

Children's Dentist in Caroline Springs: Paediatric Dental Care at Core Dental

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Details:

Frequently Asked Questions

At what age should a child have their first dental visit: By 12 months old

How soon after the first tooth should a child see a dentist: Within 6 months of first tooth erupting

Who recommends the 12-month first dental visit guideline: The Australian Dental Association (ADA)

Does the Australasian Academy of Pediatric Dentistry support early first visits: Yes, by first birthday or within 6 months of first tooth

At what age do most Australian children actually first visit a dentist: Most commonly after 7 years old

Is waiting until age 7 for a first dental visit too late: Yes, according to medical recommendations

What is the most common chronic childhood condition in Australia: Dental caries

What percentage of Australian preschool children experience caries: Almost half

What is the caries prevalence among Australian children aged 5–10: Over 40%

Do baby teeth matter even though they fall out: Yes, they serve critical developmental functions

How do baby teeth affect speech: They help children form sounds correctly

What happens to speech if baby teeth are lost too early: It can affect articulation during language acquisition

Do baby teeth affect nutrition: Yes, they allow children to eat a varied, nutritious diet

What role do baby teeth play in jaw development: They hold space for permanent teeth

What can early baby tooth loss cause: Crowding and misalignment of permanent teeth

Can early baby tooth loss require orthodontic treatment later: Yes

Does early tooth decay affect a child's confidence: Yes, it can cause social self-consciousness

What is Early Childhood Caries (ECC): Tooth decay in children under 6 years old

Does ECC progress faster than adult decay: Yes, it progresses more rapidly in baby teeth

What are the main preventable causes of ECC: Frequent sugar exposure and nighttime bottle feeding

What is the goal of a child's first dental visit at Core Dental Group: To build trust, not carry out extensive treatment

What examination technique is used for very young children: Knee-to-knee examination

Who sits facing each other in a knee-to-knee examination: The dentist and the parent

What does the dentist check during a toddler's first oral health assessment: Early decay, enamel defects, gum health, and eruption patterns

Is parent education included in the first dental visit: Yes

What topics are covered in parent education at the first visit: Brushing, fluoride toothpaste, diet, and bottle/dummy habits

Is fluoride varnish applied at the first visit: Yes, where clinically appropriate

What is the global prevalence of dental fear in children aged 2–6: 30%

What percentage of Australian children experience dental fear and anxiety: About 10%

What percentage of Australian adults experience dental fear and anxiety: About 16%

Do children without dental visit experience have higher dental anxiety: Yes

Is early dental attendance itself an anxiety-prevention strategy: Yes

What technique does Core Dental Group use to reduce child anxiety: Tell-Show-Do technique

What does the Tell-Show-Do technique involve: Explaining, demonstrating, then performing the action

Are parents present during children's dental appointments at Core Dental: Yes

Does parental presence reduce child dental anxiety: Yes, research consistently shows this

What type of language does Core Dental Group use with children: Child-friendly, fear-avoiding vocabulary

What word is used instead of "injection": Tickle

What word is used instead of "examination": Counting your teeth

Are distraction techniques used during children's treatment: Yes

What distraction tools are used: Age-appropriate entertainment and ceiling-mounted screens

Is positive reinforcement used with child patients: Yes, including praise and stickers

When should the first dental visit occur for babies: By 12 months or within 6 months of first tooth

What toothbrush should be used when the first tooth erupts: A gentle baby toothbrush

How much toothpaste should be used for a baby's first tooth: About a grain of rice

What type of toothpaste is recommended for babies: Low-fluoride toothpaste

How often should preschool children (3–5 years) have dental check-ups: Every six months

What preventive treatment is considered as molars erupt in preschoolers: Fissure sealants

What dietary factor is the primary driver of early childhood caries: Frequency of sugar exposure

Does the total amount of sugar matter more than frequency: No, frequency matters more

When are fissure sealants applied to permanent first molars: Around age 6

When are fissure sealants applied to permanent second molars: Around age 12

When does orthodontic screening begin at Core Dental Group: Around age 7

What do fissure sealants protect against: Decay in the deep grooves of back teeth

What are fissure sealants: Thin protective coatings on biting surfaces of back teeth

