Importance of Perinatal Oral Health

June 24, 2020
Community of Care Network of Kansas

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Worcester, MA

Family Medicine and Community Health
Disclosures

• I have no financial disclosures.
• I will be using some slides from: Smiles for Life (blue background)
Who am I

Family Medicine and Community Health
Agenda

• Why addressing perinatal oral health (POH) matters

• The role for medical-dental integration in POH

• What each of us can do to better address POH and improve overall wellness of mom and baby

• National and local POH resources for providers and patients
Why are we really here?

• We can do better
• Let’s take a minute to pause in the middle of COVID 19 and an upsurge of reflection on racial injustice
• What have you seen?
• What have you experienced yourself?
### Kansas PRAMS 2018

#### Table 18. Proportion of mothers who had a dental cleaning during pregnancy

<table>
<thead>
<tr>
<th>Question 21</th>
<th>Unweighted n</th>
<th>Weighted n</th>
<th>Weighted %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received teeth cleaning during most recent pregnancy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>517</td>
<td>18287</td>
<td>53.5</td>
<td>49.4 - 57.6</td>
</tr>
<tr>
<td>Yes</td>
<td>456</td>
<td>15890</td>
<td>46.5</td>
<td>42.4 - 50.6</td>
</tr>
</tbody>
</table>

#### Table 6. Type of health care visit prior to pregnancy

<table>
<thead>
<tr>
<th>Type of visit:</th>
<th>Unweighted n</th>
<th>Weighted n</th>
<th>Weighted %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% yes, all that apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit to have teeth cleaned</td>
<td>433</td>
<td>15063</td>
<td>64.3</td>
<td>59.5 - 68.9</td>
</tr>
<tr>
<td>Regular checkup at family doctor’s office</td>
<td>328</td>
<td>10953</td>
<td>46.6</td>
<td>41.8 - 51.5</td>
</tr>
</tbody>
</table>
# Dental care in KS

## Health Plan Highlights for 2020

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value-added services.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Provider Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Aetna Better Health of Kansas</td>
<td>1-855-221-5656 (TTY 711)</td>
</tr>
<tr>
<td>Sunflower Health Plan</td>
<td>Sunflower health plan</td>
<td>1-877-644-4623 (TTY 711)</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>UnitedHealthcare Community Plan</td>
<td>1-877-542-9238 (TTY 711)</td>
</tr>
</tbody>
</table>

**Aetna Better Health of Kansas**

Members 21 yrs. and older receive $500 per year for dental services. It can be used for things like dental exams/cleanings twice each year, annual bitewing X-rays, fillings and fluoride treatments.

**Sunflower Health Plan**

Two dental visits (cleanings, screenings) for adults 21 and older every year. Children are covered for most dental services under regular Medicaid benefits.

**UnitedHealthcare Community Plan**

Any member age 21 and over can visit a participating dental provider to get screenings, X-rays, cleanings and filing restorations (silver or white tooth colored). This includes scaling and polishing teeth. Members have a maximum benefit of $500 per calendar year for covered services. Dentures are covered for eligible Frail and Elderly waiver members at no cost. One full set every 5 years.
"For young children of black and Hispanic mothers, dental care use is higher when their mothers have a regular source of dental care"
Figure 4. Prevalence of Pain and Treatment Urgency Among Massachusetts’ Children and Adolescents

This is why it matters

Parent reported child currently having pain in teeth or mouth

In need of urgent care

Source: Table 2

Kindergarten  | 3rd Grade  | 6th Grade
--- | --- | ---
4% | 5% | 1%

0% | 2% | 4% | 6%
### Dental Health Effects on School Performance and Psychosocial Well-Being Combined by Age*

<table>
<thead>
<tr>
<th>Outcome Variable</th>
<th>Any dental problem</th>
<th></th>
<th>Dental health rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>OR or IE [CI] or (SE)</td>
<td>N</td>
<td>OR or IE [CI] or (SE)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School performance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss school days</td>
<td>41,655</td>
<td>1.42*** [1.23–1.64]</td>
<td>0.92 [0.78–1.07]</td>
<td>1.13 [0.84–1.51]</td>
</tr>
<tr>
<td>Number of missed school days</td>
<td>41,618</td>
<td>0.63*** (0.15)</td>
<td>0.43** (0.17)</td>
<td>0.42 (0.32)</td>
</tr>
<tr>
<td>Problem in school</td>
<td>40,764</td>
<td>1.52*** [1.31–1.80]</td>
<td>1.32*** [1.03–1.69]</td>
<td></td>
</tr>
<tr>
<td>Homework completion</td>
<td>41,894</td>
<td>0.78*** [0.67–0.91]</td>
<td>0.87 [0.68–1.12]</td>
<td></td>
</tr>
<tr>
<td><strong>Psychosocial well-being</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shyness</td>
<td>41,946</td>
<td>1.34*** [1.16–1.62]</td>
<td>1.54*** [1.22–1.94]</td>
<td></td>
</tr>
<tr>
<td>Worthlessness</td>
<td>41,800</td>
<td>1.39*** [1.27–1.57]</td>
<td>1.46*** [1.14–1.87]</td>
<td></td>
</tr>
<tr>
<td>Unhappiness</td>
<td>41,953</td>
<td>1.31*** [1.17–1.50]</td>
<td>1.59*** [1.26–2.00]</td>
<td></td>
</tr>
<tr>
<td>Friendliness</td>
<td>41,988</td>
<td>0.80*** [0.68–0.96]</td>
<td>0.84 [0.65–1.08]</td>
<td></td>
</tr>
</tbody>
</table>

The effects are obtained from the regressions that adjust for all covariates reported in Table II.

*** p-value < 0.01,
** p-value < 0.05,
* p-value < 0.1.

This is why it matters
Why Does Perinatal Oral Health Have to be Integrated?
Why should dental address medical issues?

![Graph showing the number of people seeing the Dentist and the Physician by Age Group.](source: Medical Expenditure Panel Survey, AHRQ, 2011.)
Addressing Oral Health Saves $ and Makes One Healthier!

