

Table 1. Specific average of modified dmft per observation time

Specific average	Non-cavital lesions	Cavital lesions	Teeth indicated for extraction	Filled teeth	dmft
1st visit/oral examination n=11	2.45	0.64	0	0	3.09
2nd visit/oral examination n=14	1.64	1.21	0	0.29	3.14
3rd visit/oral examination n=16	1.65	0.35	0	0.24	2.24

Source: by the authors

Table 2. Distribution of children according to risk of cavities and examination time

	% Children High Caries risk	% Children Moderate Caries risk	% Children Low Caries risk
First visit n=63	49.2	36.5	14.3
Second visit n=55	14.5	30.9	54.6
Third visit n=54	5.6	31.4	63.0

Source: by the authors

Table 3. Categorical matrix

Categories (preset)	Subcategories (emerging)	Quotes by participants
Oral care knowledge and practices	Overcoming the imaginaries on the relationship of gestation with the deterioration of oral health associated with various factors, including lack of calcium	“It’s about working with that mom, telling her no, you weren’t decalcified, it’s your body that is changing, and you have to increase your hygiene so that you can preserve your teeth”. E1
	Starting oral care practices since gestation, continuing them in a differential way according to the stage of the child’s growth and development process	“And when you are pregnant, they have to check your teeth because that is where many diseases start”. “When the baby is born, his gums are cleaned, we use a soft toothbrush when he has teeth, and the elements used at each stage are different”. U6
	Incorporation of fond accompaniment strategies during care practices. Overcoming the strategies traditionally used with children, such as imposition and punishment	“Because it was a fight with my boy for him to brush, but now with all the concepts and with a more loving way of doing things, as we were taught, it has been something very different”. E5
Knowledge and practices about oral health rights	Permanence of conflicting knowledge regarding children’s oral health rights.	“That children have the right to be checked since birth”. U1 “But the oral health of a child begins at the age of two”. U8
	Lack of up-to-date knowledge about rights by professionals and educational agents.	
	Inadequate forms of rights claiming persist, associated with denial of dental care service	“Once I brought my girl to the ER and they didn’t want to take care of her, I insisted and they had to take care of her, one has to claim one’s rights in any possible way”. U4
Oral health-general health connections	Relationship of oral health with the body and the environment	“Usually when they talk about oral health the first thing that comes to mind is one’s mouth, but as we already know, it’s not just the mouth, but the whole body, that is, the whole environment that surrounds you has to do with oral health”. E11
Aspects that limited the implementation of learning	Presence of precarious living conditions	“In our homes there is often no money to even even buy food, not to mention dental floss” E2
Aspects that favored the incorporation and implementation of learning	Assessment of the pedagogical elements and teaching tools used	“Some aids they gave us, like the puppet, have been invaluable, not only to work oral health, but for any topic”.

Source: by the authors