

Roles and Responsibilities of Paediatric Dentists

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Perspective

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DESCRIPTION

Dentistry for babies is a specialized area of pediatric dentistry that focuses on dental care for children from birth to around 36 months of age, with the aim of maintaining or restoring good oral health while also introducing a positive attitude in parents and children toward dentistry. Although concerns about dental treatment for babies were increased at the beginning of the twentieth century, it was only recently that the dental community began to concentrate on this area of Dentistry, due to the high prevalence of dental caries (decay) in small children. Pediatric dentists work to improve children's dental health and serve as a reference for parents. The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) both recommend that children have seen a dentist after the discharge of their first tooth, or by the age of one. According to the American Academy of Pediatric Dentistry, it is critical to establish a thorough and accessible ongoing relationship between the dentist and the patient, or the patient's "dental home." This is because early oral examinations assist in the early identification of tooth decay.

Early detection is crucial in maintaining oral health, changing unhealthy habits, and administering the most effective and simple treatments possible. In addition, parents are provided information on their children's finger, thumb, and pacifier habits, a caries risk assessment, a preventative home care programme (brushing, flossing, and fluoride treatments), and advice on how to keep their children's mouths and teeth healthy.

A paediatric dentist's duties include:

- Diagnosing and treating dental diseases (preventive and restorative)
- X-ray and other diagnostic test interpretation

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- Treatment strategies to improve the dental health of paediatric patients, both those who are healthy and those who require particular medical attention.
- Observe the expansion and development of each tooth and jaw.
- Orthodontics or interceptive treatment can be used to treat dental malocclusion.
- Perform surgical procedures on the oral cavity's soft tissues, bone, and teeth.
- Immediate treatment for dental infection, pain, and dental trauma.
- Treat children who are sedated at different depths (minimal, moderate, or deep) and under different conditions.

Dental care for infants is a subcategory of paediatric dentistry that focuses on dental care for children from birth to approximately 36 months of age. Its aim is to maintain or restore a child's good oral health. Despite concerns about dental treatment for babies being recorded at the beginning of the twentieth century, the dental community only recently began to focus on this field of dentistry due to the high prevalence of dental caries (decay) seen in young children. The primary goal of paediatric dentistry is to provide dental care to infants and young children aged 0 to 3 years old through an oral health education and prevention systematic methods for the diagnosis, avoidance, treatment, and management of the most common clinical conditions in children (dental caries, dental trauma, different sizes of tooth development, etc.).

Oral assessment

The risk of caries must be analyzed during this initial consultation. The type of assistance that should be provided to the infant will be determined by the threat.

The aim is to keep the infant's dental health in children who are less likely to develop caries. During clinical sessions, patients are given hydrogen peroxide hand sanitizer and 0.1 percent sodium fluoride (NaF) solution to apply with cotton swabs. And a 0.05 percent NaF solution should be applied once daily with a cotton swab before the infant is placed to sleep at home.

Prevention

Anamnesis, or a general clinical examination, will be performed on the infant to assess his or her overall health. If further investigation is required, the infant is referred to specialists in other fields. Combining relevant information from anamnesis, clinical examinations, and environmental factors to assess the risk for the development caries.

- a) Dietary influences: nocturnal eating, consumption of carcinogenic foods and drinks.
- b) The impact of hygiene, including the quantity and calibre of oral hygiene practices, as well as the presence of visible tooth plaque (biofilm).
- b) Fluoride use.
- d) Maintain good oral health.