

INTRODUCTION

- The Papoose Board® is a proven method for managing dental anxiety in children, including those with special health care needs (SHCN).
- Parents are more accepting of protective stabilization when well-informed about it as an alternative to general anesthesia.
- Parents of children with SHCN show higher acceptance of the Papoose Board® compared to parents of neurotypical children.
- There is limited research on the factors influencing caregiver attitudes and acceptance of the Papoose Board®.



PURPOSE

This study aims to evaluate the awareness, acceptance, and attitudes of parents toward the use of the Papoose Board, likely considered to be the most aversive technique in behavior guidance in managing dental anxiety, with a focus on differences between parents of children with special health care needs (SHCN) and those of neurotypical children. The study will also categorize the results based on the parent’s demographics.

METHODOLOGY

DATA COLLECTION:

Surveys were completed by parents/caregivers of pediatric patients in MSC and KIDS clinic after being presented photos displaying the use of papoose board. A total of 89 surveys were completed, 44 were of patients with SHCN and 45 were of neurotypical patients.

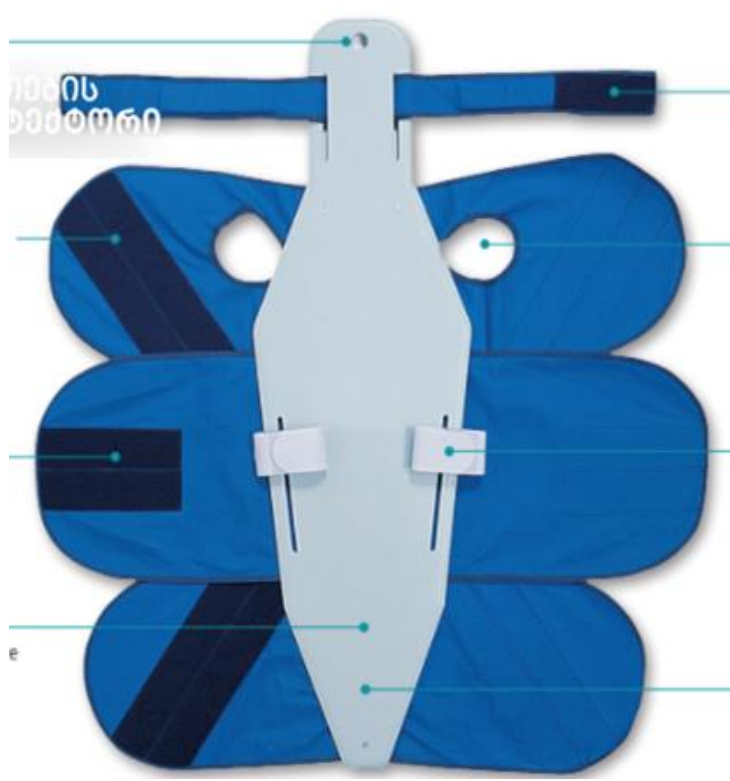
DATA ANALYSIS:

Descriptive statistics were calculated for all variables including:

- Caregiver and patient demographics
- Awareness and acceptance of the use of the papoose board
- Caregiver and patient history of papoose use

Chi square tests were conducted to make comparisons between awareness and acceptance among parents (neurotypical versus SHCN).

