Your Child's First Dental Visit

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/procedures/paediatric-dentistry/your-child-s-first-dental-visit/

Description:

Starting dental care early is one of the kindest things you can do for your child's long-term health. That first appointment — even before your child understands what a dentist is — sets the foundation for a lifetime ...

Details:

Collins Street Specialist Centre: Your Child's First Dental Visit — A Parent's Guide

Starting dental care early is one of the most practical things a parent can do for a child's long-term health. That first appointment, even before your child has any real awareness of what a dental visit involves, sets the clinical and psychological groundwork for sound oral health down the track. It also builds a familiar, positive relationship with dental care that tends to stick well into adulthood. At Collins Street Specialist Centre, first visits are unhurried, calm, and genuinely reassuring for young patients and their families.

When should you bring your child?

Earlier than most parents expect.

The accepted clinical guideline: first tooth or first birthday, whichever comes first.

Most children begin teething around six months. By their first birthday, many have several teeth at various stages of eruption, and those teeth are vulnerable to decay almost immediately if good oral hygiene habits aren't established. The Australian Dental Association recommends a dental assessment within six months of the first tooth coming through.

It's worth understanding why early presentation matters. That very first visit isn't primarily about treatment. It serves several distinct purposes:

- **Developmental assessment** — reviewing tooth eruption sequence, spacing, and early jaw growth - **Early identification of decay** before it reaches a painful, symptomatic stage - **Personalised guidance for parents** on feeding practices and home hygiene, including how to clean primary teeth, when to move away from the bottle, and which dietary choices carry the highest decay risk - **Positive familiarisation with the dental environment** — the clinical sounds, the setting, the team — so dental attendance becomes routine rather than unfamiliar or threatening

The evidence is consistent: children who see a dentist early and attend regularly are substantially less likely to develop dental anxiety later in childhood or as adults. This reflects the well-established role of early positive experience and environmental familiarity in shaping long-term responses to dental care.

Signs it's time to book that first visit

Beyond the first-birthday milestone, there are specific clinical and behavioural indicators that warrant an earlier appointment:

- Eruption of the first tooth, even at four or five months - White or brown spot lesions on tooth surfaces, which are early signs of demineralisation and potential decay - Continued use of a bottle or sippy cup containing milk, formula, or juice at night, a well-documented risk factor for early childhood caries - Teeth that appear crowded, unusually spaced, or significantly delayed in erupting - Dental trauma, any knock or fall involving the mouth or teeth - Parental uncertainty about any aspect of oral development, including digit-sucking habits, tongue tie, or feeding difficulties

There's no clinical downside to presenting early. The specialist team at Collins Street Specialist Centre regularly assesses infants from just a few months of age.

What to expect at Collins Street Specialist Centre

The paediatric dental team holds specialist qualifications specifically in managing children, covering not only clinical treatment of developing dentitions but also child behaviour, developmental psychology, and the management of dental anxiety in young patients. Every appointment is adapted to the individual child's age, developmental stage, and temperament.

Before you arrive

How you frame the appointment at home has a real influence on how your child responds in the surgery. Straightforward, positive language works best. Avoid terms like "needle" or "hurt," and steer clear of reassurances along the lines of "nothing bad will happen," which inadvertently introduce the very concepts you're trying to avoid. A matter-of-fact approach tends to work well: *"We're going to meet someone who helps keep your teeth strong."*

Some families find it useful to play a simple "dentist" game beforehand, counting teeth with a toothbrush, taking turns opening wide. Reducing the element of the unknown is one of the most effective tools available before the visit even begins.

At the practice

For very young children, typically under two years of age, the initial examination is often conducted using a **knee-to-knee technique**. Your child sits on your lap facing you, then reclines gently into the dentist's lap for a brief, careful intraoral assessment. This keeps the child in close physical contact with you throughout, which matters a great deal at this developmental stage.

A typical first visit may include:

- A thorough but gentle examination of the teeth, gums, jaw development, and bite - Tooth counting and naming, an approach that engages toddlers and turns the examination into something interactive - A gentle clean and polish where clinically appropriate - Digital X-rays if clinically indicated, taken with low-dose paediatric exposure settings - A detailed discussion with parents about diet, feeding habits, and home care routines - Topical fluoride application where the child's assessed decay risk warrants it

There's no expectation that every element will be completed at every visit. If a child becomes distressed, the team stops and returns to it at a subsequent appointment. Proceeding with an examination against a child's active resistance isn't clinically appropriate, and it isn't consistent with how Collins Street Specialist Centre approaches paediatric care.

