



The Importance of Oral Health Care for Pregnant Women

Presenters:

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Presented by ADA Council on Advocacy for
Access & Prevention and American Academy
of Pediatrics

May 31, 2019

The Importance of Oral Health Care for Women during Pregnancy

Monica Hebl, DDS

Private Practice Burleigh Dental, SC

May 31, 2019

ADA American Dental Association®

Objectives

- Explain the importance of oral health during pregnancy and the effect of maternal oral health on pregnancy outcomes.
- Review management of dental care during pregnancy
- Describe strategies to incorporate oral health into prenatal care.

Barriers to dental care for pregnant women

Barriers among women, medical providers, and oral health professionals

- Perception that dental care is not important
- Financial issues
- Fear of dental treatment
- Lack of referral arrangements between prenatal care provider and dentists
- Concerns about harm to fetus
- Lack of knowledge of practice guidelines
- Fear of Liability

Periodontal Disease and Perinatal Outcomes 1996

- Offenbacher et al., published case-control study of 124 women Journal of Periodontology
- Demonstrated that periodontal disease is a statistically significant risk factor for PLBW with adjusted OR of 7.5

Periodontal Disease and Preterm Low Birthweight: Proposed Biological Mechanism

Periodontal infection-A reservoir of Gram negative bacteria



Host response-elevated levels of chemical mediators (PG, IL ,PNF)

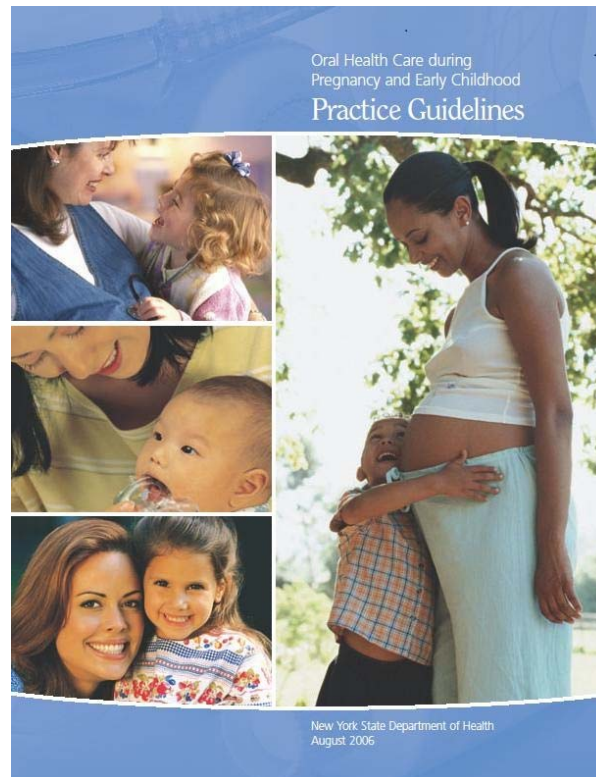


Premature Labor-Mediators of parturation (PG, IL, TNF) that consequently may induce low birth weight preterm babies



Premature Labor is a direct effect of the toxins of periodontal disease

New York first state to create guidelines



Oral health care during pregnancy and early Childhood Practice Guidelines
<https://www.health.ny.gov/publications/0824.pdf>

All Health Care Providers should advise women of the following:

- Dental care is safe and effective during pregnancy. Oral health care should be coordinated among prenatal and oral health care providers.
- First trimester diagnosis and treatment, including needed dental x-rays, can be undertaken safely to diagnose disease processes that need immediate treatment.
- Needed treatment can be provided throughout pregnancy; however, the time period between the 14th and 20th week is ideal.
- Elective treatment can be deferred until after delivery.
- Delay in necessary treatment could result in significant risk to the mother and indirectly to the fetus.

