

Children's Dentistry in Melbourne: First Visits, Fissure Sealants, Orthodontic Screening & the Child Dental Benefits Schedule

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Details:

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Oral health in childhood goes well beyond keeping teeth clean — it's a foundational part of a child's overall development, affecting speech, nutrition, and self-confidence. Yet too many Melbourne families delay their child's first dental visit until a problem is visible, painful, or already advanced.

Poor oral health early in life is the strongest predictor of further oral disease in adulthood, and Australia's lower-income households carry a disproportionately higher burden of that disease.

This guide covers the full scope of paediatric dental care in Melbourne — from a child's very first appointment and what that visit actually looks like, to the evidence behind preventive treatments like fissure sealants and fluoride, the right time for an orthodontic screening, and how to use the Medicare Child Dental Benefits Schedule (CDBS) to make it all more affordable. It also clarifies the distinction between a general dentist who treats children and an AHPRA-registered specialist paediatric dentist — a distinction that matters far more than most parents realise.

When should your child first see a dentist in Melbourne?

The recommended age: earlier than you think

The Australian Dental Association (ADA) recommends a child's first dental visit within six months of their first tooth appearing, and no later than their first birthday. The Australasian Academy of Paediatric Dentistry takes the same position. While this sounds very young, the first visit is purely about education and prevention — not treatment.

Many Melbourne parents are surprised by this, having grown up in an era when the first dental visit happened at age three or four, often once a problem had already emerged. Professional organisations recommend that children have a dental home by 12 months of age specifically to get prevention started early. One of the reasons for poor dental health among the youngest children is simply that the first visit happens too late.

Why baby teeth matter more than parents often assume

A common misconception is that baby teeth don't matter because they fall out anyway. This misunderstands their role. Healthy baby teeth allow kids to speak clearly and chew food properly. When baby teeth are lost too early, nearby teeth shift into the gap — which can block adult teeth from coming through correctly.

Tooth decay is the most common childhood disease in Australia, and regular check-ups reduce the risk significantly. A child's first tooth can appear as early as six months, and from that point, bacteria, sugars, and feeding habits all affect oral health. By age one, children can already develop cavities — particularly if they drink milk overnight, have prolonged bottle use, or eat a lot of sugary snacks.

What happens at a child's first dental visit?

A child's first dental appointment is gentle, relaxed, and designed to help them feel at ease. Most first visits take 15–30 minutes and involve little to no treatment — it's primarily a prevention-focused, educational experience.

At a typical first visit in a Melbourne dental clinic, the dentist will:

- Examine the teeth, gums, jaw development, and bite
- Check for early signs of decay, enamel defects, or developmental concerns
- Assess habits such as thumb-sucking, pacifier use, or mouth breathing
- Discuss feeding practices, diet, and fluoride exposure with parents
- Demonstrate age-appropriate tooth brushing technique

Even if a child doesn't have many teeth yet, there's still plenty to assess — from subtle enamel defects that may indicate future decay risk, to the gums and soft tissue that can affect feeding and cleaning.

How to prepare your child for their first visit

Attending a first dental visit because of pain or needing an extraction can leave a child with a lasting negative association. The goal is to build a positive experience before any clinical need arises.

Practical preparation tips for Melbourne parents: - Use simple, positive language: "the dentist will count your teeth and check your smile" - Avoid phrases like "it won't hurt" — these can inadvertently prime anxiety - Role-play the visit at home using a mirror and toothbrush - Book the appointment when your child is well-rested and not hungry or overtired - Bring a comfort item — a favourite toy or blanket is entirely appropriate

After the first visit, your dentist will advise how often to bring your child back — usually every 6–12 months.

Fissure sealants: the preventive tool most parents don't know about

What are fissure sealants?

Pit and fissure sealants are plastic materials applied to seal the deep pits and fissures on the biting surfaces of teeth, where decay occurs most often in children and adolescents. Deep pits and fissures trap food debris and bacteria, making them difficult to clean and more prone to cavities. Applying a sealant — a non-invasive preventive approach — prevents decay by forming a protective barrier that reduces food entrapment and bacterial growth.

Sealants are typically applied to the first permanent molars when they erupt (usually around age 6–7), and to the second permanent molars when they emerge (around age 11–13). The procedure is quick, painless, and requires no drilling or anaesthesia.