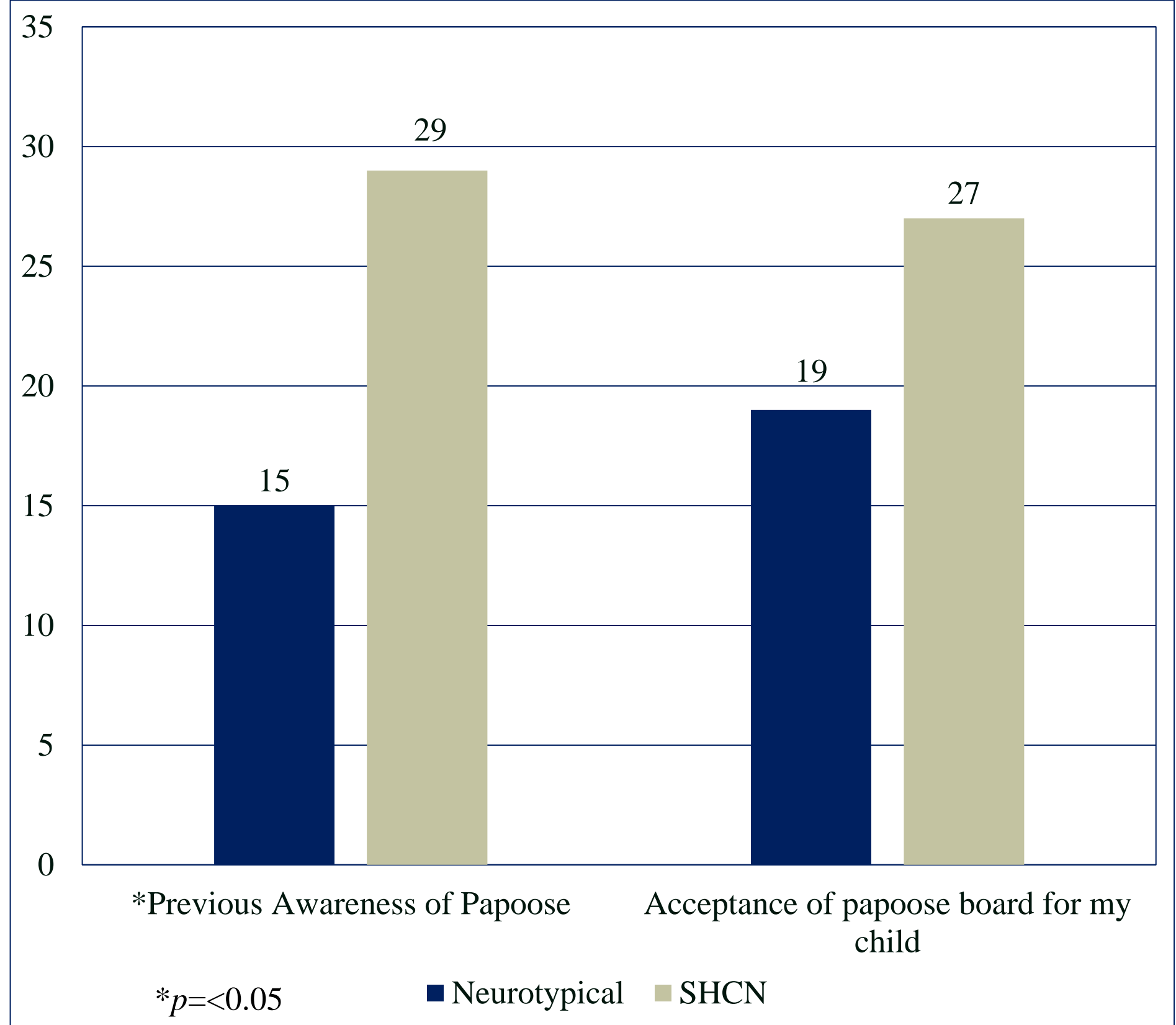
To examine the relationship between caregiver demographics, patient type, history of papoose use and awareness and acceptance of the use of the papoose board, a bivariate logistic regression was conducted. A p-value of <0.05 was used as the level of significance.



RESULTS

Caregiver Demographics (N=89)	N	%
Gender		
Male	20	22.5%
Female	68	76.4%
Other	1	1.1%
Education		
GED	4	4.5%
High School	28	31.5%
College	38	42.7%
Graduate school	19	21.3%
Income		
Less than \$48,000	36	40.4%
\$48,000 - \$154,000	30	33.7%
Greater than \$154,000	4	4.5%
Race		
White	39	43.8%
Black	35	39.3%
Mixed	10	11.2%
Other	5	5.6%
Ethnicity		
Hispanic	24	27.0%
Non-Hispanic	65	73.0%
Currently Employed		
Yes	64	71.9%
No	25	28.1%
Child has SHCN		
Yes	44	49.4%
No	45	50.6%
Number of Children: Mean=2.45, SD=1.30		