What does fluoride varnish do: Increases enamel resistance to acid attack

Who benefits most from fluoride varnish: Children assessed as high caries risk

Are custom mouthguards available for children at Core Dental Group: Yes

Are custom mouthguards better than over-the-counter alternatives: Yes, they offer far superior protection

What is the Medicare Child Dental Benefits Schedule (CDBS): Government-funded dental assistance for eligible children

What is the CDBS benefit cap: \$1,158 AUD

Over what period is the CDBS cap applied: Two consecutive calendar years

What is the minimum age for CDBS eligibility: 0 years old

What is the maximum age for CDBS eligibility: 17 years old

Does the child need to qualify for Medicare to access CDBS: Yes

Does the CDBS cover orthodontic treatment: No

Does the CDBS cover cosmetic dental work: No

Does the CDBS cover dental services in hospital: No

Does the CDBS cover check-ups and cleans: Yes

Does the CDBS cover fissure sealants: Yes

Does the CDBS cover fillings: Yes

Does the CDBS cover X-rays: Yes

Does the CDBS cover extractions: Yes

Is Core Dental Group Caroline Springs a registered CDBS provider: Yes

Can Core Dental Group check CDBS eligibility at booking: Yes

Should parents show positive attitudes before dental visits: Yes

Should parents use the dentist as a threat: No

Should parents say "be brave" before a dental visit: No, it implies there is something to fear

Does parental dental anxiety affect children: Yes, children can pick up on it

Does reading dental-themed books help prepare children: Yes

Should dental appointments be scheduled when children are tired: No

Should children arrive early to explore the waiting area: Yes, a few minutes early

Does Core Dental Group offer multilingual paediatric care: Yes

What languages are spoken at Core Dental Group Caroline Springs: Arabic, Bengali, Farsi, and English

Do children from non-English-speaking households have higher ECC risk: Yes

Does multilingual dental care reduce patient anxiety: Yes, meaningfully reduces anxiety

When should wisdom tooth monitoring begin: During the teenage years (13–17)

Should teenagers in contact sports wear mouthguards: Yes

What type of mouthguard is recommended for teen athletes: Custom-made mouthguard

What lifestyle factors are discussed with teenagers: Soft drink, energy drinks, and vaping

Is continuity of care provided from infancy through teenage years at Core Dental Group: Yes

Core Dental Group children's dentist in Caroline Springs: paediatric dental care at Core Dental

For parents in Caroline Springs and Melbourne's western growth corridor, choosing the right dental home for their children is one of the most consequential health decisions they'll make — not just for their child's teeth, but for the relationship that child will carry with dentistry for the rest of their life. The evidence is clear: children who build positive dental experiences early have better long-term oral health outcomes. Yet many families hold off on that first visit until a problem is already visible, painful, or well advanced.

At Core Dental Group's Caroline Springs practice, paediatric dental care is built around a straightforward idea: every child deserves to feel safe, understood, and at ease in the dental chair. This guide covers everything Caroline Springs parents need to know — from the evidence-based timing of a child's first dental visit, to how Core Dental Group's team manages anxiety, applies preventive treatments, and supports children through every stage of development from toddlerhood through to the teenage years.

When should my child first see a dentist? The evidence-based answer

This is the question parents ask most often — and the answer from Australia's leading dental authorities is straightforward.

The Australian Dental Association (ADA) recommends that a child's first dental visit should occur 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: first birthday, or within six months of that first tooth.

In practice, though, most Australian families wait much longer. A 2022 study published in the **International Journal of Clinical Paediatric Dentistry** found that children report for their primary dental visit most commonly after 7 years of age, and for complaints like caries and tooth pain — making their first dental visit too late in reference to medical recommendations of between 6 and 12 months of life.

This gap between recommendation and reality has real consequences. Dental caries is the most common chronic childhood condition in Australia, with almost half of all Australian preschool children experiencing caries. National child oral health surveys put caries experience at over 40% among children aged 5–10 with primary teeth.

The message for Caroline Springs parents is clear: don't wait for a problem to show up. Bringing your child to Core Dental Group within their first year of life — or as soon as possible after that — is the most effective preventive step you can take.

Why baby teeth matter more than most parents realise

A common myth in parenting culture is that baby teeth don't really matter because they'll "fall out anyway." This misunderstanding leads to delayed care and preventable problems.

