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Parents' and caregivers' perspectives on the Manitoba Dental Association's Free First Visit program

Robert J. Schroth, DMD, MSc, PhD[1,2]; Stephanie Ndayisenga, BN[1,2]; Katelyn Guenther, BA, BN[1,2]; Gail Marchessault, PhD[3]; Sarah Prowse, BAKin[1,4]; Khalida Hai-Santiago, DMD[5]; Jeanette M. Edwards, BOT, MHA[4,5]; Michael E.K. Moffatt, MD, MSc[1,2,4]; the Manitoba Dental Association[6]

1 University of Manitoba, Winnipeg, Canada
2 Children's Hospital Research Institute of Manitoba, Winnipeg, Canada
3 Private Consultant, Winnipeg, Canada
4 Winnipeg Regional Health Authority, Winnipeg, Canada
5 Manitoba Health, Winnipeg, Canada
6 Manitoba Dental Association, Winnipeg, Canada

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Correspondence
Dr. Robert J. Schroth, Associate Professor, Faculty of Health Sciences, Department of Preventive Dental Science (College of Dentistry) and Department of Pediatrics & Child Health (College of Medicine), University of Manitoba, 507 – 715 McDermot Avenue, Winnipeg, MB R3E 3P4. Tel: 1-204-975-7764; Fax: 1-204-977-5691; e-mail: umschrot@cc.umanitoba.ca.
Robert J. Schroth, Stephanie Ndayisenga, Katelyn Guenther, Sarah Prowse, and Michael E. K. Moffatt are with University of Manitoba. Robert J. Schroth, Stephanie Ndayisenga, Katelyn Guenther, and Michael E. K. Moffatt are with Children's Hospital Research Institute of Manitoba. Gail Marchessault is private consultant. Sarah Prowse, Jeanette M. Edwards, and Michael E. K. Moffatt are with Winnipeg Regional Health Authority. Jeanette Edwards and Khalida Hai-Santiago are with Manitoba Health.

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Abstract

Objectives: The Free First Visit (FFV) program was implemented in 2010 to promote early preventive dental visits for children <36 months of age in Manitoba, Canada. The purpose was to understand parents' and caregivers' perspectives on the program.
Methods: Three focus groups with 21 participants were conducted in Winnipeg, Canada using an interview guide in this qualitative study.
Results: Most participants were aware of the FFV program and the appropriate age for a child's first visit. Almost all agreed with the recommendation to see a dentist by one year of age. Some reported that general dentists advised them to bring their child after three years of age. Participants appreciated that the program was free, and some noted that the program made them aware of the appropriate age for a first visit. About half of the participants had taken their child for a FFV. Reasons for not taking their child for a FFV included: nothing wrong with their child's teeth, they believed there was still time as their child was not three years old, they had government insurance, child's temperament, and feelings of apathy. There were mixed opinions regarding whether the program was helping those who needed it the most.
Conclusions: The majority of participants liked the FFV program and believed that it should continue. Parents would benefit from further education and encouragement to seek oral care for their child by age one. Some general dentists may need further training and skills to meet the recommendations for first dental visits.

Introduction

Early adoption of preventive oral health routines sets the foundation for a lifetime of optimal dental health. Consequently, several national organizations endorse the establishment of a dental home by the first birthday (1-4) The "dental home" concept was first introduced by the American Academy of Pediatric Dentistry in 1986 and originally focused on high-risk children (5,6). After years of revisions, the establishment of a dental home by 12 months of age has become the ideal standard (3,4). The dental home provides the opportunity for developing and implementing appropriate care tailored to each child's unique needs (4).