**Treating Gum Disease Means Lower Annual Medical Costs**

- **Diabetes**
  - Cost: $2,840 (40.2%)
  - Savings: $5,681 (40.9%)

- **Heart Disease**
  - Cost: $1,090 (10.7%)
  - Savings: $2,433 (73.7%)

- **Pregnancy**
  - Cost: $5,681 (40.9%)

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

**Source:** Jeffcoat, M., et. al., Periodontal Therapy Improves Outcomes in Systemic Conditions,

**Treating Gum Disease Reduces Hospital Admissions**

- **Diabetes**
  - Reduction: 39.4%

- **Stroke**
  - Reduction: 21.2%

- **Heart Disease**
  - Reduction: 28.6%

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received dental treatment for their gum disease, after accounting for the effect of diabetes.

*Significant trend, p < 0.05*
Insurance barriers

- Confusion about what is covered and how to enroll
- Insufficient medical-dental coordination of care or referral
- Disruption of access to dental care after their coverage expires
- Limited window of coverage
- Finding a participating Medicaid dentist who will treat pregnant women

No existing coverage or source of care

Produced for the Children’s Dental Health Project. For more info, visit cdhp.org

Family Medicine and Community Health
The state of prenatal oral health in education and practice

- 62% of OB-Gyn residency programs provide no prenatal oral health education
- 45% of Dental School Deans cite lack of prenatal patients as a barrier

“Insanity: doing the same thing over and over again and expecting different results.”

Albert Einstein
Oral Health Care During Pregnancy: A National Consensus Statement

COMMITTEE OPINION

Oral Health Care During Pregnancy and Through the Lifespan

ABSTRACT
Oral health is an important component of general health and should be maintained during pregnancy and throughout a woman’s lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders. In 2007–2008, 29% of U.S. women reported that they did not have a dental visit within the past year and 57% of women did not visit a dentist during pregnancy. Access to dental care is especially critical in underserved local communities. Even women who access prenatal care may not receive dental care. Oral hygiene during the peripartum period may increase the amount of co-resident oral bacteria transmitted to the infant during common parenting behaviors, such as sharing utensils. Although some studies have shown a possible association between periodontal infection and preterm birth, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy. Nonetheless, these studies did not raise any concern about the safety of dental services during pregnancy. To promote general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

The 2000 Surgeon General’s report Oral Health in America, stated that “oral diseases and disabilities are among the most common and burdensome problems of the population” (5). The World Health Organization’s Global Oral Health Programme emphasizes the interrelation between oral and general health as a determinant factor for quality of life (6). To prevent tooth decay, oral infections, and tooth loss, the American Dental Association recommends semiannual dental examinations and cleanings as well as daily brushing and flossing (7). The American Dental Association also affirms the importance of oral health care during pregnancy (8).

General Health
Oral health disorders, such as periodontal disease, are associated with many disease processes, including cardiovascular diseases, diabetes, and dementia. In addition, some oral health disorders, including periodontal disease, as well as consequences of oral health care, and the potential for oral health care, is related to the overall health of the mother and the baby. The benefits of maintaining good oral health throughout pregnancy include:

1. Reduced risk of preterm birth
2. Reduced risk of low birth weight
3. Reduced risk of infections during pregnancy
4. Reduced risk of complications during labor and delivery
5. Improved quality of life for the mother and baby

MASSACHUSETTS
ORAL HEALTH PRACTICE GUIDELINES
FOR PREGNANCY AND EARLY CHILDHOOD
MARCH 2015

Family Medicine and Community Health

University of Massachusetts Medical School
Oral Health Care During Pregnancy and Through the Lifespan

ABSTRACT: Oral health is an important component of general health and should be maintained during pregnancy and through a woman’s lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders. In 2007–2009, 35% of U.S. women reported that they did not have a dental visit within the past year and 56% of women did not visit a dentist during pregnancy. Access to dental care is directly related to income level; the poorest women are least likely to have received dental care. Optimal maternal oral hygiene during the perinatal period may decrease the amount of caries-producing oral bacteria transmitted to the infant during common parenting behavior, such as sharing spoons. Although some studies have shown a possible association between periodontal infection and preterm birth, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy. Nonetheless, these studies did not raise any concern about the safety of dental services during pregnancy. To potentiate general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

Oral health care is not only safe but RECOMMENDED
<table>
<thead>
<tr>
<th><strong>PREGNANCY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety screening</td>
</tr>
<tr>
<td>Bacteriuria screening</td>
</tr>
<tr>
<td>Breastfeeding counseling, services &amp; supplies</td>
</tr>
<tr>
<td>Contraceptive counseling &amp; methods</td>
</tr>
<tr>
<td>Depression screening Perinatal Depression Screening</td>
</tr>
<tr>
<td>Folic acid supplementation</td>
</tr>
<tr>
<td>Gestational diabetes screening</td>
</tr>
<tr>
<td>Gonorrhea &amp; chlamydia screening</td>
</tr>
<tr>
<td>Hepatitis B screening</td>
</tr>
<tr>
<td>HIV testing (each pregnancy)</td>
</tr>
<tr>
<td>Interpersonal violence screening</td>
</tr>
</tbody>
</table>

*No oral health!*
What can you do specifically to help your patients?
Dental Examinations for Pregnant Women and Women of Child-Bearing Age; ADA Adopted 2014

Resolved, that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.

Dental Treatment During Pregnancy; ADA Adopted 2014

Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.
The ethics of dental treatment during pregnancy

Thomas Raimann, DDS

I am working in a program to promote dental care for pregnant women. We are having a problem with some dentists refusing to see pregnant women until after they give birth. Is this ethical?

Your question raises an ethical dilemma. Presumably, the dentists’ refusal is based on a concern about the health of the mother and child. The dentists also may be concerned about liability if something happens to the pregnancy or the fetus.

Let us look at the facts. We then can discuss how the American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code) might apply.

A patient seeks care, whether for emergency, preventive, or restorative treatment. The dentist refuses treatment solely because the patient is pregnant. The dentist is of the opinion that rendering dental treatment may affect the health of the pregnant woman or fetus, which may result in legal liability. The dentist is misinformed about the guidelines for the treatment of pregnant women and may be placing concerns about liability above the needs of the patient.