What does the research say?

The evidence supporting fissure sealants is substantial and comes from multiple high-quality sources:

- Data from 9 randomised controlled trials showed that pit-and-fissure sealants reduce the incidence of occlusal carious lesions in permanent molars by ****76%**** after 2 to 3 years of follow-up (odds ratio 0.24; 95% CI, 0.19–0.30), compared to no sealant. This comes from the joint evidence-based clinical practice

guideline published by the American Dental Association and the American Academy of Pediatric Dentistry ([Wright et al., 2016](<https://pubmed.ncbi.nlm.nih.gov/27485347/>)).

- One study in children found a 37% reduction in caries risk with pit and fissure sealants compared to a control group. Another found that, over a 3-year period, first permanent molars treated with sealants showed a 44% lower risk of developing caries than untreated teeth.

- The Cochrane systematic review by [Ahovuo-Saloranta et al. (2017)](<https://pubmed.ncbi.nlm.nih.gov/28759120/>) found moderate-quality evidence that resin-based sealants reduced caries by between 11% and 51% compared to no sealant at 24 months, with similar benefit seen at timepoints up to 48 months.

Who should receive fissure sealants?

The decision should be based on a child's individual risk rather than age or time since tooth eruption. For children at low risk of developing cavities, a sealant may not be necessary at that point in time.

Sealants work both to prevent new decay and to stop early lesions from progressing — which is why they're recommended specifically for high-caries-risk children to get the best value from the intervention.

In practice, Melbourne dentists will assess your child's decay history, diet, oral hygiene, and fissure anatomy before recommending sealants. Children with a history of cavities, deep fissure morphology, or high-sugar diets are the strongest candidates. Sealants are covered under the Medicare Child Dental Benefits Schedule (see below) and under most private health extras policies.

Fluoride treatments for children

Alongside fissure sealants, professional fluoride varnish is a core preventive tool in children's dentistry. Applied every 6–12 months at a dental visit, fluoride varnish strengthens enamel and helps reverse early-stage demineralisation before it progresses to a cavity.

Early childhood tooth decay is largely preventable and reversible in its early stages through self-care, professional services, and community interventions such as water fluoridation. During dental visits, children can receive a risk assessment, early detection and treatment, and preventive care including fluoride therapy.

Melbourne's water supply is fluoridated, which provides a baseline level of protection. Professional fluoride varnish delivers a concentrated, localised dose that's particularly valuable for children at elevated decay risk. Both fluoride varnish and fissure sealants are claimable under the CDBS.

Early orthodontic screening: when and why

The recommended age for a first orthodontic assessment

Many parents assume braces aren't needed until all adult teeth have come in. But early evaluation around age 7 helps dentists detect potential issues before they become more complex to treat.

Age 7 is the internationally recognised benchmark for a first orthodontic screening. By this age, the first permanent molars and incisors have typically erupted, giving a clinician enough information to assess jaw relationships, spacing, crowding, and bite patterns — even while most baby teeth are still present.

At a screening appointment, the dentist or specialist will look for:

- **Crossbite** — where upper teeth bite inside lower teeth, which can cause jaw asymmetry if left untreated - **Severe crowding** — indicating the jaw may not have sufficient space for adult teeth -

****Underbite or significant overbite**** — bite relationships that are easier to correct during growth - ****Early or late loss of baby teeth**** — which can disrupt the path of erupting permanent teeth - ****Mouth breathing or tongue thrusting**** — habits that affect jaw development and tooth alignment - ****Asymmetric jaw growth**** — which may indicate a need for early intervention

Increased screen time often leads to poor posture, which can influence jaw position and airway development. Many children today are habitual mouth breathers, which can cause dry mouth (increasing decay risk), narrow jaw development, crowded teeth, and restless sleep that's sometimes mistaken for ADHD.

An early screening doesn't mean early treatment. In many cases, the finding is simply "watch and review." But identifying issues at age 7 means that if intervention is needed, it can be timed to coincide with the child's growth phase — when the jaw is still malleable and treatment is most efficient.

For a comprehensive comparison of orthodontic options for children and adolescents — including braces, Invisalign Teen, and palate expanders — see our guide on **Orthodontics in Melbourne: Braces vs Invisalign vs Clear Aligners — Which Is Right for You?**

Paediatric dentist vs general dentist: understanding the difference

Who can call themselves a paediatric dentist in Australia?