Guidelines for prescribing dental radiographs

- Guidelines have been developed by an expert panel from the dental profession under the auspices of the Food and Drug Administration (FDA).
- They help determine the type of radiograph needed, how frequently and under what conditions radiographs should be taken.
- Under these guidelines, a dentist will take an X-ray based on clinical observation and the patient's health history. Dental radiographs serve only as adjuncts to a comprehensive oral examination and evaluation.
- They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination.
- **The recommendations do not need to be altered because of pregnancy.**

Does Treatment of Periodontal Disease Prevent Adverse Pregnancy Outcomes?



Does Treatment of Periodontal Disease Prevent Adverse Pregnancy Outcomes?

- Obstetrics & periodontal therapy (OPT)
 - Michalowicz 2006 (n=823)
- Maternal oral therapy to reduce obstetric risk (MOTOR)
 - Offenbacher 2008 (n=1760)
- Periodontal infection and prematurity study (PIPS)
 - Macones 2010 (n=756)

Results of Randomized Clinical Trials

- Periodontal treatment during pregnancy did not significantly decrease rate of premature delivery.
- Turned the question around: Does treatment cause any adverse pregnancy outcomes?
- **All studies reported that routine non-surgical periodontal therapy, dental care, or use of topical or local anesthesia have NOT been associated with adverse pregnancy outcomes.**

Oral Health Care During Pregnancy: A National Consensus Statement 2012



Oral Health Care During Pregnancy: A National Consensus Statement 2012

- Help professionals improve the provision of oral health care services during pregnancy
- Bring about changes in the health-care-delivery system
- Improve overall standard of care



Oral Health Care During Pregnancy: A National Consensus Statement 2012; <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>

Oral Health Messages in the Consensus Statement

- Oral health and dental treatment during pregnancy and early childhood is important.
- Oral diseases may adversely affect pregnancy.
- Early childhood caries is a preventable infectious disease.
- Oral health should be incorporated into prenatal care and well child visits.

EFP/AAP Workshop on Periodontitis and Systemic Disease 2013

- Epidemiology of association between maternal periodontal disease and adverse pregnancy outcome – systematic review – modestly associated with LBW, preterm birth, and pre-eclampsia
- Effects of periodontal treatment on pregnancy outcomes – SRP - does not improve birth outcomes in pregnant women with periodontitis
- Recommended further research

2016 Wisconsin Dental Association Survey of Dentists

- Purpose: To gather information from WI dentists on Awareness of current guidelines and practice treating pregnant women, thoughts and opinions on medical clearance, interest in and preferred way to receive continuing education.
 - **68% were not aware of the National Consensus Statement**
 - Dentists that avoid treatment are concerned of potential health risks to the baby
 - 44% require medical consent when:
 - local anesthetic or radiographs needed
 - for anything other than preventive treatment
 - high risk pregnancies
 - questions about medication

Oral Health During Pregnancy 2009 Survey of OB-GYNs

- OB-GYN's largely recognize the importance of receiving routine dental care during pregnancy (80%) and agree that treatment of periodontal disease has a positive impact on pregnancy outcome.
- Yet, most do not ask about oral health (70%), do not provide patients with information about oral care, do not advise all pregnant patients to receive routine dental care (33%), and do not ask pregnant patients if they have seen a dentist in the past 12 months (50%).
- 75% of OB-GYN's reported a patient who was declined treatment from the dentist because of pregnancy.

Why should pregnant women receive oral health care?

- Oral health care is important for overall health.
- Maximizing maternal oral health improves oral health of their children.
- Poor oral health has been associated with poor pregnancy outcomes.

