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### Maternity: Teeth for Two

Our goal is to increase dental utilization rates by promoting the importance of good oral health during pregnancy and improving access to dental care.

- Train health professionals and community groups on the connection between oral health and overall health, pregnancy outcomes, and childhood development.
- Provide the resources for providers to assess maternal oral health, educate their pregnant patients, and make effective referrals to dental care.

**Materials Provided**

- ✓ Oral Health Care for Women: Practice Guide
- ✓ "Teeth for Two" Brochures and Posters
- ✓ Oral Health During Pregnancy: A National Consensus Statement and Resources Guide

[www.orohe.org/pregnancy](http://www.orohe.org/pregnancy)

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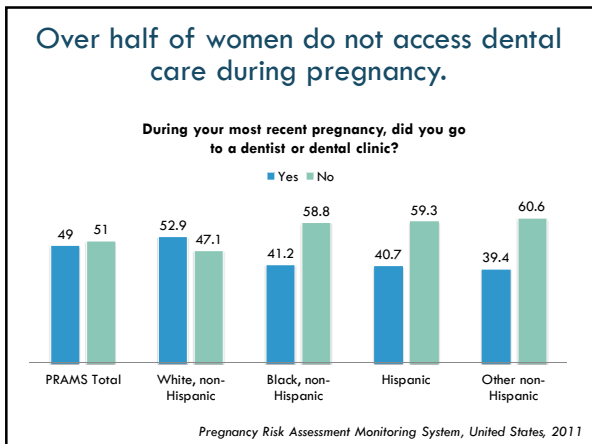
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## Oral Health During Pregnancy

- ❑ Good oral health is an important component of a health pregnancy.
- ❑ Pregnancy hormones may exaggerate normal response to dental plaque.
- ❑ Women are at an increased risk for many oral health conditions during their pregnancy.




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Common Oral Health Conditions During Pregnancy		
Pregnancy gingivitis	Increase inflammatory response to dental plaque during pregnancy causes gingiva to swell and bleed more easily.	
Pyogenic granuloma (pregnancy tumors)	A lesion may result from heightened inflammatory response to oral pathogens.	
Tooth erosion	Erosion of tooth enamel may be more common because of increased exposure to gastric acid during pregnancy.	
Dental Caries	Pregnancy may result in dental caries due to the increased acidity in the mouth, greater intake of sugar, and decreased attention to prenatal oral health maintenance.	
Periodontitis	Untreated gingivitis can progress to periodontitis. The teeth may loosen, bone may be lost, and a bacteremia may result.	

\*See Handout - Prenatal Oral Health Guide

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## Periodontal Disease

- ❑ A chronic, bacteria-induced, inflammatory condition caused by the accumulation of dental plaque.




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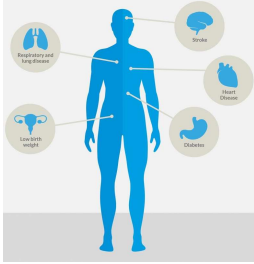
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## An Interconnected Relationship

- Periodontal disease has been associated with certain chronic systemic diseases including:
  - Diabetes
  - Heart Disease and Stroke
  - Respiratory Infections
  - Kidney infection
  - Osteoporosis
  - Alzheimer Disease
  - Adverse pregnancy outcomes



(Gaffar & Volpe 2004)

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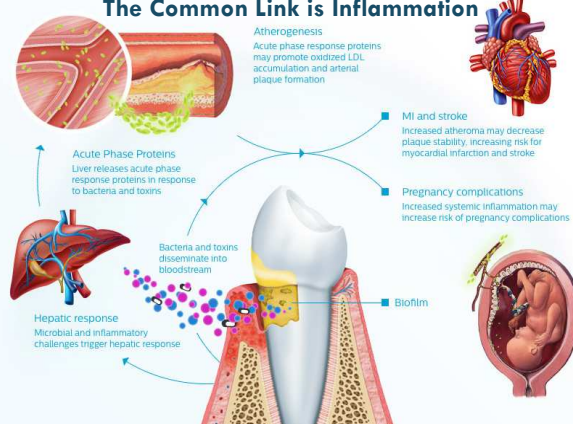
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### The Common Link is Inflammation



**Atherogenesis**  
Acute phase response proteins may promote oxidized LDL accumulation and arterial plaque formation

**MI and stroke**  
Increased atheroma may decrease plaque stability, increasing risk for myocardial infarction and stroke

**Pregnancy complications**  
Increased systemic inflammation may increase risk of pregnancy complications

**Acute Phase Proteins**  
Liver releases acute phase response proteins in response to bacteria and toxins

**Bacteria and toxins disseminate into bloodstream**

**Biofilm**

**Hepatic response**  
Microbial and inflammatory challenges trigger hepatic response

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## Adverse Birth Outcomes

- Several research studies suggest that periodontal disease progression during pregnancy may be associated with adverse birth outcomes – preeclampsia, preterm birth, low birth weight.
- The medical and dental communities agree that maintaining periodontal health is an important part of a healthy pregnancy.
- Clinical recommendations by the American College of Obstetricians and Gynecologists (ACOG) state that dental treatment is safe and encouraged for pregnant women.