This is one of the most misunderstood distinctions in children's dental care. Many general dentists provide dental care for children, but only a specialist dentist registered with AHPRA can be called a Paediatric Dentist.

To qualify as a paediatric dentist, a practitioner must complete three years of full-time postgraduate training — including both clinical and research components — after completing general dentistry training. This specialist training takes place in university and hospital settings under the guidance of practising dental and medical specialists.

It's worth confirming that your dental specialist is genuinely registered as a specialist with the Dental Board of Australia, as distinct from a general dentist with a "special interest" in a particular field. A practitioner's qualifications are easily verified on the [AHPRA website](<https://www.ahpra.gov.au>).

What does a specialist paediatric dentist treat that a general dentist may not?

Clinical scenario	General dentist	Specialist paediatric dentist
Routine check-up and clean	■ Appropriate	■ Appropriate
Fissure sealants and fluoride	■ Appropriate	■ Appropriate
Simple fillings in cooperative children	■ Appropriate	■ Appropriate
Dental anxiety or phobia	Limited — depends on training	■ Specialist behaviour management
Children with autism, ADHD, or complex medical needs	■ May need referral	■ Core training area
Dental treatment under general anaesthesia	■ Refer to specialist	■ Hospital-based expertise
Dental trauma (knocked-out or fractured tooth)	■ Can manage acute phase	■ Long-term management expertise
Complex developmental anomalies	■ Refer to specialist	■ Core training area
Early interceptive orthodontic appliances	■ Varies by practitioner	■ Specialist scope

A paediatric dentist is a fully qualified dentist who has completed additional university training and specialises in caring for children. Paediatric dentists often see children who have additional healthcare needs, are very young or anxious, or have more complex dental needs.

For most healthy children with no significant dental anxiety or complex needs, a general dentist with experience treating children is entirely appropriate. The decision to seek a specialist paediatric dentist is typically driven by complexity — not routine care.

For a broader overview of all six AHPRA-registered dental specialties, see our guide on [*Specialist Dentistry in Melbourne: Periodontists, Endodontists, Prosthodontists, Oral Surgeons & Paediatric Dentists.*](#)

The Medicare Child Dental Benefits Schedule (CDBS): a parent's practical guide

What is the CDBS?

The CDBS was established in 2014 as a national, means-tested program. It provides eligible children aged 0–17 with a capped benefit for basic dental services, accessible at both public and private dental clinics — and at most clinics, treatment is bulk-billed.

How much is covered in 2025–2026?

The benefit cap is indexed annually. Services Australia covers up to \$1,158 AUD per eligible child over 2 calendar years for basic dental services, with the cap indexed on 1 January each year.

Specifically: - Up to \$1,132 AUD per eligible child if 2025 is year one of the 2-calendar-year period - Up to \$1,158 AUD per eligible child if 2026 is year one of the 2-calendar-year period

You can use the full amount in the first year, but this leaves nothing for the second year. Any unused balance carries through to year two — provided your child remains eligible.

Who is eligible?

Your child is eligible for CDBS if they qualify for Medicare, are between 0 and 17 years old for at least one day in the calendar year, and you or they receive an eligible government payment at least once during that calendar year.

Eligible payments include Family Tax Benefit Part A, the Parenting Payment, the Carer Payment, the Age Pension, and several others. Check eligibility via your myGov account or by calling Medicare on 132 011.

What services are covered?

The CDBS covers a broad range of basic dental services, including:

- Examination and check-up - X-rays - Scale and clean (professional cleaning) - Fluoride treatments - Fissure sealants - Fillings - Root canal treatment (anterior teeth) - Extractions

The CDBS does not cover orthodontic treatment, cosmetic dental work, or dental services in a hospital.

The CDBS is an excellent resource for preventive and restorative care, but families seeking orthodontic treatment will need to budget separately or rely on private health insurance. For a detailed breakdown of what private health insurance covers for children's dental care, see our guide on [*Private Health Insurance & Dental in Melbourne: What's Covered, How to Maximise Rebates & Gap-Free Options.*](#)

How to use the CDBS at a Melbourne clinic

1. ****Check eligibility**** via myGov or by calling Medicare on 132 011. You will automatically receive a letter from Medicare confirming your child's eligibility.
2. ****Confirm the clinic participates**** — not every private clinic bulk-bills under the CDBS. Let them know you plan to use it so they can prepare for your visit.
3. ****Check your remaining balance**** — your dentist can do this, or you can view it in your Medicare online account.