American College of Obstetricians and Gynecologists Recommendations

- Discuss oral health with all patients, including those who are pregnant or in the postpartum period.
- Advise women that oral health care improves a woman's general health through her lifespan and may also reduce the transmission of potentially caries-producing oral bacteria from mothers to their infants.
- Conduct an oral health assessment during the first prenatal visit.
- **Reassure patients that prevention, diagnosis and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) and local anesthesia (lidocaine with or without epinephrine), are safe during pregnancy.**

Oral Health Care During Pregnancy and Through the Lifespan; <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Oral-Health-Care-During-Pregnancy-and-Through-the-Lifespan>

American College of Obstetricians and Gynecologists Recommendations

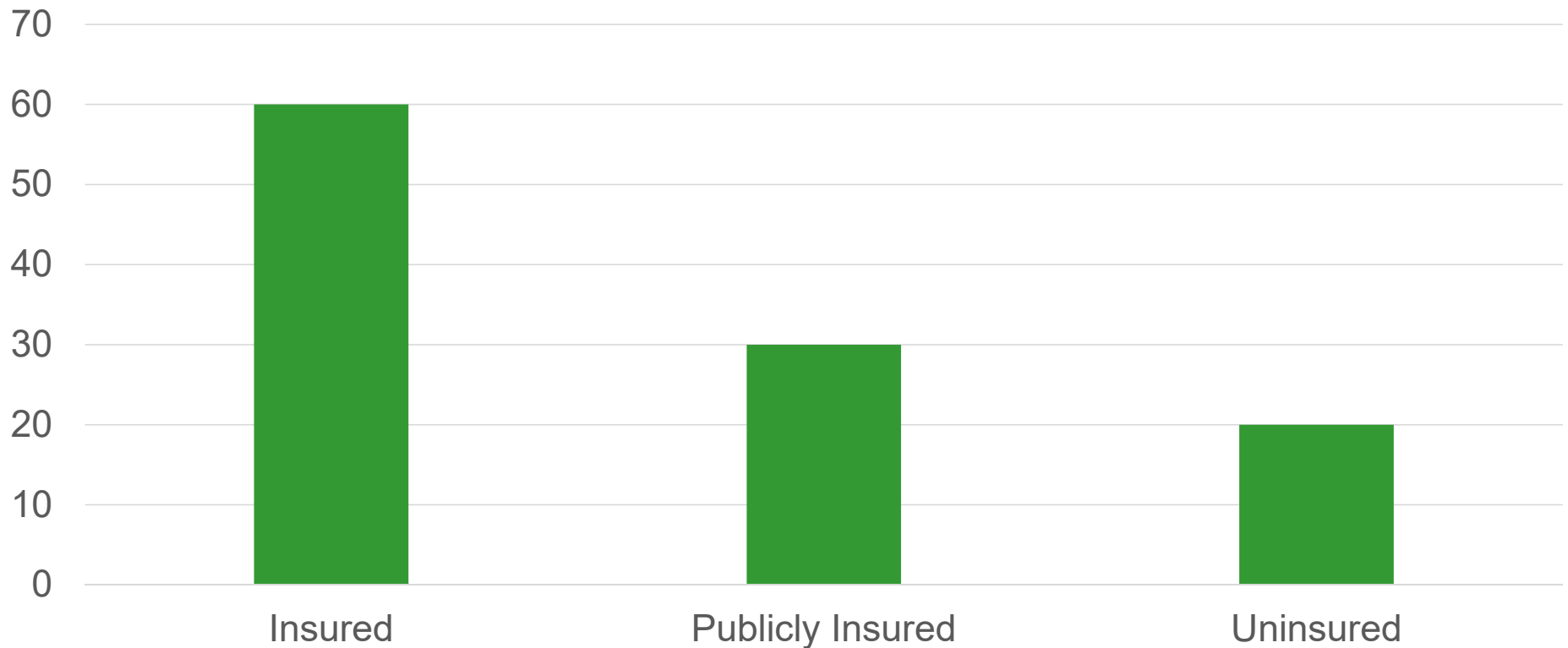
- Inform women that **conditions that require immediate treatment**, such as extractions, root canals, and restoration (amalgam or composite) of untreated caries, **may be managed at any time during pregnancy. Delaying treatment may result in more complex problems.**
- For patients with vomiting secondary to morning sickness, hyperemesis gravidarum, or gastric reflux during late pregnancy, the use of antacids or rinsing with a baking soda solution (ie, 1 teaspoon of baking soda dissolved in 1 cup of water) may help neutralize the associated acid.