(Offenbacher et al 1996, 1998, Goepfert et al 2004, Jeffcoat 2001, Lopez 2002, Offenbacher 2006, Piiiphat et al 2007, Nabet 2010)

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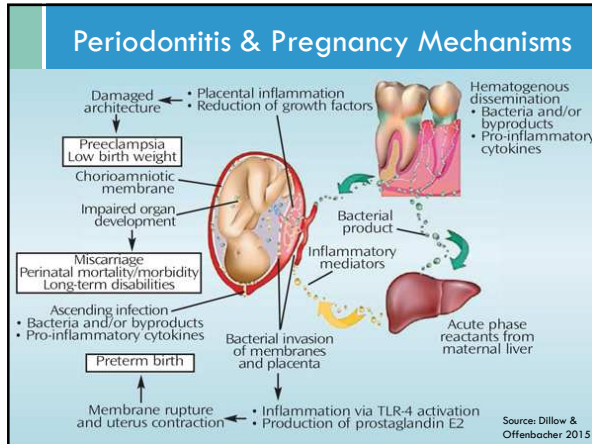
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### Early Childhood Caries (ECC)

- ❑ ECC is the most common chronic disease of early childhood.
  - ❑ 5X more common than asthma
- ❑ Bacteria spreads from the primary caregiver to child before age 2.
- ❑ A mother's oral health is a strong predictor of her child's oral health.
  - ❑ Untreated maternal decay nearly doubles the odds of their children having untreated and severe decay.



(Weintraub 2010)

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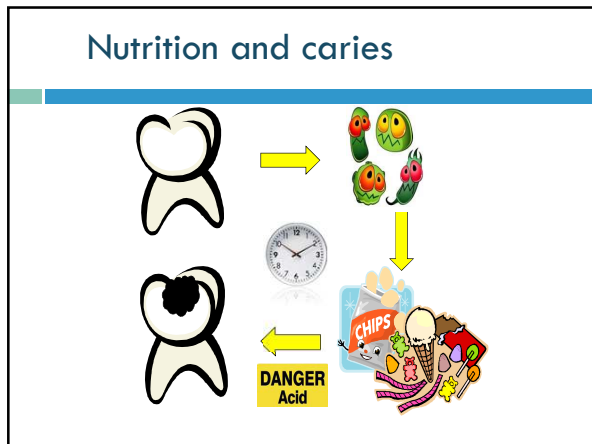
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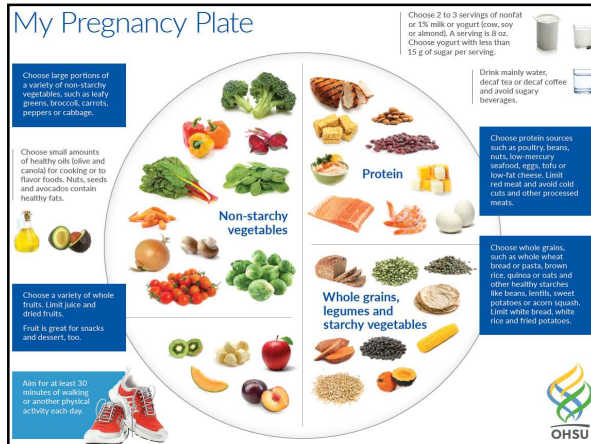
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## The Dental Disconnect

Women frequently do not see a dentist when pregnant, despite evidence that poor oral health impacts health and pregnancy outcomes.

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Barriers to Dental Care During Pregnancy		
Patient	Medical Provider	Dental Provider
<ul style="list-style-type: none"> <li>Unaware of oral-systemic health link</li> <li>Misconceptions about oral health care:                             <ul style="list-style-type: none"> <li>Poor oral health is normal during pregnancy.</li> <li>Dental treatment is unsafe.</li> </ul> </li> <li>Fear of the dentist</li> <li>Financial concerns</li> <li>Lack of dental coverage or awareness of coverage options</li> </ul>	<ul style="list-style-type: none"> <li>Do not routinely refer patients for dental care</li> <li>Unsure about safety of dental interventions during pregnancy</li> <li>Limited understanding of the impact and safety of oral health care</li> <li>Competing health demands during appointments</li> </ul>	<ul style="list-style-type: none"> <li>Unsure how to manage the pregnant patient</li> <li>Lack of practical training</li> <li>Worry about injuring the woman or the fetus</li> <li>Fear of malpractice repercussions.</li> </ul>

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### The Reality

- Pregnancy is the optimal time for oral health care.
  - Women are more receptive to changing behaviors
  - May have increased dental benefits during pregnancy.
- Dental treatment during pregnancy is safe and effective.
  - Pregnancy is not a reason to defer routine dental care or treatment of oral health problems.
  - Evidence shows the benefits of providing dental care during pregnancy far outweigh any potential risks.