Early dental visits provide an opportunity for thorough examinations, risk assessments (e.g., caries-risk assessment including the evaluation of infant feeding practices, oral hygiene, fluoride exposure, socioeconomics), and anticipatory guidance for parents and caregivers (e.g., oral health education, nutritional information, motivational interviewing and goal setting), which may contribute to better oral health outcomes and lower associated treatment costs (7,8). Raising awareness about the recommendation for early first visits among parents is necessary as many pediatric dentists report that parents do not value early visits (9). Additionally, many dentists remain unaware of the first visit concept (10,11). A recent Canadian study reported that few children obtained a first visit by 12 months of age and those at risk for early childhood caries (ECC) were least likely to have visited the dentist (8).

In April 2010, the Manitoba Dental Association (MDA) launched the Free First Visit (FFV) program as a three-year initiative to promote early dental visits for children less than three years of age in an effort to establish dental homes (10,12,13) and promote the age one visit. The purpose of this study was to determine parents' and caregivers' perspectives on the FFV program.

Methods

A qualitative study using focus groups was selected to understand parents' and caregivers' perspectives on the FFV program. This study was part of a broader mixed-methods evaluation of the program, which also included focus groups with dentists, a review of FFV tracking forms, and a survey of dentists (10,12,13). Only the results of the focus groups with parents and caregivers are reported here.

Members from the Healthy Smile Happy Child (HSHC) partnership served as the research team leading this study. Only the principal investigator was a member of the MDA's FFV committee. An independent qualitative researcher conducted and analyzed the focus groups. HSHC staff assisted with recruitment, and one staff member assisted during the focus groups. Neither the facilitator nor the assistant had an oral health background.

Table 1 Focus Group Interview Guide

1. Introductions: first name; number of children; boy or girl; age.
2. How important do you think baby teeth are? Please explain why you think that.
3. When do you think a child should have his/her first dental visit?
4. The dental association is recommending a first dental visit by 12 months of age. What do you think about a first dental visit by 12 months of age?
5. Please tell me how you clean your child's teeth?
   a. When do you do it? (How many times a day?)
   b. What kind of toothpaste do you use?
   c. What age did you start doing this? (or plan to start)
6. Have you heard of the Free First Visit program?
   a. If yes, how did you hear about the Free First Visit program?
7. What do you know about the Free First Visit program?
   a. Do you think parents know it's only the first visit that's free?
8. Have you participated in the program? (ask each participant) Explain why you took part or did not take part in the program.
9. If you visited your dentist as part of this FFV program, we'd like your opinion of how it went.
   a. How did you find a dentist who offered the program?
   b. What did you get out of the visit?
   c. Did you find the visit worthwhile? Why/why not?
   d. Did your child need any treatment? If yes, how were your child's dental needs met?
10. For those who did not visit the dentist as part of the FFV program, has your child seen a dentist? If yes, how old were they at the time of the visit?
    a. How did you pay for the visit?
    b. Do you have any dental coverage?
11. For those who had not heard about the FFV program, now that you have, would you take your child to see a dentist if the first visit is free? Why/why not?
12. Do you feel the Free First Visit program has been well promoted?
13. Do you think this program reaches the children who need it the most? Why/Why not?
14. Do you have any suggestions for the Free First Visit program?

Data were collected during focus groups with a convenience sample of parents and caregivers. Participants were recruited from parenting programs and a daycare. Participants received an honorarium for participating and childcare and bus fare was provided. All participants provided written informed consent. The study was approved by the University of Manitoba's Health Research Ethics Board.

Focus groups were held at or near parenting program sites. Focus groups occurred in the summer of 2012 in Winnipeg, Manitoba. A semi-structured interview guide was used (Table 1). Additional questions were asked to allow a full understanding of issues raised and to follow-up relevant, but unanticipated topics, as is standard procedure in qualitative research. Participants completed a short questionnaire on basic demographics (e.g., age, sex of each child, dental

Table 2 Description of Participants ($N = 21$)

Characteristic	
Gender of parent (*n*, %)	
Female	19 (90.5)
Male	2 (9.5)
Gender of children <6 years (*n*, %)	
Female	12 (44.4)
Male	15 (55.6)
Mean age of children ≤72 months (Range)	33.7 ± 20.2 (3-72)
Mean number of all children/participant (Range)	1.81 (1-4)
Dental coverage (*n*, %)	
Private insurance	7 (33.3)
Treaty status/Non-Insured Health Benefits for registered First Nations persons	7 (33.3)
Social assistance/employment and income assistance	5 (23.8)
None	1 (4.8)
Unknown	1 (4.8)
Child had a Free First Visit (*n*, %)	
Yes	11 (52.4)
No	10 (47.6)

Three participants were grandparents, one of whom was raising her grandchild.

coverage, and whether they had visited the dentist as part of the FFV program).