American College of Obstetricians and Gynecologists Recommendations

- Be **aware of patients' dental coverage** during pregnancy so that **referrals** to the appropriate dental provider can be made. Note that each state's Medicaid coverage for oral health may vary considerably.
- **Develop a working relationship with local dentists.** Refer patients for oral health care with a written note or call, as would be the practice with referrals to any medical specialist.
- **Advocate** for broader oral health coverage of women before, during, and after pregnancy. Pregnancy is a unique time when women may gain access to oral health coverage.
- **Reinforce routine oral health maintenance**, such as limiting sugary foods and drinks, brushing twice a day with fluoridated toothpaste, flossing once daily, and dental visits twice a year.

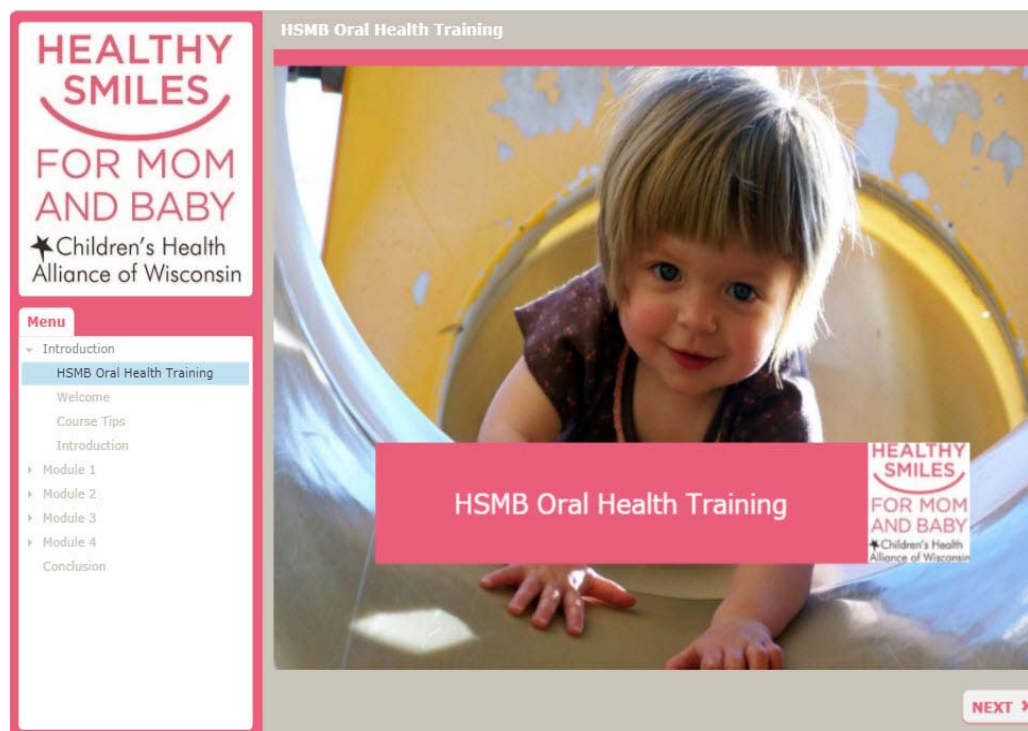
Wisconsin Prams Data 2016

% Having Cleaning During Pregnancy



Healthy Smiles for Mom and Baby (HSMB) Oral Health Training

**Free online course
for professionals
working with
pregnant women,
infants and toddlers**



Healthy Smiles for Mom and Baby

- The HSMB Oral Health Training is housed in the Children's Hospital of Wisconsin e-Learning Center.
 - The step-by-step guide located on the HSMB webpage will walk you through the steps to create the two accounts needed to access the course.
 - **Each participant must create their own account.** Use **course code: CHAW** to access the HSMB Oral Health Training course.
- Please contact Dana Fischer at 414-337-4563 or dfischer@chw.org with any questions.