In 2008, Michalowicz and colleagues published a study in which they concluded that essential dental treatment provided during “13 to 21 weeks” gestation was not associated with an increased risk of experiencing serious medical adverse events, premature (< 37 weeks’ gestation) deliveries, spontaneous abortions or stillbirths, or fetal anomalies.

In 2012, the Oral Health Care During Pregnancy Expert Workgroup released a consensus statement about oral health care during pregnancy. This consensus statement clearly said that dental treatment during pregnancy is not only safe but also key to overall health and well-being. In a 2013 JADA article, the authors clearly stated that use of local anesthetic for dental work is safe. Therefore, women should be seen during pregnancy for their health and the health of the fetus.

We can use the ADA Code to guide us in situations like this one. The first principle to apply in this case is Section 1, Patient Autonomy (“self-governance”), specifically LA, Patient Involvement: “The dentist should inform the patient of the proposed treatment … in a manner that allows the patient to become involved in treatment decisions.” In this case, the dentist is not even engaging with the patient to find out what her needs are. There is an ethical lapse here because of the dentist’s unilateral decision making.

Principle 2, Nonmaleficence (“do no harm”), is the next to apply. This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current.

There could be harm done to the patient by refusing to see or treat her while she is pregnant. As stated, oral health care during pregnancy is not only safe but also good for the patient and fetus.

At the same time, oral health is key to overall health and well-being. Preventive, diagnostic, and restorative treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. In addition to providing pregnant women with oral health care, educating them about preventing and treating dental caries is critical, both for women’s own oral health and the future health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers.

The dentist refusing treatment is not keeping up with current information and thus, arguably, is not keeping his or her skills current.

The dentist refusing to see or treat a pregnant woman because of concerns about harm to the fetus during pregnancy is not being truthful with her if he or she asserts that the reason for not treating her is because of potential harm to the fetus. As seen earlier, the scientific evidence does not support that the fetus is at risk.
Oral Health Care During Pregnancy: A National Consensus Statement

Committee Opinion

Oral Health Care During Pregnancy and Through the Lifespan

ABSTRACT: Oral health is an important component of general health and should be maintained during pregnancy and throughout a woman’s lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders. In 2007–2009, 25% of U.S. women reported that they did not have a dental visit within the past year and 56% of women did not visit a dentist during pregnancy. Access to dental care is directly related to income level; the poorest women are least likely to have received dental care. Optimal maternal oral hygiene during this perinatal period may decrease the amount of caries-producing oral bacteria transmitted to the infant during common parenting behavior, such as sharing spoons. Although some studies have shown a possible association between periodontal infection and prematurity, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy. Nonetheless, these studies did not raise any concern about the safety of dental services during pregnancy. To potentiate general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

The 2000 Surgeon General’s report Oral Health in America, stated that a “silent epidemic of oral diseases is affecting our most vulnerable citizens,” including the poor and many members of racial and ethnic, minority groups (1). Oral health, which includes health of the gums, teeth, and jawbone, is a “mirror for general health and well-being” (1). The World Health Organization’s Global Oral Health Programme emphasizes this interrelation and notes that oral health is a determining factor for quality of life (2). To prevent tooth decay, oral infections, and tooth loss, the American Dental Association recommends semiannual dental examinations and cleanings as well as daily brushing and flossing (3). The American Dental Association also affirms the importance of oral health care during pregnancy (4).

General Health

Oral health concerns, such as periodontitis, are associated with many disease processes, including cardiovascular disease, diabetes, Alzheimer disease, respiratory infections, as well as osteoporosis of the oral cavity. These are all significant diseases that affect women across the lifespan (5–14). The prevention and treatment of these disorders are essential for general well-being.

The efficacy of endoclinic prophylaxis among patients who undergo dental procedures has been controversial based on published studies. However, the American Heart Association recommends prophylaxis for dental procedures is reasonable only for patients with heart conditions that place them at the highest risk for adverse outcomes from endocarditis (15). Patients with these conditions, prophylaxis is reasonable for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa (16).

It is important for patients to discuss screening for oral cancer with their dentists. Although the U.S. Preventive Services Task Force concludes that there is insufficient evidence to recommend for or against routine screening for oral cancer, approximately 35,000
Perinatal and Infant Oral Health Care

Latest Revision
2019

Purpose
The American Academy of Pediatric Dentistry (AAPD) recognizes that perinatal and infant oral health are the foun-
dations upon which preventive education and dental care must be built to enhance the opportunity for a child to have a lifetime free from preventable oral disease. Recognizing that dentists, physicians, allied health professionals, and community organizations must be involved as partners to achieve this goal, the AAPD proposes guidelines for perinatal and infant oral health care, including: risk assessment, anticipatory guidance, preventive strategies, and therapeutic interventions, to be followed by the stakeholders in pediatric oral health.

Method
Recommendations on perinatal and infant oral health care were developed by the Infant Oral Health Subcommit-
ttee of the Clinical Affairs Committee and adopted in 1998. The Guidelines on Perinatal Oral Health Care was originally devel-
oped by the Infant Oral Health Subcommittee of the Council on Clinical Affairs and adopted in 2000. This document is a merger and an update of the previous version, revised by the Council on Clinical Affairs in 2014 and 2014 respectively.

ECC and the more severe forms of D begin soon after tooth eruption, developing primary teeth, progressing rapidly, and have a profound impact on the dentition. The condition is most prevalent in young children, affecting 1 in 5 children by the age of one. Early diagnosis and treatment are critical to prevent further tooth decay and maintain healthy oral health.

Background
Dental caries occur when bacteria in the mouth convert sucrose and other simple sugars into acids. These acids can dissolve the mineral content of tooth enamel, leading to the formation of cavities. Preventive measures, such as regular dental checkups, fluoride treatment, and good oral hygiene habits, can help reduce the risk of developing tooth decay.

