitment to good health. The *Highchair Dental Care* practice model offers a reassuring approach to infant oral health care and helps to draw attention to the importance of innovation and early interventions to prevent Early Childhood Caries and other potential unfavorable sequelae.

*For more information about how you can incorporate the **Highchair Dental Care** practice model, and the ideal high chair available, visit us soon at www.highchairdentalcare.com.*