Wisconsin Oral Health Alliance; Healthy Smiles for Mom and Baby; <https://www.chawisconsin.org/initiatives/oral-health/healthy-smiles-for-mom-and-baby/>

Medications in Pregnancy

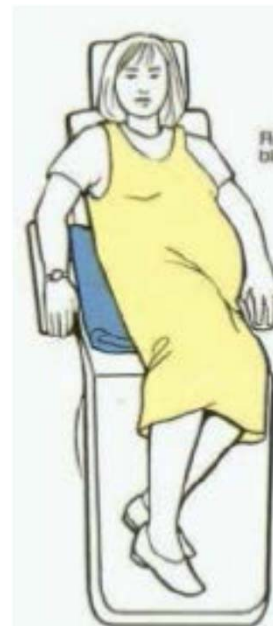
Medications		
Acceptable	Use Caution	Avoid
Antibiotics Amoxicillin Cephalosporins Clindamycin Metronidazole Penicillin	Antibiotics Sulfas (Avoid 1st and 3rd trimesters)	Antibiotics Ciprofloxacin Clarithromycin Levofloxacin Moxifloxacin Tetracycline
Analgesics Acetaminophen Codeine* Hydrocodone* Morphine* Oxycodone*	Analgesics Avoid 1st and 3rd trimesters. Limit use to 48 to 72 hours. Aspirin Ibuprofen Naproxen	
Anesthetics Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine, mepivacaine)	Anesthetics Limit use. Ideally consult with prenatal care provider prior to use. Nitrous oxide – 30% Intravenous sedation General anesthesia	
*Use caution with opioids (including codeine, hydrocodone, morphine and oxycodone) in 3rd trimester due to risk for dependency by fetus.		

Slide 26

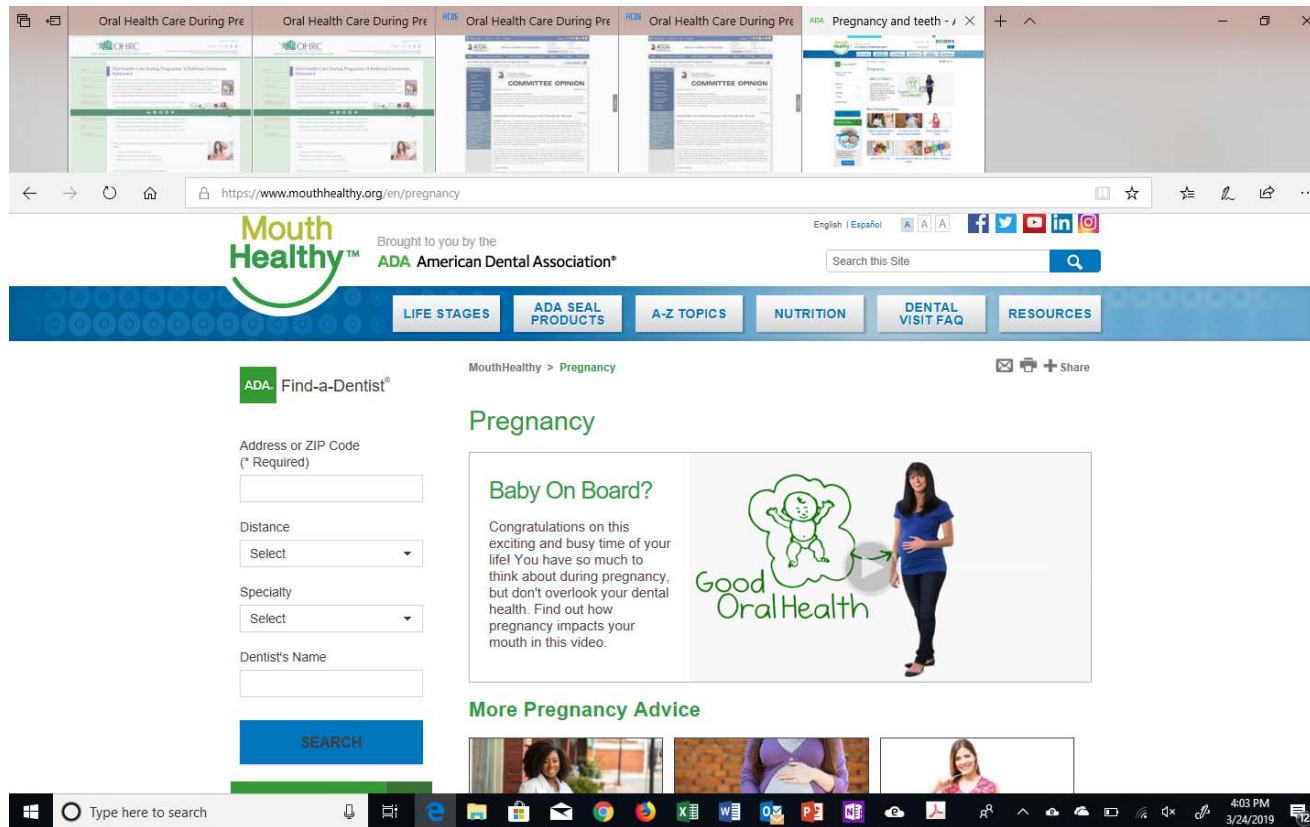
CSR1 We need to provide a citation for this chart.
Clough, Sharon R., 5/21/2019