Primary (baby) teeth serve genuinely important functions:

- **Speech development:** Baby teeth help children form sounds correctly. Early tooth loss can affect articulation during key language acquisition years. - **Nutrition and chewing:** Healthy primary teeth allow children to eat a varied, nutritious diet. Tooth pain or early loss restricts food choices and can affect growth. - **Space maintenance:** Baby teeth hold space in the jaw for permanent teeth. Early loss without intervention can lead to crowding and misalignment, potentially requiring orthodontic treatment down the track (see our guide on [\[Orthodontist in Caroline Springs: Invisalign, Braces & Teeth Straightening at Core Dental\]](https://www.coredental.com.au/orthodontist-caroline-springs)(<https://www.coredental.com.au/orthodontist-caroline-springs>)). - **Confidence and social development:** Children with visible decay or missing front teeth often experience social self-consciousness and reduced confidence.

Even when a young child doesn't have many teeth yet, there's still plenty worth checking — subtle enamel defects that may signal future decay risk, gum and tissue health that can affect feeding and cleaning, and eruption patterns worth tracking early.

Early childhood caries (ECC) — tooth decay in children under 6 — is one of the most common chronic childhood conditions in Australia. It progresses more rapidly in baby teeth and can require significant treatment if left untreated. The main preventable causes are frequent exposure to sugar and nighttime bottle feeding.

What happens at a child's first dental visit at Core Dental Group Caroline Springs?

Core Dental Group's approach to first dental visits is deliberately gradual, gentle, and family-centred. The goal of the first appointment is not to carry out extensive treatment — it's to build trust.

What a toddler's first visit typically includes

1. **A warm welcome and familiarisation** — The child is introduced to the clinic environment, the chair, the light, and the team at their own pace.
2. **"knee-to-knee" examination** — For very young children, the dentist and parent sit facing each other with the child lying across both laps. This partnership sends the message to the child that dental care is important.
3. **Oral health assessment** — The dentist checks for early signs of decay, enamel defects, gum health, and eruption patterns.
4. **Parent education** — Guidance on brushing technique, fluoride toothpaste use, diet, and bottle/dummy habits.
5. **Fluoride varnish application** — Where clinically appropriate, a fast-setting fluoride varnish may be applied to protect newly erupted teeth.

Building a "dental home" early helps your child feel comfortable and develop a trusting relationship with their dental team. The dentist will also talk with you about your child's general health and development, diet, behaviours, and oral hygiene — it's as much a conversation as an examination.

Managing dental anxiety in children: Core Dental Group's child-friendly approach

Dental anxiety in children is not a minor inconvenience — it's a clinically significant barrier to care with real consequences for long-term oral health. A 2024 systematic review and meta-analysis published in *ScienceDirect* estimated the pooled prevalence of dental fear and anxiety among 2- to 6-year-old children globally at 30% (95% CI = 25, 36%).

In Australia, dental fear and anxiety affects about 16% of adults and 10% of children. Importantly, children without dental visit experience had higher odds of experiencing dental fear and anxiety compared to those with dental visit experience. This means that simply bringing a child to the dentist early — before pain or an emergency drives the visit — is itself an anxiety-prevention strategy.

Dental anxiety contributes to irregular attendance and avoidance of care, which compounds into poorer oral health over time. The earlier the cycle is interrupted, the better.

How Core Dental Group Caroline Springs reduces dental anxiety in children

Core Dental Group's child-friendly environment and team approach are designed to interrupt the cycle of fear before it becomes entrenched:

- **Tell-Show-Do technique:** The dentist explains what they're about to do, demonstrates it (often on a model or the child's finger), then performs the action — giving the child predictability and a sense of control.
- **Child-paced appointments:** No child is rushed. If a child needs time to adjust, the appointment adapts accordingly.
- **Positive reinforcement:** Praise, stickers, and small rewards help associate dental visits with positive outcomes.
- **Distraction techniques:** Age-appropriate entertainment, ceiling-mounted screens, or conversation during treatment helps redirect attention.
- **Parental involvement:** Parents remain present and involved, which research consistently shows reduces child anxiety.
- **Gentle language:** The Core Dental Group team uses child-friendly vocabulary that avoids fear-triggering words — "tickle" instead of "injection," "counting your teeth" instead of "examination."