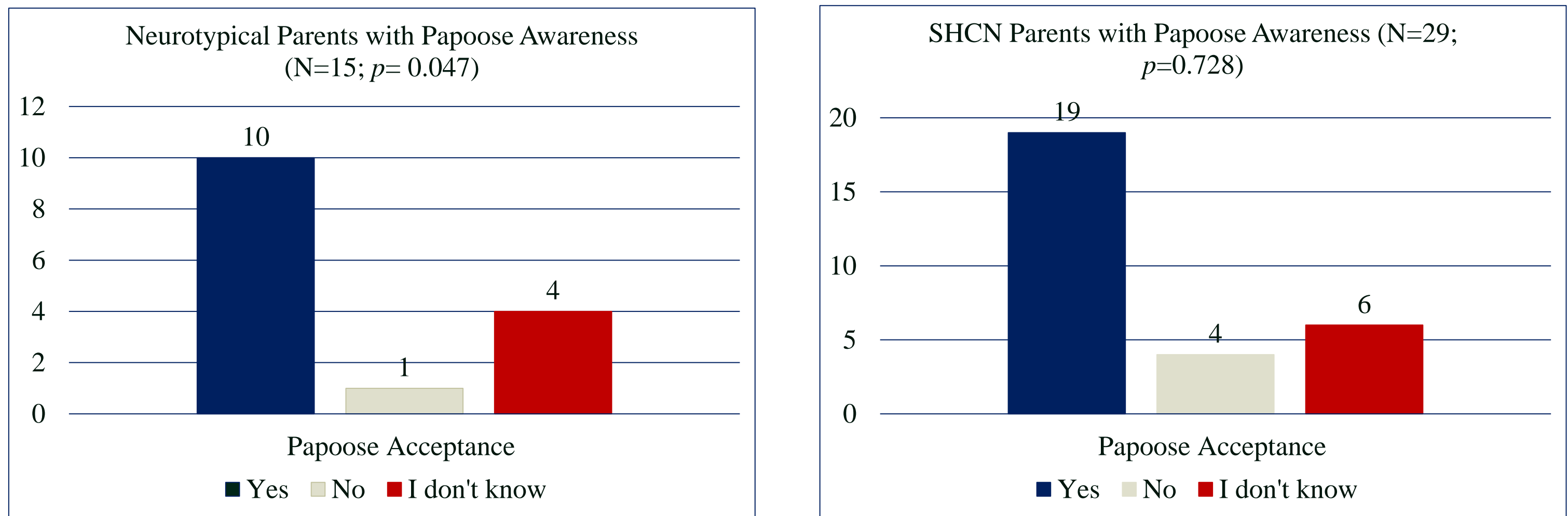
Chi Square Comparison:
Awareness and Acceptance by Parent Type



Papoose Awareness and Acceptance	N	%
Rate your level of agreement related to understanding the purpose of using the papoose board in the dental clinic.		
Strongly Agree	20	22.5%
Agree	55	61.8%
Disagree	12	13.5%
Strongly disagree	2	2.2%
Based on the papoose information provided, rate how much do you agree or disagree that the papoose is an effective method.		
Strongly Agree	19	23.1%
Agree	57	64.0%
Disagree	10	11.2%
Strongly disagree	3	3.4%
Would you accept the use of a papoose board on you children?		
Yes	46	51.7%
No	17	19.1%
I don't know	26	29.2%
Has your child been in a papoose board before?		
Yes	18	20.2%
No	64	71.9%
I don't know	7	7.9%
Level of agreement with: A Papoose Board is an effective device when used for patient management during a dental procedure.		
Strongly Agree	19	21.3%
Agree	55	61.8%
Disagree	13	14.6%
Strongly disagree	2	2.2%
Rate level of agreement that your child would be comfortable if he/she were placed in a Papoose Board for dental treatment.		
Strongly Agree	7	7.9%
Agree	41	46.1%
Disagree	35	39.3%
Strongly disagree	6	6.7%
Would you recommend the use of the Papoose board to other parents?		
Yes	65	73.0%
No	24	27.0%
Rate level of agreement that being in a Papoose board as a child would change your opinion about the use of the papoose board for your child.		
Strongly believe	10	11.2%
Believe	31	42.7%
Do not believe	38	34.8%
Strongly believe	10	11.2%

RESULTS

Chi Square Comparison: Acceptance



Bivariate Logistic Regression Results Predicting Papoose Acceptance

Variable	Odds ratio	95% CI	P value
Child with SHCN	2.17	0.93, 5.07	0.073
Previous papoose knowledge	3.18	1.34, 7.58	0.009
Had previous knowledge related to why papoose boards are used during dental appointments	5.91	2.36, 14.75	<0.001

CONCLUSIONS

Chi square tests revealed a statistically significant difference between previous awareness of papoose: more parents of children with SHCN were previously aware of the papoose (29 versus 15). There was not a statistically significant difference in acceptance.

The Chi-square test of neurotypical parents yielded a statistically significant association between previous awareness and acceptance of the papoose $p=0.047$.

The Chi-square test among parents of patients with SHCN did not yield a statistically significant association between previous awareness and acceptance of the papoose $p=0.728$.

Logistic regression analysis did not identify any significant associations between papoose awareness or acceptance based on parent demographics (data not shown).

Logistic regression analysis identified significant associations between papoose acceptance and papoose knowledge. Specifically, parents reporting previous papoose knowledge had significantly higher odds of reporting papoose acceptance ($p=0.009$). Those parents reporting previous knowledge related to why papoose boards are used during dental appointments were also significantly more likely to report papoose acceptance ($p=<0.001$).

REFERENCES



ACKNOWLEDGEMENTS

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