Focus groups were audio-taped and were subsequently transcribed. Field notes were written after each focus group. Field notes and transcripts were reviewed, and participants' comments were coded and categorized to identify topics and patterns that could be developed into themes following each session. Saturation in qualitative research refers to the point when no new relevant information emerges with respect to the questions being asked. Often researchers cease to recruit participants or undertake further focus groups once data analysis reveals that no new themes emerge. However, the focus groups undertaken for this study were part of a mixed-methods evaluation of the program and grant funding limited the total number of focus groups. This made it challenging to determine whether complete saturation was reached. N-Vivo was used to assist with organizing the data (Version 2.0.163, QSR International Pty, Ltd., Cambridge MA, 1999-2002). Quotations were edited to improve readability; some words were omitted within the participants' quotes and replaced with ellipses to emphasize the main points.

Results

Three focus groups were conducted with 21 participants. Characteristics of participants appear in Table 2. Focus groups averaged 47 minutes in length. All participants had a child or grandchild 1-5 years of age. Eleven had taken their child for a FFV.

Participants discussed both the importance of dental health and specific aspects of the program. The emboldened subheadings below represent the different themes that emerged.

Importance of baby teeth: "Teeth are so much more than just what they look like."

There was clear consensus that baby teeth are important. The influence of the baby teeth on adult teeth emerged in all three focus groups. Some participants said that baby teeth were needed for chewing and eating, and consequently could have a direct effect on children's health. It was pointed out that poor tooth development could affect children socially, and impede their learning how to talk properly. Despite the consensus, participants suggested that not all parents felt that baby teeth were important.

Age for children's first visit: "By one or at the appearance of the first tooth."

The majority said the first visit should happen after the appearance of the first tooth or by age one, with several phrasing it this way. Five participants said by age two.

> Well when their first teeth come out. [Okay which would be around?] Around six months I guess.' Cause if there's any problems, you'd notice it by then.

When advised that the recommendation was to bring children for a first visit to the dentist by age one, almost all participants expressed agreement, sometimes adding a rationale for the age-one recommendation.

> Yeah, you'd catch it early before it was too bad.

One participant disagreed with the recommendation, indicating that a child should have more than one tooth before visiting the dentist. She said, "*I think it depends on when they first start teething 'cause I got late teethers. One was ten and a half months, and the other one was eleven months, so he would have only had the one tooth.*" When asked if that was not enough teeth to visit the dentist, she replied, "*It depends, but I'd want to get him in maybe by two.*" *She then added,* "*But it's not like it'll hurt. It's not like going to the dentist for your baby is going to be a waste of time. It's always a good thing, so that you know that everything's good.*"

One mother indicated that not all dentists followed the recommendation. She had asked her dentist several years ago when she should bring her son for a check-up. He was 2 years old at the time.

> And they said, "No, no, no we don't like them before they're three. [And what did you think of that?] I don't know if it was because I was on Social Assistance that they were paying for it but, what am I supposed to say? "No, you have to take my son." But you see on the news, "First visit before three, come to the dentist." Or, "Get your baby's teeth [checked] before a year." And my

dentist asked me when I was getting mine, saying, "No, it's best once they're three. Then they'll sit and co-operate in the chair."

Five participants had been advised by general dentists not to bring their child in for a check-up until they were 3 years old or older. Another indicated their dentist had recommended age two. One parent regretted following this advice as their child ended up with caries by the time they had their first visit. Another parent indicated that they did not follow this incorrect advice because of their awareness of the FFV program's messages.