ECC (Early Childhood Caries) is a type of tooth decay that can occur at any age, but is particularly common in young children. ECC can result in severe tooth damage, infections, and pain, which can interfere with a child’s ability to eat, sleep, and participate in normal activities. ECC can be prevented and managed with proper oral care and educational programs.

Other docs

Best Practice Approaches
for State and Community Oral Health Programs

A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

Adopted: October 2012
Updated: September 2019

Best Practice Approach: Perinatal Oral Health

I. Executive Summary (page 1)
II. Description (page 3)
III. Guidelines and Recommendations from Authoritative Sources (page 9)
IV. Research Evidence (page 13)
V. Best Practice Criteria (page 15)
VI. State Practice Examples (page 17)
VII. Acknowledgments (page 21)
VIII. References (page 22)
IX. Perinatal Oral Health Logic Model (page 26)

Best Practice Approach: Perinatal Oral Health

I. Executive Summary

Background
Receiving oral health care is important and safe throughout pregnancy. It is an essential component of maternal healthcare and helps to ensure a healthy pregnancy outcome.

Receiving oral health care during pregnancy is important because:

- Oral health can affect maternal health and outcomes of pregnancy
- Oral health can affect the health of the baby
- Oral health can affect the mother's ability to breastfeed

Recommendations

- Women should receive comprehensive oral health care during pregnancy
- Women should receive dental care from a dentist during pregnancy

ECC and the more severe forms of D begin soon after tooth eruption, developing primary teeth, progressing rapidly, and have a profound impact on the dentition. The consequences of ECC, even in its early stages, can lead to serious health problems, including:

- Infections
- Tooth decay
- Pain
- Difficulty eating
- Sleep problems
- Delayed growth and development
- Increased risk of tooth loss
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- AAPD (American Academy of Pediatric Dentistry)
- ACOG (American College of Obstetricians and Gynecologists)
- CDC (Centers for Disease Control and Prevention)

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PIOHQI Grants

MCHB-Funded Projects

Perinatal and Infant Oral Health Quality Improvement Initiative

To reduce the prevalence of oral disease in pregnant women and infants at high risk for oral disease through improved access to and utilization of high-quality oral health care, the Health Resources and Services Administration’s Maternal and Child Health Bureau funded the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) initiative from 2013 through 2019.

The Maternal and Child Health Bureau–Funded Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Initiative 2013–2019: Final Report describes the significance of oral health care throughout pregnancy and infancy, provides an overview of the PIOHQI initiative, details the project’s strategies to improve perinatal and infant oral health, and highlights efforts to support the PIOHQI projects.

The PIOHQI projects worked toward:

- Increasing pregnant women's utilization of preventive oral health care.
- Increasing the percentage of children who have dental homes by age 1.
- Reducing the prevalence of oral disease in pregnant women and infants, ultimately reducing dental caries throughout early childhood.
- Reducing oral health care expenditures.

The initiative’s ultimate aim was to enable sustainable integration of oral health care into primary care, resulting in improved overall health and well-being among pregnant women and infants. The PIOHQI initiative funded 16 projects. Three pilot projects—Connecticut, New York, and West Virginia—were funded through 2018, and 13 expansion projects—Arizona, California, Colorado, Maine, Maryland, Massachusetts, Minnesota, New Mexico, Rhode Island, South Carolina, Texas, Virginia, and Wisconsin—were funded through 2019.
Let’s Review What we Know

OB Care Reminder: Trimesters

• Traditional 3 trimesters
• 1st trimester: through 13wks
• 2nd trimester: 14 through 27wks
• 3rd trimester: 28wks through 40+wks
• 4th trimester: through 12wks postpartum
The Maternal-Child Linkage

Caries is a transmissible disease!

- Mothers are the main source of passing streptococci mutans, the bacteria responsible for causing caries, to their infants
- Transmission occurs via saliva contact such as tasting food
- If mom’s bacterial level is high, transmission is more likely
- If colonization is delayed (>age2), child may have fewer caries
- Caregivers with caries also often pass on bad habits (high sugar intake, poor oral hygiene)
- Fathers can pass on bacteria, but this is less common

So the message is: BRUSH FOR TWO!
Postpartum Xylitol

• Günay et al., 1998: 100% of children in the intervention group remained *S. mutans* free by the age of 3 vs 38.5%
• mothers in the intervention group also w/ significant improvement in plaque index
• Nakai et al., 2010: significantly more children in xylitol group *S. mutans* free at 9, 12, & 24 mos.
• children’s *S. mutans* acquisition age in the xylitol chewing group was 8.8 months later than that of the control group (mean age 20.8 vs. 12.0 mos).

Mechanisms for Preterm Birth

**PERIODONTAL INFECTION**
A reservoir of gram negative anaerobes

**HOST RESPONSE**
Elevated levels of chemical mediators (PG, IL, TNF)

**PREMATURE LABOR**
Mediators of parturation (PG, IL, TNF) that consequently may induce low birth weight preterm babies

Direct effect of toxins

• 15 RCTs (7161 participants)
• “It is not clear if periodontal treatment during pregnancy has an impact on preterm birth (low-quality evidence). There is low-quality evidence that periodontal treatment may reduce low birth weight (< 2500 g), however, our confidence in the effect estimate is limited. There is insufficient evidence to determine which periodontal treatment is better in preventing adverse obstetric outcomes. Future research should aim to report periodontal outcomes alongside obstetric outcomes.”

**NO CONCERNS RAISED ABOUT SAFETY OF DENTAL CARE IN PREGNANCY**
Updates in Prenatal Dental Care

Safety

- Dental x-rays safe throughout pregnancy
- Dental pain medications are generally safe
- Most dental antibiotics safe during pregnancy
- Cleanings, extractions, restorations (filings), deep root scaling = safe
Dental Radiographs

Risks
- Radiation exposure to the fetus from dental x-rays is so low that it cannot be measured by conventional techniques.