For children with more significant anxiety, Core Dental Group's broader sedation and anxiety management capabilities are available (see our guide on [*\[Dental Anxiety in Caroline Springs: How Core Dental Creates a Comfortable Experience\]\(https://www.coredental.com.au/dental-anxiety-caroline-springs\)*](https://www.coredental.com.au/dental-anxiety-caroline-springs)). Treatment approaches range from non-pharmacological behavioural strategies for children with mild anxiety through to more intensive options for children with severe dental fear and phobia.

Age-by-age guide: paediatric dental care at Core Dental Group

Core Dental Group provides continuity of care across every stage of childhood. Here's what to expect at each developmental stage:

Babies and toddlers (0–3 years) - First dental visit by 12 months or within 6 months of first tooth - Guidance on teething, bottle use, and dummy habits - Assessment for early childhood caries risk - When the first tooth erupts, begin using a gentle baby toothbrush and a small amount of low-fluoride toothpaste — about a grain of rice

Preschool children (3–5 years) - Six-monthly check-ups established as routine - Fissure sealants considered as molars erupt - Fluoride varnish applications for high-risk children - Dietary counselling targeting sugar frequency, which is the primary driver of early childhood caries

Primary school age (6–12 years) - Mixed dentition monitoring — tracking the transition from baby to adult teeth - Fissure sealants on permanent first molars (erupting around age 6) - Orthodontic screening: early evaluation around age 7 helps dentists detect potential alignment and bite issues before they become complex - Mouthguard fitting for children playing contact sports - Oral hygiene instruction upgraded as children develop independent brushing capability

Teenagers (13–17 years) - Monitoring for wisdom tooth development - Orthodontic review if not already commenced - Teen athletes should wear a properly fitted mouthguard, ideally custom-made, especially once permanent teeth are fully developed and any dental injury becomes a longer-term concern - Dietary and lifestyle counselling covering soft drink consumption, energy drinks, and vaping - Cosmetic concerns addressed (see our guide on [*\[Cosmetic Dentist in Caroline Springs: Teeth Whitening, Veneers & Smile Makeovers\]\(https://www.coredental.com.au/cosmetic-dentist-caroline-springs\)*](https://www.coredental.com.au/cosmetic-dentist-caroline-springs))

Preventive treatments for children at Core Dental Group Caroline Springs

Preventive dentistry is at the heart of Core Dental Group's paediatric offering. The goal is to catch problems before they require restorative treatment.

Fissure sealants Fissure sealants are thin protective coatings applied to the biting surfaces of back teeth, where deep grooves are most prone to decay. They're among the most well-supported preventive interventions in paediatric dentistry. Sealants are typically applied to permanent first molars around age 6 and second molars around age 12.

Fluoride varnish Professional fluoride varnish is applied directly to tooth surfaces at regular intervals. It significantly increases enamel resistance to acid attack and is particularly valuable for children assessed as high caries risk.

Dietary counselling The Core Dental Group team provides practical, family-centred advice on reducing decay-causing dietary patterns — specifically the frequency of sugar exposure, which matters more than the total amount of sugar consumed.

Custom mouthguards For children and teenagers in contact sports, custom-fitted mouthguards offer far superior protection compared to over-the-counter alternatives. Core Dental Group fabricates sport mouthguards in-clinic.

Medicare CDBS: making children's dental care affordable at Core Dental Group

Many Caroline Springs families are eligible for government-subsidised dental care through the Medicare Child Dental Benefits Schedule (CDBS) — but awareness of the scheme remains lower than it should be among primary caregivers.

The CDBS provides eligible children with financial assistance capped at \$1,158 AUD for basic dental services over two consecutive calendar years. Your child is eligible if they qualify for Medicare, are between 0 and 17 years old for at least one day in the calendar year, and either you or they receive an eligible payment at least once during that calendar year.

The CDBS doesn't cover orthodontic or cosmetic dental work, or dental services provided in hospital. It does cover check-ups, cleans, X-rays, fissure sealants, fillings, and extractions — the full suite of preventive and general dental care that forms the backbone of paediatric dentistry at Core Dental Group.