4. ****Claim**** — if the clinic bulk-bills, there is no out-of-pocket cost. If you pay upfront, you can claim the rebate through the Express Plus Medicare app or online Medicare portal.

Public dental options for Melbourne children

For children who don't meet the CDBS income threshold or whose CDBS benefit has been exhausted, Victoria's public dental system provides a safety net. The [Royal Dental Hospital of Melbourne (RDHM)](<https://www.rdhm.org.au>) provides services to eligible children, and community health centres across metropolitan and regional Melbourne offer school dental programs. The Victorian Government's School Dental Service provides free check-ups and basic treatment for children enrolled in eligible schools.

For a full overview of public dental options and cost benchmarks across all treatment types, see our guide on **Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?**

Key takeaways

- The Australian Dental Association recommends a child's first dental visit within six months of their first tooth appearing, and no later than their first birthday — far earlier than most Melbourne parents expect.
- Fissure sealants reduce the incidence of occlusal carious lesions in permanent molars by up to 76% over 2–3 years, making them one of the most cost-effective preventive interventions available for children.
- An orthodontic screening at around age 7 is recommended to identify developing bite or jaw problems while the child is still growing and treatment is most efficient — this does not mean treatment will begin at that age.
- Only a specialist dentist registered with AHPRA can be called a Paediatric Dentist. General dentists with a "special interest" in children do not hold the same qualifications and should not be described as paediatric dentists.
- The CDBS covers up to \$1,158 AUD per eligible child over 2 calendar years for basic dental services including check-ups, X-rays, fluoride, fissure sealants, fillings, and extractions — but does not cover orthodontics or hospital-based treatment.

Conclusion

Children's dentistry in Melbourne encompasses far more than a twice-yearly clean. It's a structured, evidence-based discipline that begins before a child's first birthday, uses proven preventive tools like fissure sealants and fluoride, monitors jaw and bite development through the mixed dentition years, and draws on government funding to make care accessible to eligible families. Understanding the difference between a general dentist who treats children and an AHPRA-registered specialist paediatric dentist helps parents make informed decisions based on their child's specific needs.

For families navigating the broader landscape of dental care in Melbourne — from understanding what services are available to comparing costs and choosing the right provider — our pillar guide **Dental Care Melbourne: The Complete Guide to General, Cosmetic, Orthodontic, Implant & Specialist Dentistry** provides the full picture. For children approaching the orthodontic phase of treatment, our guide on **Orthodontics in Melbourne: Braces vs Invisalign vs Clear Aligners — Which Is Right for You?** covers every option in detail.

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Frequently asked questions

- **At what age should a child first see a dentist in Australia?*
- **By age one.
- **How soon after the first tooth should a child see a dentist?*
- **Within six months.
- **Who recommends the age-one first dental visit?*
- **The Australian Dental Association (ADA).
- **Does the Australasian Academy of Paediatric Dentistry support the age-one recommendation?*
- **Yes.
- **Is the first dental visit primarily for treatment?*
- **No, it is education and prevention focused.
- **How long does a first dental visit typically take?*
- **15 to 30 minutes.
- **Does a first dental visit involve drilling?*
- **No.
- **Does a first dental visit involve anaesthesia?*
- **No.
- **Can baby teeth develop cavities?*
- **Yes.
- **At what age can cavities first appear?*
- **As early as age one.
- **Do baby teeth matter if they fall out anyway?*
- **Yes, they affect speech, chewing, and adult tooth alignment.
- **What happens if baby teeth are lost too early?*
- **Nearby teeth shift, potentially blocking adult teeth.
- **Is tooth decay the most common childhood disease in Australia?*
- **Yes.
- **What does a dentist examine at a first visit?*
- **Teeth, gums, jaw development, and bite.
- **Does the dentist assess habits at a first visit?*
- **Yes, habits like thumb-sucking and mouth breathing.
- **Does the dentist discuss diet at a first visit?*
- **Yes.
- **Should parents avoid saying "it won't hurt" before a dental visit?*
- **Yes, it can prime anxiety.
- **How often should children return for dental check-ups after the first visit?*
- **Every 6 to 12 months.