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### Professional Guidelines & Policy Statements

- Statements for Improving Oral Health During Pregnancy
  - American Dental Association (ADA)
  - American Congress of Obstetricians and Gynecologists (ACOG)
  - American Academy of Periodontology
  - American Academy of Pediatrics (AAP)
  - American Academy of Pediatric Dentistry (AAPD)
  - American Academy of Physician Assistants
  - American College of Nurse-Midwives (ACNM)
- Practice Guidelines
  - New York Department of Health
  - California Dental Association Foundation
  - South Carolina Department of Health and Environmental Control
  - University of Washington School of Dentistry
  - American Academy of Pediatric Dentistry (AAPD)

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### Role of WIC

- 1 Assess
- 2 Educate
- 3 Refer
- 4 Support
- 5 Follow-up

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## 1. Assess

- WIC is often the first contact with health care system for many women.
- Assess oral health status:
  - ▣ Conducting oral health assessment.
  - ▣ Identifying risk factors for disease.
  - ▣ Documenting findings in patient medical record.




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### Sample Oral Health Assessment

Ask	Recommended Action
When was your last dental visit and did they discover any issues?	Facilitate a dental referral.
Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?	Facilitate a dental referral.
Since becoming pregnant, have you been vomiting? If so, how often?	Advise the patient to rinse with water and a baking soda solution after vomiting to reduce acid exposure.
Do you use products with fluoride or drink fluoridated water?	Recommend fluoridated water and dental products to help reduce the incidence of decay.
How often do you brush and floss?	Emphasize brushing and flossing twice a day.

\*See Handout- Prenatal Oral Health Guide

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## 2. Educate

- WIC staff be extremely influential in raising awareness of the importance of oral health.
  - ▣ Counsel women on the importance of maintaining good oral health.
  - ▣ Reassure women that dental care is safe throughout pregnancy.
  - ▣ Provide educational materials in waiting and exam rooms.
  - ▣ Include oral health topics in prenatal classes.




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## Key Messages for Mothers

- Practice good oral hygiene
  - Brush teeth twice daily with fluoride toothpaste and floss daily.
  - Rinse with cup of water and baking soda after vomiting to neutralize stomach acid.
- Eat nutritious food
  - Limit foods containing sugar to mealtime.
  - Choose water or low-fat milk. Avoid carbonated beverages.
  - Choose fruit rather than juice.
- Make a dental appointment
  - Do not delay treatment until after birth.
  - Dental treatment is safe and necessary during pregnancy.

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## 3. Refer-Finding a Dentist

OHP	Private	Uninsured
Dental Care Organization (DCO)	Dental insurance plan provider for list of in-network dentists.	OHP to check benefits eligibility during pregnancy.
Coordinated Care Organization (CCO)		Refer to list of discounted dental clinics.

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## 3. Refer- OHA dental benefits brochure

**Dental plan phone numbers**  
Find the name of your plan on your CCO ID card or OHP coverage letter.

Access Dental.....1-877-213-8357  
 Advantage Dental.....1-866-268-8631  
 Capital Dental.....1-800-525-6800  
 CareOregon Dental.....1-888-440-6912  
 Family Dental Care.....1-866-675-1199  
 Kaiser.....1-800-813-2000  
 Managed Dental Care of Oregon.....1-800-538-9604  
 OHS Community Health.....1-800-242-0528  
 Willamette Dental.....1-455-433-6825

**Tips for a healthy smile**  
 Dental disease is the number-one disease among children and is 100 percent preventable.  
 ■ Ask your dentist about fluoride and sealants to protect teeth and keep them strong.  
 ■ Even teens should see the dentist twice a year.

Tear out carefully and keep for dental care help.

**CCO phone numbers**  
If you don't know your dental plan, call your CCO.

AllCare CCO.....1-888-460-1185  
 Cascade Health Alliance.....1-888-989-7846  
 Columbia Pacific CCO.....1-855-722-8206  
 Eastern Oregon CCO.....1-888-788-9821  
 FamilyCare Inc.....1-800-458-9518  
 Health Share of Oregon.....1-888-519-3845  
 InterCommunity Health Network.....1-800-832-4580  
 Jackson Care Connect.....1-855-722-8208  
 PacificSource Community Solutions.....1-800-431-4135  
 PrimaryHealth of Josephine County.....1-800-471-0304  
 Tillamook Community Health Plan.....1-877-600-5472  
 Umpqua Health Alliance.....1-800-676-7735  
 Western Oregon Advanced Health.....1-800-264-0014  
 Willamette Valley Community Health.....1-866-362-4794  
 Yamhill Community Care Organization.....1-855-722-8205



**OREGON HEALTH PLAN (OHP)**  
**DENTAL BENEFITS**

On OHP? You have dental coverage!

\* See Handout- Oral health Authority Dental Benefits

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## 4. Support

- Provide support services (case management) to pregnant women.
- Help patient understand current insurance coverage, identify options for dental care, and assist in scheduling appointments.



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## 5. Follow-Up

- Ask about dental visit at next appointment.



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## Thank You!

You can access our website for materials

**Oregon Oral Health Coalition**

<http://www.orohe.org/pregnancy>

Karen.Hall@ocdc.net



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