Core Dental Group's Caroline Springs practice is a registered CDBS provider. The team can check your child's eligibility at the time of booking and help you make the most of your benefit allocation across the two-year period. For a full breakdown of payment options, health fund rebates, and how to maximise your CDBS entitlement, see our guide on [*\[Health Fund & Payment Options at Core Dental Caroline Springs: Making Dental Care Affordable\]\(https://www.coredental.com.au/payment-options-caroline-springs\)*](https://www.coredental.com.au/payment-options-caroline-springs).

Preparing your child for their dental visit: evidence-based tips for parents

How parents frame the dental visit has a measurable impact on child anxiety. The ADA's evidence-based guidance for parents includes:

- Keep a positive attitude about going to the dentist. Avoid negative or scary stories. Don't use the dentist as a threat.
- Even if you're nervous about going to the dentist yourself, try not to show it — children pick up on it quickly. And don't tell your child to "be brave," which signals there's something to fear in the first place.
- Read dental-themed picture books together before the appointment.
- Play

dentist at home, taking turns as the patient and dentist. Practise counting your child's teeth. - Arrive a few minutes early so the child can explore the waiting area calmly. - Avoid scheduling appointments when the child is tired or hungry.

Serving Caroline Springs' diverse families: multilingual paediatric care

Caroline Springs is one of Melbourne's most culturally diverse suburbs, and Core Dental Group's multilingual team is well placed to serve families from a wide range of backgrounds. Being able to communicate with children and parents in their home language — whether Arabic, Bengali, Farsi, or English — meaningfully reduces anxiety and leads to better clinical outcomes.

Research from Victoria confirms that children from households where languages other than English are spoken had significantly reduced time to first carious lesion and higher hazard ratios for early childhood caries compared to reference groups — which shows just how important culturally accessible dental care is for Melbourne's western communities. Core Dental Group's multilingual capability directly addresses this disparity. For more on this, see our guide on [*\[Oral Health for Melbourne's Multicultural Western Communities: Core Dental's Culturally Inclusive Approach\]\(https://www.coredental.com.au/multicultural-oral-health-melbourne\)*](https://www.coredental.com.au/multicultural-oral-health-melbourne).

Key takeaways

- ****Start early.**** The Australian Dental Association recommends a child's first dental visit by 12 months or within 6 months of the first tooth erupting — most Australian children attend far too late. - ****Baby teeth matter.**** Early childhood caries affects nearly half of Australian preschool children and can have lasting consequences for speech, nutrition, jaw development, and permanent tooth alignment. - ****Anxiety is common but preventable.**** Around 30% of children aged 2–6 globally experience dental fear and anxiety; early, positive dental experiences are the most effective prevention. - ****Preventive treatments work.**** Fissure sealants, fluoride varnish, and dietary counselling — all available at Core Dental Group — are evidence-based interventions that significantly reduce decay risk. - ****The CDBS can cover most paediatric dental costs.**** Eligible children can access up to \$1,158 AUD in Medicare-subsidised dental services over two consecutive years — Core Dental Group is a registered CDBS provider.

Conclusion

Children's dentistry at Core Dental Group's Caroline Springs practice is about more than treating small teeth. It's about building lifelong oral health habits, preventing avoidable disease, and making sure every child in Melbourne's west grows up with a genuinely positive relationship with dental care. From a baby's first tooth to a teenager's final check-up before adulthood, Core Dental Group's team provides developmentally appropriate, anxiety-sensitive, and culturally inclusive paediatric care at every stage.

For Caroline Springs parents, the most important step is the first one: booking that initial visit before a problem develops. Core Dental Group's child-friendly team is ready to make it a great experience.

****Related reading in this series:**** - [*\[General Dentistry at Core Dental Caroline Springs: Check-Ups, Cleans, Fillings & Preventive Care\]\(https://www.coredental.com.au/general-dentistry-caroline-springs\)*](https://www.coredental.com.au/general-dentistry-caroline-springs) - [*\[Dental Anxiety in Caroline Springs: How Core Dental Creates a Comfortable Experience\]\(https://www.coredental.com.au/dental-anxiety-caroline-springs\)*](https://www.coredental.com.au/dental-anxiety-caroline-springs) - [*\[Health Fund & Payment Options at Core Dental Caroline Springs: Making Dental Care Affordable\]\(https://www.coredental.com.au/payment-options-caroline-springs\)*](https://www.coredental.com.au/payment-options-caroline-springs) - [*\[Orthodontist in Caroline Springs: Invisalign, Braces & Teeth Straightening at Core](https://www.coredental.com.au/orthodontist-caroline-springs)