My dentist said to bring my daughter in at three, but then I heard there's a free visit after you're one, some kids' dentists, so then I went. We brought her at one and a half, and they sat her down and they did check her mouth. . . . I would do it over again.

Parents' awareness of FFV: "They get their word around."

Almost all had heard of the FFV program, often in multiple ways (buses, television, or radio, newspapers and magazines, posters in doctors' offices and community centres, and word of mouth from parents or parenting groups). All agreed that the program is well advertised.

There were different levels of knowledge regarding the FFV program's goals. There was some uncertainty whether all or just some dentists participated. Participants' opinions regarding the value of the FFV were a further indication of parental expectations.

The first visit though they don't do much. They just look at the teeth and count them.

I was thinking they did more like screening, and the first free dental visit is just to kind of help give you awareness and to show you, I think it's more screening yeah and seeing where your kid's at, seeing what potential things they would need.

Reasons for not using FFV: "If there's nothing wrong with their teeth why bother."

About half of participants (10/21) had not used the FFV program. The most frequent reason for not seeking a FFV was that there was nothing wrong with the teeth.

Nope I never used it. [And the reason?] Cause if there's nothing wrong with their teeth why bother. [Even though it's free?] Yeah.

Others said their child was still too young; however, they planned to make use of the FFV before their child turned three. Other reasons given for not taking advantage of the program included they had dental benefits, so visits were already free, that a child's difficult temperament rendered visits pointless, and two parents indicated they used it for one child, but not another – saying there was no real reason for not using it, just that they felt apathetic at the time.

I was thinking between [my older and younger son], when [the oldest] was a baby you could take him to the dentist, then I would [motion] with my mouth what he was supposed to do and he'd follow everything. I can't even brush [my younger son's] teeth so I don't even know how that dentist visit would be. But I want to take him so badly he's one and a half and I want to take him. I just don't know if they'll be able to actually do anything other than if they just want to take a quick peek.

Reasons for using FFV: "I wouldn't have gone as early if wasn't free."

Eleven participants took their child for a FFV. Many did so because of the importance of oral health and wanted their child to develop a good relationship with the dentist. Others brought their child because they had a toothache or noticed early signs of decay.

I have horrible teeth, so I wanted her to go and see. . . . Just wanting her to be comfortable and getting used to going because I – not just bad teeth but a lot of anxiety around teeth. . . . So, I wanted her to feel comfortable and not have my issues, both physically and mentally.

The majority said that the fact that the visit was free was nice, but they would have gone anyway. Some indicated that finances were limited and anything to offset the cost was appreciated. A few said they went earlier than they otherwise would have because it was free. Others went after learning about the recommended age for a first visit, while others went because their child was approaching the age three cut-off for the program.

I wouldn't have gone as early if wasn't free. So it encouraged me to go and see why they want them to go at one, or one and a half.

Descriptions of the first dental visit: "Can we count your teeth?"

Some of the activities participants described during the FFV included dentists counting their child's teeth; checking for cavities; giving children prizes for no cavities or good behaviour, and getting children familiar with the dental office.

Most of the negative experiences were with general dentists, with the exception of one parent who had to wait for an hour and a half at a pediatric office with a 1-year old. Complaints included being advised to wait until their child was older for a visit and then running into dental problems, dentist not being able to relate well with children, and several parents seemed disappointed that so little was done during the appointment.

> We snuck in one free visit, the under-three visit, and all they did was put her in a chair. There was no checking. . . . So, there goes my free thing, like the freebie, and I haven't been back since. And then I went last week and something's growing and we have to go again tomorrow to see what we can do about it.

Most children did not require treatment. None of the participants indicated that their child needed treatment and was unable to obtain it because of financial reasons.

Reach: "Well I know quite a bit of people who took advantage of it."

