



Early Childhood Caries Risk Assessment Prenatal/Postnatal Mother



The following questions are designed to determine your overall risk of dental problems . This assessment helps work toward establishing a dental home and providing continuing preventative care (including fluoride varnish and education).

Mother's Name: _____

Today's date: _____

Estimated due date: _____

Child's last dentist visit: _____ (If more then 1 yr set new appt.)

Dentist the mother uses: _____

Week of Gestation Today: _____

Yes	No	Unknown	Question:
2	0		Do you have any caries?
2	0		Does your have white spots on your teeth?
0	2		Do you brush your teeth at least 2x each day?
2	0		Do you have any pain, blisters or swelling of the gums?
2	0		Do you eat sweetened snacks and drinks (including juice) more than twice a day?
0	2		Do you floss at least 1x each day?
0	2		Do you use a mouthwash that kills bacteria at least 1x each day?
2	0		Do you have any bleeding of the gums?

Remember:

- Establish a dental home as soon as possible
- Dental exam every 6 months including cleaning (prophylaxis) and x-ray bite wings
- Topical fluoride every 6 months

Score: _____

- 0-4 points: Routine Care**
- 6+ points: Need for Care**
- Observed pain and/or swelling: Refer to Family Health Services for urgent care**

Lesson One Checklist:

- Referral to dental provider
- Oral Health Care During Pregnancy* booklet
- Copy of this assessment form to expectant mother and one copy in her file
- Baby Smiles assessment sticker, complete and place in file on S.O.A.P page
- Viewed *Delta Dental* DVD
- New tooth brushes, toothpaste, and xylitol gum given: _____ EHS Prenatal/PostnatalMother

Mother's Signature: _____

FE Signature _____

Date _____