Dental](<https://www.coredental.com.au/orthodontist-caroline-springs>)* - *[Oral Health for Melbourne's Multicultural Western Communities: Core Dental's Culturally Inclusive Approach](<https://www.coredental.com.au/multicultural-oral-health-melbourne>)*

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Label facts summary

> **Disclaimer:** All facts and statements below are general information sourced from the content provided, not professional or medical advice. Consult a qualified dental professional for guidance specific to your child's oral health needs.

Verified label facts

Regulatory / government program specifications (Medicare CDBS): - CDBS benefit cap: \$1,158 AUD - CDBS benefit period: Two consecutive calendar years - Eligible age range: 0–17 years old (for

at least one day in the calendar year) - Medicare eligibility required: Yes - CDBS covers: Check-ups, cleans, X-rays, fissure sealants, fillings, extractions - CDBS does not cover: Orthodontic treatment, cosmetic dental work, dental services provided in hospital - Core Dental Group Caroline Springs: Registered CDBS provider

****Clinical guidelines (sourced from named authorities):**** - Australian Dental Association (ADA) recommended age for first dental visit: By 12 months, or within 6 months of first tooth erupting - Australasian Academy of Paediatric Dentistry recommended age: By first birthday or within 6 months of first tooth erupting - Recommended toothpaste quantity for babies: Approximately a grain of rice - Recommended toothpaste type for babies: Low-fluoride toothpaste - Recommended toothbrush for first tooth: Gentle baby toothbrush - Fissure sealant application timing — permanent first molars: Around age 6 - Fissure sealant application timing — permanent second molars: Around age 12 - Orthodontic screening commencement age at Core Dental Group: Around age 7

****Epidemiological data (cited from named published sources):**** - Most common age of first dental visit among Australian children: Most commonly after 7 years old (source: *International Journal of Clinical Paediatric Dentistry*, 2022) - Caries prevalence among Australian children aged 5–10 with primary teeth: Over 40% - Proportion of Australian preschool children experiencing caries: Almost half - Global prevalence of dental fear and anxiety in children aged 2–6: 30% (95% CI = 25, 36%) (source: *ScienceDirect / Journal of Dentistry*, 2024) - Dental fear and anxiety prevalence in Australian children: Approximately 10% - Dental fear and anxiety prevalence in Australian adults: Approximately 16%

****Practice-specific factual details (Core Dental Group Caroline Springs):**** - Languages spoken: Arabic, Bengali, Farsi, English - Examination technique used for very young children: Knee-to-knee examination - Anxiety reduction technique used: Tell-Show-Do technique - Distraction tools used: Age-appropriate entertainment and ceiling-mounted screens - Check-up frequency for preschool children (3–5 years): Every six months

General product claims

- Early dental visits build positive lifelong relationships with dental care - Baby teeth serve critical functions for speech, nutrition, jaw development, and confidence - Early tooth loss can affect articulation during language acquisition - Early tooth loss can lead to crowding and misalignment of permanent teeth, potentially requiring orthodontic treatment - Early childhood caries (ECC) progresses more rapidly in baby teeth than adult decay - The primary preventable causes of ECC are frequent sugar exposure and nighttime bottle feeding - Frequency of sugar exposure matters more than total sugar quantity in driving caries risk - Simply attending the dentist early is itself an anxiety-prevention strategy - Parental presence during appointments reduces child dental anxiety - Child-friendly vocabulary (e.g., "tickle" instead of "injection") reduces fear responses - Custom mouthguards offer far superior protection compared to over-the-counter alternatives - Multilingual dental care meaningfully reduces patient anxiety - Children from non-English-speaking households have higher ECC risk - Using the dentist as a threat or saying "be brave" negatively affects child dental anxiety - Parental dental anxiety can transfer to children - The goal of Core Dental Group's first visit is to build trust, not carry out extensive treatment - Awareness of the CDBS among primary caregivers is low - Fluoride varnish significantly increases enamel resistance to acid attack - Fissure sealants are among the most well-supported preventive interventions in paediatric dentistry