What are fissure sealants? Plastic materials sealing deep pits and fissures on biting surfaces.

Do fissure sealants require drilling? No.

Do fissure sealants require anaesthesia? No.

How much do fissure sealants reduce decay risk in permanent molars? Up to 76% over 2 to 3 years.

What study reported the 76% reduction figure? Wright et al., ADA/AAPD guideline, 2016.

What did the Cochrane review find about resin-based sealants? 11% to 51% caries reduction at 24 months.

When are sealants typically applied to first permanent molars? Around age 6 to 7.

When are sealants typically applied to second permanent molars? Around age 11 to 13.

Should all children receive fissure sealants? No, based on individual caries risk.

Are fissure sealants covered under the CDBS? Yes.

Are fissure sealants covered under private health extras? Yes, under most policies.

What is fluoride varnish used for in children? Strengthens enamel and reverses early demineralisation.

How often is professional fluoride varnish applied? Every 6 to 12 months.

Is Melbourne's water supply fluoridated? Yes.

Is professional fluoride varnish claimable under the CDBS? Yes.

At what age is an orthodontic screening recommended? Around age 7.

Why is age 7 the benchmark for orthodontic screening? First molars and incisors have typically erupted by then.

Does an early orthodontic screening mean treatment will start immediately? No, often the outcome is watch and review.

What does an orthodontic screening check for? Crossbite, crowding, underbite, overbite, and jaw asymmetry.

Can mouth breathing affect jaw development? Yes.

Can mouth breathing increase decay risk? Yes, by causing dry mouth.

What is the CDBS? Medicare Child Dental Benefits Schedule.

When was the CDBS established? 2014.

What age range does the CDBS cover? Children aged 0 to 17 years.

What is the CDBS benefit cap for 2026 as year one? Up to \$1,158 AUD over 2 calendar years.

What is the CDBS benefit cap if 2025 is year one? Up to \$1,132 AUD over 2 calendar years.

How often is the CDBS cap indexed? Annually on 1 January.

Can the full CDBS amount be used in year one? Yes.

Does using the full CDBS amount in year one leave funds for year two? No.

**Does the CDBS cover orthodontic treatment? No.

**Does the CDBS cover cosmetic dental work? No.

**Does the CDBS cover hospital-based dental services? No.

**Does the CDBS cover check-ups and X-rays? Yes.

**Does the CDBS cover scale and clean? Yes.

**Does the CDBS cover fillings? Yes.

**Does the CDBS cover extractions? Yes.

**Does the CDBS cover root canal treatment? Yes, for anterior teeth only.

**Does the CDBS cover fluoride treatments? Yes.

**Is CDBS means-tested? Yes.

**What payment makes a child eligible for CDBS? Family Tax Benefit Part A, among others.

**How can parents check CDBS eligibility? Via myGov or by calling Medicare on 132 011.

**How can parents check remaining CDBS balance? Through Medicare online account or ask the dentist.

**Can CDBS be used at private dental clinics? Yes.

**Do all private clinics bulk-bill under the CDBS? No, confirm with the clinic first.

**Is there an out-of-pocket cost when a clinic bulk-bills CDBS? No.

**Can parents claim CDBS rebates if they pay upfront? Yes, via the Express Plus Medicare app.

**Can a general dentist legally be called a paediatric dentist in Australia? No.

**Who can be called a paediatric dentist in Australia? Only AHPRA-registered specialist dentists.

**How many years of postgraduate training does a specialist paediatric dentist complete? Three years full-time.

**Where can parents verify a dentist's specialist registration? On the AHPRA website.

**Is a general dentist with a "special interest" in children the same as a specialist paediatric dentist? No.

**Are complex medical needs like autism best managed by a specialist paediatric dentist? Yes.

**Can general dentists perform fissure sealants and fluoride? Yes.

**Who has expertise in dental treatment under general anaesthesia for children? Specialist paediatric dentists.

**Does poor oral health in childhood predict adult oral disease? Yes, it is the strongest predictor.

**Which demographic carries a disproportionate burden of poor oral health in Australia? Lower-income households.

**What free dental service exists for Victorian school children? The Victorian Government's School Dental Service.

**Where can Melbourne children access public dental care? Royal Dental Hospital of Melbourne and community health centres.