There were mixed responses about whether the program was helping those who needed it the most. There was agreement in one group that it was not reaching those who needed help the most.

> Sadly, probably not . . . And then that's just talking about within the city where it's even easier access. I'm sure in the remote communities, I don't know if this is a Manitoba or a Winnipeg thing, but if it's a Manitoba thing, are they getting to the remote communities where it's harder to buy milk than it is to buy Pepsi?

More participants in the inner-city focus groups felt that it was helpful to disadvantaged families. Several in each of these groups said that it was reaching low-income people. Additionally, participants mentioned other programs that could benefit those who needed more extensive treatment, suggesting that they understood that the FFV program in itself was not intended to meet all of the children's dental needs.

When asked if the FFV program was helpful, responses were very positive. Several participants said that it helped defray costs at an expensive time of life and probably got some children to see a dentist.

Parents' suggestions: "Your doctor should tell you."

Although parents thought the FFV program was well promoted, they suggested distributing pamphlets in-hospital to new mothers and getting pediatricians and family doctors to follow-up at six months by encouraging a dental check-up and again distributing information about the program. Some participants mentioned that there was a list of dentists participating in the FFV program, but they wanted it organized by area of the city and wanted it available in print as well as on the internet. Some said they received most of their information at post-natal programs, and that it was important to ensure that the need for dental care was discussed there as well. Examples of their comments follow:

> When you're in the hospital they give you quite a few pamphlets on different things. Maybe that'd be a way to get the message out too.

> But pediatricians regularly see babies from six months, so maybe they should be the ones that are promoting that FFV and giving pamphlets out at your first appointment around the six month [visit].

There was also concern expressed for reaching children most at need, with the suggestion that dentists should go into the schools and daycares in disadvantaged areas. Although not all dental needs were being addressed by the FFV program, the overall impression in the focus groups was positive:

> I think too, that by having this program there would be a lot more people that would take advantage of it, and it'd give the dentists a lot better idea of what stages people's teeth are at, or what problems they need, things that they could make better and that by seeing more children through this type of program, maybe more people would come that wouldn't have come before.

Discussion

This study examined parents' and caregivers' perspectives of the FFV program as part of a larger mixed-methods evaluation (10,12,13). Surprisingly, the majority were aware of the FFV program and the appropriate age for a child's first visit. These findings differ from results of our focus groups with dentists who reported that most parents they encountered lacked awareness of the program and the age one recommendation (13). Misconceptions by dentists regarding parental beliefs and values about children's oral health need to change as they may negatively impact the availability of dental services and dental homes for children. In this study, participants valued the program and viewed early visits as essential in the healthy development of their child's teeth and future oral health. Although this study may have attracted parents who were most interested in dental health, it suggests that many parents, even in low-income areas, are ready to learn about and engage in preventive dental practices for their children.

It is concerning that more than one-quarter of participants were advised by general dentists not to bring their child until after age three. This suggests that some general dentists are either unaware of the age one recommendation or uncomfortable seeing young children. Although recent evidence shows that dentists' awareness of the recommended age for the first visit has improved, there is still a need to continue educating the entire dental team about recommendations for early visits and encouraging ways to implement oral care for young children (10). One of the main reasons dentists gave for not participating in the FFV program was that few parents were requesting their services (10). Parental misinformation and practitioner reluctance to work with young children may have contributed to fewer FFVs (12). These factors may also prevent parents from seeking first dental visits for their children by the recommended milestone, thus increasing the child's risk for caries.

To uphold their professional responsibility, all dental practitioners need to promote early first dental visits and take an active role in improving young children's dental health. Those not willing to care for infants and toddlers have a duty to refer these children to other colleagues willing to provide this care (11,12,14). Dentists' aversion to working with young children include fear of uncooperative and crying children, few clinical experiences with infants and toddlers during undergraduate dental training, and limited continuing education (15). Despite these challenges to improving access for infants and toddlers in Manitoba, over 8,300 children were seen in the first three years of the FFV program (12). Enhancing dental education to incorporate infant oral health as part of core competencies with hands on training opportunities and clinical experiences may effectively improve practitioners' competency, awareness of the age one recommendation, and willingness to develop dental homes for young children (15).