Positioning

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



Mouthhealthy.org/en/pregnancy



ADA.org Oral Health Topics - Pregnancy

EDUCATION/CAREERS SCIENCE/RESEARCH ADVOCACY PUBLICATIONS PUBLIC PROGRAMS

Home > Member Center > Oral Health Topics > Pregnancy

Oral Health Topics

Pregnancy

Key Points

- Preventive, diagnostic and restorative dental treatment is safe throughout pregnancy.
- Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine, mepivacaine) may be used during pregnancy.
- Special considerations should be given to pregnant dental personnel whose job duties can involve direct exposure to nitrous oxide and radiation.

Introduction >

Oral Health Conditions During Pregnancy >

Medication Use >

ADVERTISEMENT

ADA American Dental Association®

Read the latest on topical fluoride and help patients prevent caries.

<https://www.ada.org/en/member-center/oral-health-topics/pregnancy>

Summary...

- It is **safe** for both mother and baby to receive **all** necessary dental treatment during all stages of pregnancy
- Pain and untreated dental disease impact both maternal and child health longitudinally
- Dental radiographs and most medications are safe in pregnancy
- OB providers have role in assessing and educating about oral health, making referrals as needed, and providing anticipatory guidance regarding safety of oral health care in pregnancy
- Pregnancy represents an opportunity to connect mom and baby with needed health resources and reverse health disparities!

Perinatal Oral Health: From Theory to Implementation

Lucy Chie MD, MPH




Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

Ms J is 9 weeks pregnant and calls your office for a dental appointment

- A) Your office tells Ms J that you don't see pregnant patients and she should call again after her pregnancy.
 - B) Your office tells her to call back after 13 weeks.
 - C) Your office happily schedules Ms J for an appointment at her convenience and comfort.
- 


Ms J is 9 weeks pregnant and calls your office for a dental appointment

C) Your office happily schedules Ms J for an appointment at her convenience and comfort.

DENTAL CARE IS SAFE IN ANY TRIMESTER.



Ms J is 9 weeks pregnant and needs dental xrays

- A) You tell Ms J to wait until after pregnancy for the dental xrays.
 - B) You tell Ms J that she should reschedule for after 13wks to get dental xrays.
 - C) You reassure Ms J that it is safe to get dental xrays in pregnancy.
- 
- A solid green horizontal bar spanning the width of the slide, located at the bottom.


