

## COHW Guidelines

### Conducting a Six-Step Infant/Pediatric Oral Exam

#### The Six Steps of An Infant Oral Care Visit

1. **Caries Risk Assessment (CRA).** CRA tools, such as CAMBRA (Caries Management by Risk Assessment) tool integrate the risk assessment of childhood caries into the oral health visit. By evaluating a patient's biological predisposing factors, protective factors, and disease indicators, the patient's caries risk level can be classified as low, moderate, or high.
2. **Knee to Knee exam.** The caregiver and provider sit knee-to-knee while the child is supine with his or her head in the provider's lap. In this position, the child can see their caregiver, and the caregiver can see what the provider sees.
3. **Toothbrushing Prophylaxis.** The provider demonstrates the proper brushing technique for while brushing the child's teeth.
4. **Clinical Exam.** During this time, the provider examines the child's teeth to complete the "Disease Indicators" portion of the risk assessment tool.
5. **Fluoride Varnish Treatment.** Fluoride varnish is applied to the teeth to prevent tooth decay. Based on caries risk, fluoride varnish application should be repeated every 3-6 months.
6. **Anticipatory Guidance, Counseling, and Self-Management Goals.** The provider works with the caregiver to choose two self-management goals, which will be followed up on during the next visit.

### Risk Assessment & Anticipatory Guidance

#### Caries Risk Assessment

A Caries Risk Assessment (CRA) should be used at every child visit to rate the caries risk of the child's risk level as high, moderate, or low.

Caries risk factors include:

- High bacteria counts
- Family history of caries (Mother specially)
- Frequent eating/snacking
- Frequent sipping on drinks other than water
- Inadequate fluoride
- Low income
- Physical disabilities
- Existing restorations or appliances
- Decreased salivary flow (from medications, genetic factors)

## Providing Anticipatory Guidance through Motivational Interviewing

1. Express empathy
2. Develop discrepancy
3. Support self-efficacy
4. Roll with resistance
5. Use the Teach-Back Method.
  - a. **The teach-back method:** a communication technique in which, after providing information or instructions, the provider asks the patient to explain or demonstrate the information back to them.
  - b. Make sure to: use plain language, practice active listening, and try to be as brief as possible.
6. Use **OARS**:
  - a. **Open-ended Questions:** “Tell me about what’s been happening since we last met?”
  - b. **Affirmations:** Build rapport by recognizing caregivers’ strengths with genuine statements. Avoid criticism.
  - c. **Reflective listening:** Listen carefully as the caregiver tells you what has worked for you and what hasn’t.
  - d. **Summaries:** Reflect back what the caregiver has been telling you using your own words. This technique builds rapport, highlights important parts of the discussion, and can direct the discussion.