Procedures
- X-ray only as necessary to make diagnosis.
- Proper radiographic techniques can minimize radiation exposure:
  - Utilize lead apron shielding
  - Avoid retakes when possible
  - Use a long cone to focus radiation only on mouth
  - Newer digital X-rays (80% less radiation)
Dental X–Rays, Teeth Cleanings = Safe During Pregnancy

Ob–Gyns Recommend Routine Oral Health Assessments at First Prenatal Visit

July 26, 2013

Washington, DC -- Teeth cleanings and dental X–rays are safe for pregnant women, according to new recommendations issued by The American College of Obstetricians and Gynecologists (The College). Ob–gyns are now being advised to perform routine oral health assessments at the first prenatal visit and encourage their patients to see a dentist during pregnancy.

"These new recommendations address the questions and concerns that many ob–gyns, dentists, and our patients have about whether it is safe to have dental work during pregnancy," said Diana Cheng, MD, vice chair of The College’s Committee on Health Care for Underserved Women, which issued the guidelines. According to The College, oral health problems are associated with other diseases, including heart disease, diabetes, and respiratory infections. "We want ob–gyns to routinely counsel all of their patients, including pregnant women, about the importance of oral health to their overall health," said Dr. Cheng.
<table>
<thead>
<tr>
<th>Number of bananas</th>
<th>Equivalent exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000,000</td>
<td>Fatal dose (death within 2 weeks)</td>
</tr>
<tr>
<td>20,000,000</td>
<td>Typical targeted dose used in radiotherapy (one session)</td>
</tr>
<tr>
<td>70,000</td>
<td>Chest CT scan</td>
</tr>
<tr>
<td>20,000</td>
<td>Mammogram (single exposure)</td>
</tr>
<tr>
<td>200 - 1000</td>
<td>Chest X-ray</td>
</tr>
<tr>
<td>700</td>
<td>Living in a stone, brick or concrete building for one year</td>
</tr>
<tr>
<td>400</td>
<td>Flight from London to New York</td>
</tr>
<tr>
<td>100</td>
<td>Average daily background dose</td>
</tr>
<tr>
<td>50</td>
<td>Dental X-ray</td>
</tr>
<tr>
<td>1 - 100</td>
<td>Yearly dose from living near a nuclear power station</td>
</tr>
</tbody>
</table>

Source: [www.ppe.gla.ac.uk](http://www.ppe.gla.ac.uk), Radiation Safety Resources. Thanks to Lisa Simon DMD, MD for slide.
<table>
<thead>
<tr>
<th>Medications</th>
<th>Acceptable</th>
<th>Use Caution</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibiotics</strong></td>
<td>Amoxicillin</td>
<td>Antibiotics</td>
<td>Ciprofloxacin</td>
</tr>
<tr>
<td></td>
<td>Cephalosporins</td>
<td>Sulfas (Avoid 1st and 3rd trimesters)</td>
<td>Clarithromycin</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td></td>
<td>Levofloxacin</td>
</tr>
<tr>
<td></td>
<td>Metronidazole</td>
<td></td>
<td>Moxifloxacin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td></td>
<td>Tetracycline</td>
</tr>
<tr>
<td><strong>Analgesics</strong></td>
<td>Acetaminophen</td>
<td>Analgesics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Codeine*</td>
<td>Avoid 1st and 3rd trimesters. Limit use to 48 to 72 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hydrocodone*</td>
<td>Aspirin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morphine*</td>
<td>Ibuprofen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxycodone*</td>
<td>Naproxen</td>
<td></td>
</tr>
<tr>
<td><strong>Anesthetics</strong></td>
<td>Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine, mepivacaine)</td>
<td>Anesthetics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limit use. Ideally consult with prenatal care provider prior to use.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nitrous oxide – 30% Intravenous sedation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>General anesthesia</td>
<td></td>
</tr>
</tbody>
</table>

*Use caution with opioids (including codeine, hydrocodone, morphine and oxycodone) in 3rd trimester due to risk for dependency by fetus.
Pregnancy outcome after in utero exposure to local anesthetics as part of dental treatment

A prospective comparative cohort study

Aharon Hagai, DMD; Orna Diav-Citrin, MD; Svetlana Shechtman, PhD; Asher Ormoy, MD

ABSTRACT

Background. Dental treatment and use of local anesthetics during pregnancy generally are considered harmless because of lack of evidence of adverse pregnancy effects. Data on the safety of dental treatment and local anesthetics during pregnancy are scant. Dental care is often a reason for concern both among women and their health care providers. The primary objective of this study was to evaluate the rate of major anomalies after exposure to local anesthetics as part of dental care during pregnancy.

Methods. The authors performed a prospective, comparative observational study at the Israeli Teratology Information Services between 1999 and 2005.

Results. The authors followed 210 pregnancies exposed to dental local anesthetics (112 [53%] in the first trimester) and compared them with 794 pregnancies not exposed to teratogens. The rate of major anomalies was not significantly different between the groups (4.8% versus 3.3%, P = .300). There was no difference in the rate of miscarriages, gestational age at delivery, or birth weight. The most common types of dental treatment were endodontic treatment (43%), tooth extraction (31%), and tooth restoration (21%). Most women (63%) were not exposed to additional medications. Approximately one-half (51%) of the women were not exposed to dental radiography, and 44% were exposed to radiation, mostly bite-wing radiography.

Conclusions. This study’s results suggest that use of dental local anesthetics, as well as dental treatment during pregnancy, do not represent a major teratogenic risk.
Preventive Agents

Fluoride
- Large studies demonstrate safe use in pregnancy
- Inhibits bacteria growth and strengthens enamel
- Used topically to prevent dental caries

Xylitol Gum
- Decreases level of mutans streptococci in saliva and plaque
- Selects for less virulent strains of mutans streptococci

Chlorhexidine
- Used as mouthwash to decrease periodontal and cariogenic bacteria
- Reduces gingivitis and plaque deposition
Amalgam Safety

- Amalgam, the silver colored restoration material used to fill cavities, has received attention as it contains small amounts of mercury.
- Mercury is bound in a stable matrix and the amount released is minimal.
- According to the FDA the level is "not high enough to cause harm in patients."
- Studies of amalgam exposure during pregnancy have not documented toxicity, including birth defects, spontaneous abortions, or reductions in fertility.