Parents in our study felt that general dentists need further education and training in how to perform infant and toddler exams. They expressed disappointment that not all dentists were performing an oral exam during the FFV. This suggests that general dentists need instruction on what a first visit should entail, how to conduct infant/toddler oral exams, what to look for, and the type of messaging to use for effective and consistent anticipatory guidance to parents. Continuing education should highlight that an assessment of the child's oral development as well as a caries risk assessment is an important part of the initial visit. It is not just about providing a fun "ride in the dental chair." Continuing educational resources, such as online step by step articles and audiovisual presentations on the best techniques to use for a first dental visit, are available (16).

The most frequent reasons for not using the FFV were that there was nothing wrong with the teeth, and therefore no reason to go. Others might have been confused by the FFV tagline "free under three" as they believed there was still time before the age three cutoff. Additional reasons participants did not take their child for a visit included having government dental benefits, child's temperament, and feeling apathetic. These reasons suggest a need to specify why an early visit to the dentist is important as some need a more persuasive rationale for taking their young child to the dentist when they do not perceive a problem. Additionally, our evaluations suggest that the myth of a child's first visit at age three may be leading to negative consequences for some children, as children with delayed first visits often had caries at their first visit (12). It is crucial that parents are given accurate information on the recommended age for their child's first visit because older age at the first visit has been associated with higher risk of caries in young children (8). Beyond informing parents and caregivers about the importance of the first visit, it is also important to reassure them that the dental exam can be completed despite their child's poor temperament and that crying is an age-appropriate response. Further, it is imperative to educate caregivers that there is more to a first dental visit than looking for caries and that even though a child's teeth may look healthy, dental problems involving primary teeth often go unnoticed until they become symptomatic or serious.

Personal interaction, visual presentations, and hands-on learning are suggested ways to deliver key early childhood oral health messages to parents, caregivers, and service providers (17). Parents in this study recommended distribution of FFV program pamphlets in-hospital to reach new parents. Parents placed emphasis for receiving information about the FFV program on the post natal period whereas dentists placed equal emphasis on the pre-natal period (13). Similarly to our focus group with dentists, parents also recommended that pediatricians and family doctors could help promote the age one dental visit (13) as they are strategically positioned to promote dental care for children.

The MDA's campaign was successful in raising public awareness of the FFV program. However, there is still a need to move beyond awareness to empower parents to seek early visits for their children. There is a need to bridge the gap between clinical guidelines and actual practice so that preventive recommendations like early visits become embedded in everyday clinical practice (10).

This study had some limitations. We believe that saturation was achieved on questions where there was a lot of agreement among participants. Results were also qualified where there was some uncertainty of how widely they applied to all participants. It is possible that an additional theme might have emerged had we been able to undertake another focus group. Conducting three focus groups makes it hard to say with absolute confidence that we achieved overall saturation. Given the limited resources and the challenges of engaging low income parents in this type of research, the findings are important. Although small sample size may limit generalizability, citing parents' verbatim comments help convey their perspectives in context and permit readers to assess if conclusions drawn pertain more broadly. As focus groups were based in Winnipeg, we are unsure of views of parents in other regions of Manitoba. However, finances precluded us from traveling to rural communities. The recruiting method used may have attracted parents who were more interested in dental health than a random sample. It is also possible that some learned about the FFV program as a result of information discussed during recruitment. Recruiting through parenting programs seemed successful in drawing a good cross-section of parents with different financial backgrounds, including those from low-income households. Although income information was not collected, the sample included families with no dental benefits, those receiving government assistance, Non-Insured Health Benefits for registered First Nations persons, and those with private dental insurance. Fortunately

there was also representation from parents who had participated in the FFV program as well as those who had not.

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