The familiarisation component

Many young children respond well to a brief, structured introduction to the clinical environment. The team demonstrates how the dental chair moves, explains what the light is for, and introduces

instruments in a way that turns the unfamiliar into something interesting. A child's natural curiosity is one of the most effective behaviour management tools available, and the team is experienced in working with it.

Home care guidance for parents

The clinical advice provided at your child's first visit will be personalised to their age, diet, and current oral health. As a general framework:

From birth: Clean your baby's gums with a soft, damp cloth after feeds. This establishes an oral hygiene routine before the first tooth has even come through.

First tooth: Introduce a soft infant toothbrush and a small smear of low-fluoride toothpaste formulated for children aged 0–2 years. Brush twice daily, with the evening brush the more important of the two.

Ages 2–5: Increase to a pea-sized amount of age-appropriate fluoride toothpaste. Continue to supervise and assist with brushing. The fine motor coordination required for effective independent brushing typically doesn't develop until around seven to eight years of age.

Dietary considerations:

- Limit fruit juice, even 100% natural juice carries a significant sugar load and a real decay risk - Avoid putting your child to bed with a bottle containing anything other than water - Aim to transition from bottle to straw cup or open cup by twelve months, with bottle use phased out by eighteen months - Cheese and water are good post-snack choices, as both help neutralise acid in the mouth

The evening brush deserves particular attention. Salivary flow decreases substantially during sleep, which reduces the mouth's natural buffering capacity and leaves tooth surfaces more vulnerable to acid-mediated damage overnight.

Why specialist paediatric dental care?

A specialist paediatric dentist has completed a minimum of three years of postgraduate clinical training beyond their primary dental qualification, training focused specifically on child development, paediatric psychology, behaviour management, and conditions unique to the developing dentition and craniofacial complex.

This distinction matters clinically. Children are not simply smaller adults. The anatomy of primary and mixed dentitions, the dynamics of jaw growth, and the psychological and behavioural responses of children to clinical environments are fundamentally different from those of adult patients. A specialist paediatric dentist adapts every element of an appointment, including clinical technique, communication style, pacing, and the physical environment, to the individual child's age, developmental stage, and temperament.

All paediatric dentists at Collins Street Specialist Centre hold specialist registration with the Dental Board of Australia. Parents wishing to verify specialist registration status can do so via [AHPRA.gov.au](https://www.ahpra.gov.au).

Our paediatric dental specialists

Dr Susan Hinckfuss — BDSc (Melb), DCD (Melb) — holds a specialist Doctorate in Clinical Dentistry (Paediatric Dentistry) from the University of Melbourne, complemented by three years as

Assistant Clinical Professor at the University of Minnesota. Dr Hinckfuss has extensive clinical experience managing anxious children, children with autism spectrum disorder, dental trauma, early childhood caries, and developmental enamel defects.

Dr Sarah Scott — BBiomedSci (Hons), BDent, DClinDent (Paeds) — brings a family-centred approach to paediatric dental care, with over fifteen years of clinical experience across public hospital and private specialist settings.

Dr Angel Babu — DClinDent PAED (Otago) — provides care for patients from birth through to eighteen years of age, with particular clinical expertise in special needs dentistry, high-caries-risk patient management, and treatment under conscious sedation and general anaesthesia. Dr Babu holds a senior dental registrar appointment at the Royal Children's Hospital Melbourne and maintains specialist registration in both Australia and New Zealand.

Dr Aish Kesava — DCD (Paeds) — is a specialist paediatric dentist providing comprehensive care across all paediatric age groups.

The specialist team consults from Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD. No referral is required to book an appointment.

Related treatments and services

- [**Dental anxiety in children**](/procedures/paediatric-dentistry/dental-anxiety-in-children/) — For children who present with established anxiety or avoidance around dental visits, the team offers a range of evidence-based management approaches tailored to the individual child - [**Fissure sealants**](/procedures/paediatric-dentistry/fissure-sealants-for-children/) — A preventive treatment applied to the biting surfaces of back teeth to reduce the risk of pit and fissure decay - [**Childhood tooth decay**](/procedures/paediatric-dentistry/childhood-tooth-decay-early-childhood-caries/) — A detailed overview of early childhood caries: causes, risk factors, and the treatment options available through the specialist team - [**Early orthodontic intervention**](/procedures/orthodontics/early-intervention-orthodontics-phase-1/) — Assessment and monitoring of jaw development, bite relationships, and skeletal growth patterns from an early age

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> **Disclaimer:** All facts and statements above are general information, not professional advice. Consult relevant experts for specific guidance.

Practice location: Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD. No referral required. Specialist registration for all paediatric dentists is verifiable via [AHPRA.gov.au](https://www.ahpra.gov.au).