Photo: Ellen Eisenberg, DMD
Treatment Tips

First Trimester
- Care should begin early especially if extensive care is needed
- Scheduling visits in the afternoon can avoid morning sickness

Second Trimester
- The ideal time for dental care
- Organogenesis is complete, reducing the risk of any necessary medication exposures
- The fetus is not large, making it easier for mothers to recline in the dental chair for prolonged periods

Third Trimester
- Position woman slightly on left side with a towel prop to avoid vena cava compression
- Encourage standing and walking periodically
- Elevating head helps avoid shortness of breath
Positioning

• 1\textsuperscript{st} and 2\textsuperscript{nd} trimesters – position as tolerated (ask mom!)
• 3\textsuperscript{rd} trimester – left lateral decubitus position prevents compression of IVC (supine hypotension syndrome)

https://www.slideshare.net/manjreshi/management-of-pregnant-patients-in-oral-surgery
Other Prenatal Oral Conditions

Management of Dry Mouth (Xerostomia)
- Drink water often in small amounts
- Brush regularly
- Use fluoride rinse

Management of Reflux and Hyperemesis Gravidarum
- Rinse with water or bicarbonate to reduce acid in mouth after vomiting
- Avoid brushing too firmly after emesis
Pregnancy Granuloma

Symptoms
- Occur in 5% of pregnant women
- Erythematous, non-painful, smooth or lobulated mass
- Bleeds easily when touched
- Usually develops on the gingiva

Etiology
- Develops as a response to local irritation such as poor hygiene or trauma and hormonal changes

Treatment
- Observe unless lesions are bleeding excessively, interfere with eating, or do not resolve spontaneously after delivery

Photo: Brad Neville, DDS
Don't reinvent the wheel → Just redesign it

oficispeaks.com
In clinical settings, Get Buy in from EVERYONE

- Make your office look prenatal friendly (posters, handouts)
- Ask front staff if they know you want to see prenatal patients
- Be sure everyone is comfortable/educated
Promote Care for Prenatal Patients

• Work with Obstetrical providers/learners
  – Obstetricians
  – Midwives
  – Family Physicians

• Reach out to PCPs*

• Educate them about guidelines/services

• Promote to your patients who are of childbearing age*

• Have handouts; update web site
Power of medical providers

• 66% of PCPs provided oral health counseling to pregnant women

Maternal And Child Health J, March 2018

• 2009 - 2012, medical providers talking about oral health or referring women to a dentist increased from 36 to 42%, and 21–26%, $p < 0.001$

• proportion of women with a dental visit during pregnancy increased, from 38% to 42% $p < 0.005$

• improvements were mainly women of lower income/education levels, had Medi-Cal, Latinas

– Matern Child Health J. 2019;23(7):890-902
Massachusetts Example

OB Dept Referrals to Dental WorkFlow

At initial prenatal visit, OB office assesses oral health
- EMR intake prompt: Do you have a dentist? Have you seen your dentist in the last 6 months?
- Perform basic oral exam
- Education: provide information/motivation
- Referral: Assist in making dental appointment
- Appropriate tasks can be delegated to non-clinicians

Front desk staff coordinates appointment

Mid-pregnancy reassessment

Lucy Chie, MD, MPH
Michelle Eng, DMD
# of prenatal patients seen in dental

- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
Communicate!

APPENDIX A:
Consultation For Pregnant Women to Receive Oral Health Care

Referred To: ___________________________________________ Date: __________
Patient Name: Last __________________________ First __________________________
DOB: ___________________ Estimated Delivery Date: ___________ Week of Gestation Today: ______
Known Allergies: ____________________________________________
Precautions: ☐ None ☐ Specify (if any): ____________________________________________

This patient may have routine dental evaluation and care, including but not limited to:
☐ Oral health examination
☐ Dental x-ray with abdominal and neck lead shield
☐ Dental prophylaxis
☐ Local anesthetic with epinephrine
☐ Scaling and root planing
☐ Root canal
☐ Extractions (amalgam or composite) filling cavities

Patient may have: (Check all that apply)
☐ Acetaminophen with codeine for pain control
☐ Alternative pain control medication: (Specify) __________________________
☐ Penicillin
☐ Amoxicillin
☐ Clindamycin
☐ Cephalosporins
☐ Erythromycin (Not estolate form)

Parental Care Provider: ____________________________________________ Phone: __________
Signature: ____________________________________________ Date: __________

DO NOT HESITATE TO CALL FOR QUESTIONS

DENTIST’S REPORT
(for the Prenatal Care Provider)

Diagnosis: ____________________________________________

Treatment Plan: __________________________

Name: ____________________________________________ Date: __________ Phone: __________
Signature of Dentist: __________________________

This patient may have routine dental evaluation and care, including but not limited to:
☐ Oral health examination
☐ Dental prophylaxis
☐ Scaling and root planing
☐ Root canal
☐ Extractions (amalgam or composite) filling cavities

Patient may have: (Check all that apply)
☐ Acetaminophen with codeine for pain control
☐ Alternative pain control medication: (Specify) __________________________
☐ Penicillin
☐ Amoxicillin
☐ Clindamycin
☐ Cephalosporins
☐ Erythromycin (Not estolate form)
Beyond medical providers

OUTCOMES

Increase percent of pregnant women in WIC who utilize dental services
*pregnatal care coordination program

- Door County
  (baseline) 40% → 46% (outcome)
- Jefferson County*
  (baseline) 33% → 68% (outcome)
- Brown County
  (baseline) 22% → 13% (outcome)
- Oconto County
  (baseline) 0% → 42% (outcome)

Increase percent of children age 1-4 years old in WIC who receive 1 Fluoride Varnish

- St. Croix County
  (baseline) 4% → 56% (outcome)
- Oconto County
  (baseline) 29% → 51% (outcome)
- Eau Claire County
  (baseline) 25% → 31% (outcome)

Increase percent of children age 1-4 yrs. in WIC who utilize dental services

- Brown County
  (baseline) 25% → 31% (outcome)

Increase percent of children age 1-4 yrs. in WIC who receive more than 1 Fluoride Varnish

- St. Croix County
  (baseline) 0% → 17% (outcome)
- Oconto County
  (baseline) 16% → 28% (outcome)

Wisconsin PIOHQC
Take Advantage of Resources

Smiles for Life: A National Oral Health Curriculum

Smiles For Life produces educational resources to ensure the integration of oral health and primary care

LEARN ONLINE

TEACH CURRICULUM

Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.

A Product of: STFM, GAPNA, ADA, AFPNP

Endorsed by: UMass Memorial Health Care, University of Massachusetts Medical School

Family Medicine and Community Health
Endorsed By

Smiles for Life is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

- American Academy of Family Physicians
- American Academy of Pediatrics
- Society of Teachers of Family Medicine
- American Academy of Physician Assistants
- American Dental Association
- American Dental Hygienists' Association
- Physician Assistant Education Association
- American Dental Association®
- American Dental Hygienists' Association
- American Association of Public Health Dentistry
- Gerontological Advanced Practice Nurses Association
- American College of Nurse-Midwives
- American College of Nurse-Midwives
- Association of Faculties of Pediatric Nurse Practitioners
- National Association of Pediatric Nurse Practitioners
- The National Organization of Nurse Practitioner Faculties
- National Association of School Nurses
- National Association of School Nurses
Learn Online

The Smiles for Life curriculum consists of eight 60-minute modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. Users must score an 80% or higher to receive credit for each course.
Applying Fluoride Varnish

Interactive Games

Course 1:
Relationship of Oral & Systemic Health

Course 2:
Child Oral Health

Course 3:
Adult Oral Health

Course 4:
Acute Dental Problems

TEST YOUR KNOWLEDGE

TEST YOUR KNOWLEDGE

TEST YOUR KNOWLEDGE

TEST YOUR KNOWLEDGE

Family Medicine and Community Health
Exhibit 1. Discrete Site Visits²
2010 - 2019

A discrete site visit is defined as a visit to the website, regardless of the number of pages viewed.
² Since the site did not launch until mid-year in 2010, the 2010 data only include two quarters of data (Q3 and Q4).
Satisfaction Scores

Exhibit 7. Survey Results: Questions 1-4 (Strongly Agree and Agree)
Q3 2015 (10,196 surveys were completed by 3,722 registered users)

1. Easy to understand: 91%
2. Relevant to patient care: 91%
3. Appropriate depth: 91%
4. Questions/cases reinforced learning: 91%
PREGNANT WOMEN

Tips and Tricks: Pregnancy and Dental Care

Taking care of your mouth while you are pregnant is important for you and your baby. Oral health is essential to a healthy pregnancy and overall health. Infections in the mouth can spread to other parts of your body. It is safe to have dental care while you are pregnant. Do not wait until after your baby is born.

If your last visit was more than 6 months ago or you have some dental concerns (such as broken or loose teeth, pain, swelling, bleeding, mouth sores that don’t heal after a few days), make a dental appointment as soon as possible.

- Follow through with any recommended treatment.
- Oral health care, including x-rays, pain medication, numbing shots, and fillings are all safe to use during pregnancy.

How to have a positive dental experience

- Tell the dental office that you are pregnant and when you are due. This will help the dental team provide the best care for you.
- Ask if you can complete the patient dental form before your first appointment to allow plenty of time to record information the dentist needs to know.
- Bring a written list of questions you have for the dentist.
- Arrive at least 15 minutes early for your appointment.
- Bring a pillow, blanket or earphones to listen to music to feel comfortable.
- Arrange in advance for necessary child care and transportation.
- Call immediately if you need to cancel your appointment even if the appointment is that day.
- Ask the dentist to give you written recommendations so you can care for your teeth and mouth at home.

Trucos y Artimañas: Embarazo y Salud Dental

Cuidando su boca cuando esta embarazada es importante para usted y su bebé. La salud dental es esencial para un embarazo sano y salud general. Infecciones en la boca pueden diseminar en otras partes del cuerpo. Es seguro tener cuidado dental cuando esta embarazada. No esperar hasta después que nace su bebé.

Si su visita era mas de seis meses atrás, o si tiene preocupaciones (como dientes quebrados o sueltos, dolor, hinchazón, sangrado, heridas en la boca que no sanan después de un par de días), haga una cita lo antes posible.

- Siguiendo cualquier tratamiento recomendado.
- Salud dental, incluyendo radiografías, medicina para el dolor, vacuna entumecido y empastes son todos seguro para usar durante el embarazo.

Cómo tener una experiencia positiva

- Dile a la oficina del dentista que usted está embarazada y cuándo va dar luz. Esto ayudará el equipo dental para darle el cuidado mejor para usted.
- Pregúntele si puede completar de forma paciente antes de su primera cita para que tenga tiempo de grabar la información del dentista.
- Traiga una lista de preguntas para el dentista.
- Lleve a lo menos 15 minutos antes de su cita.
- Traiga una almohada, frazada o auriculares para escuchar música y sentirse cómodo.
- Organice cuidado de niños y transporte si es necesario.
- Llame inmediatamente si tiene que cancelar su cita, aunque sea el mismo día.
- Pregúntele al dentista para recomendaciones escritas para que usted puede cuidar sus dientes y boca en casa.
Oral Health Links

The links provided in the Oral Health Initiative website are for reference purposes only. This website does not endorse any one individual link nor does it assume responsibility for any error or inaccuracy contained therein.

Oral Health Educational Materials:

National:
- https://ilikemyteeth.org/ – Campaign for Dental Health
- http://spanish.ilikemyteeth.org/ – Campaign for Dental Health – Spanish
- www.cdc.gov/oralhealth/ – Centers for Disease Control
- www.ada.org/public.aspx – American Dental Association
- www.adha.org/oralhealth/ – American Dental Hygienists Association
- www.astdd.org – Association of State and Territorial Dental Directors
- www.aapd.org – American Academy of Pediatric Dentistry
The National Maternal and Child Oral Health Resource Center (OHRC) supports health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for pregnant women, infants, children, adolescents, and their families.

Bright Futures: Oral Health—Pocket Guide
This Pocket Guide provides health professionals with an overview of preventive oral health supervision.

Promoting Oral Health During Pregnancy
The latest update on programs, policy, resources, and education advances since the release of the national consensus statement on oral health care during pregnancy.

Oral Injury
High-quality information about oral injury prevention and response.

News from OHRC
- Preventing Childhood Obesity [conference]
- Announcements
- E-mail list

New in the OHRC Library
Starting a state pediatric oral health initiative: Step-by-step guide of lessons learned in four New England states
Healthy mouth, healthy start: Improving oral health for young children and families through early childhood home visiting

OHRC on Twitter
Tweets by @OHRC_GU

Tips for Good Oral Health During Pregnancy

Below are tips for taking care of your oral health while you are pregnant. Getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors will help keep you and your baby healthy. Delaying necessary treatment for dental problems could result in significant risk to you and your baby (for example, a bad tooth infection in your mouth could spread throughout your body).

Get Oral Health Care

- Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can make them bleed. This problem is called gingivitis (inflammation of the gums). If gingivitis is not treated, it may lead to more serious periodontal (gum) disease. This disease can lead to tooth loss.
- Oral health care, including use of X-rays, pain medication, and local anesthesia, is safe throughout pregnancy.
- Get oral health treatment, as recommended by an oral health professional, before delivery.
- If your last dental visit took place more than 6 months ago or if you have any oral health problems or concerns, schedule a dental appointment as soon as possible.
- Tell the dental office that you are pregnant and your due date. This information will help the dental team provide the best care for you.

Practice Good Oral Hygiene

- Brush your teeth with fluoridated toothpaste twice a day. Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed. Do not share your toothbrush. Clean between teeth daily with floss or an interdental cleaner.
- Rinse every night with an over-the-counter fluoridated, alcohol-free mouthrinse.

After eating, chew xylitol-containing gum or use other xylitol-containing products, such as mints, which can help reduce bacteria that can cause tooth decay.

If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth.

Eat Healthy Foods

- Eat a variety of healthy foods, such as fruits; vegetables; whole-grain products like cereals, bread, or crackers; and dairy products like milk, cheese, cottage cheese, or unsweetened yogurt.
- Meats, fish, chicken, eggs, beans, and nuts are also good choices.
- Eat fewer foods high in sugar like candy, cookies, cake, and dried fruit, and drink fewer beverages high in sugar like juice, fruit-flavored drinks, or pop (soda).
- For snacks, choose foods low in sugar, such as fruits, vegetables, cheese, and unsweetened yogurt.
- To help choose foods low in sugar, read food labels.
- If you have problems with nausea, try eating small amounts of healthy foods throughout the day.
- Drink water or milk instead of juice, fruit-flavored drinks, or pop (soda).

Sugerencias para una buena salud bucal durante el embarazo

A continuación encontrarás sugerencias para el cuidado de tu salud bucal durante el embarazo.

Tu y tu bebé se mantendrán saludables si obtienes atención bucal, practicas una buena higiene bucal, comes alimentos saludables y practicas otras conductas saludables. El retraso del tratamiento necesario para resolver problemas dentales podría representar un riesgo importante para ti y para tu bebé (por ejemplo, una infección sería en un diente podría extenderse a todo el cuerpo).

Consíge atención bucal

Lời khuyên để có sức khỏe răng miệng tốt trong thai kỳ

Dưới đây là lời khuyên giúp bạn chăm sóc sức khỏe răng miệng trong khi mang thai.

Chăm sóc sức khỏe răng miệng, thực hiện vệ sinh răng miệng tốt, ăn những loại thức ăn có lợi cho sức khỏe và thực hiện những hành vi tốt cho sức khỏe khác sẽ giúp cho bạn lần đầu biết đủ sức khỏe miệng. Việc tr¡ hoán đê tý những vấn đề về nha khoa có thể gây ra những rủi ro đáng kể cho bạn lẫn bé yêu của bạn (chống hạn, viêm răng nặng trong miệng có thể làm ròng ra khác cơ thể bạn).

Khám sức khỏe răng miệng

- Chăm sóc miệng tốt trong thời gian mang thai đóng vai trò quan trọng đối với bạn lẫn bé yêu. Những thay đổi ở cơ thể bạn trong thời gian mang thai có thể có ảnh hưởng đến sức khỏe và cơ thể đới đàn lăn và có thể gây chấy mrsa. Văn đề này được gọi là viêm lợi (chủng viêm muối). Nếu không được điều trị, chứng viêm muối có thể sẽ dẫn đến bệnh nhả chu trình hơn. Bệnh nhả chu
Pregnancy

Congratulations on this exciting and busy time of your life! You have so much to think about during pregnancy that it may be easy to overlook your mouth, but pregnancy can actually make some dental problems worse. It's important to continue to see your dentist during pregnancy for checkups and cleanings, along with brushing twice a day with fluoride toothpaste and cleaning between your teeth once a day. Keeping your mouth healthy now can help set you and your child up for MouthHealthy for life.

The Advice You Need for the Next Nine Months

1. Ways Pregnancy Affects Your Dental Health
2. What to Eat When You're Expecting
3. Is It Safe to Go to the Dentist While Pregnant?
For Expectant Mothers

Welcome to the Prenatal Oral Health Program (pOHP®)!

WHY IS ORAL HEALTH IMPORTANT DURING PREGNANCY?

Pregnancy is a unique period in a woman's life when changes can affect both the overall health and the oral health of the mother and baby. Pregnancy provides a unique time for mothers to develop healthy-living practices for life.

Did you know that mom's untreated cavities almost doubles the risk of their child having severe cavities?

We believe the mouth is the doorway to the body; healthy mouths help build healthy bodies and healthy mothers help raise healthy children. We hope you will find pOHP® to be an important resource for answering your questions before, during, and after pregnancy.

ARE YOU UNSURE ABOUT YOUR ORAL HEALTH?

- Are you suffering from dental problems or are simply unsure about your oral health? Ask your prenatal care provider and visit a dentist. You may
"You must be the change you wish to see in the World"
Mahatma Gandhi
Questions, Comments, Thoughts

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