Ms J is 9 weeks pregnant and needs dental xrays

C) You reassure Ms J that it is safe to get dental xrays in pregnancy.

DENTAL XRAYs ARE SAFE IN PREGNANCY.



Ms J is 15 weeks with tooth pain and has a cavity that needs to be filled

- A) You tell Ms J to continue to brush and floss, and you will fill her cavity after she delivers
 - B) You tell Ms J that she needs to check with her OB whether she can proceed with dental care
 - C) You proceed with filling the cavity as Ms J wishes and needs
- 


Ms J is 15 weeks with tooth pain and has a cavity that needs to be filled

C) You proceed with filling the cavity as Ms J wishes and needs


DENTAL CARE IS NOT ONLY SAFE BUT RECOMMENDED IN PREGNANCY.



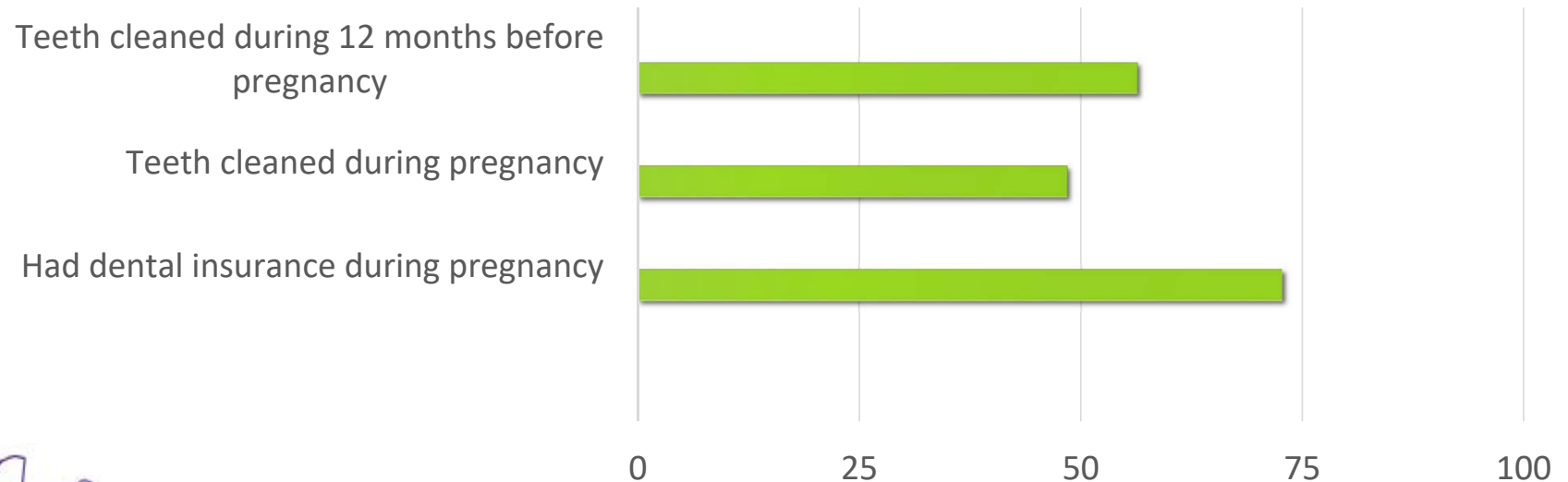
Let's re-emphasize!

- ❖ Dental care is safe in ALL trimesters of pregnancy.
 - ❖ Dental xrays are safe in pregnancy.
 - ❖ Dental care for pregnant patients is not only safe but **RECOMMENDED** and **ESSENTIAL**.
- 
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Unmet Perinatal Oral Health Needs

- ❖ 40% of pregnant women experience periodontal disease
 - ❖ Most (59%) women did not receive any counseling about oral health during pregnancy (2008)
 - ❖ Only 42% of women knew dental care during pregnancy was safe (2015)
- 

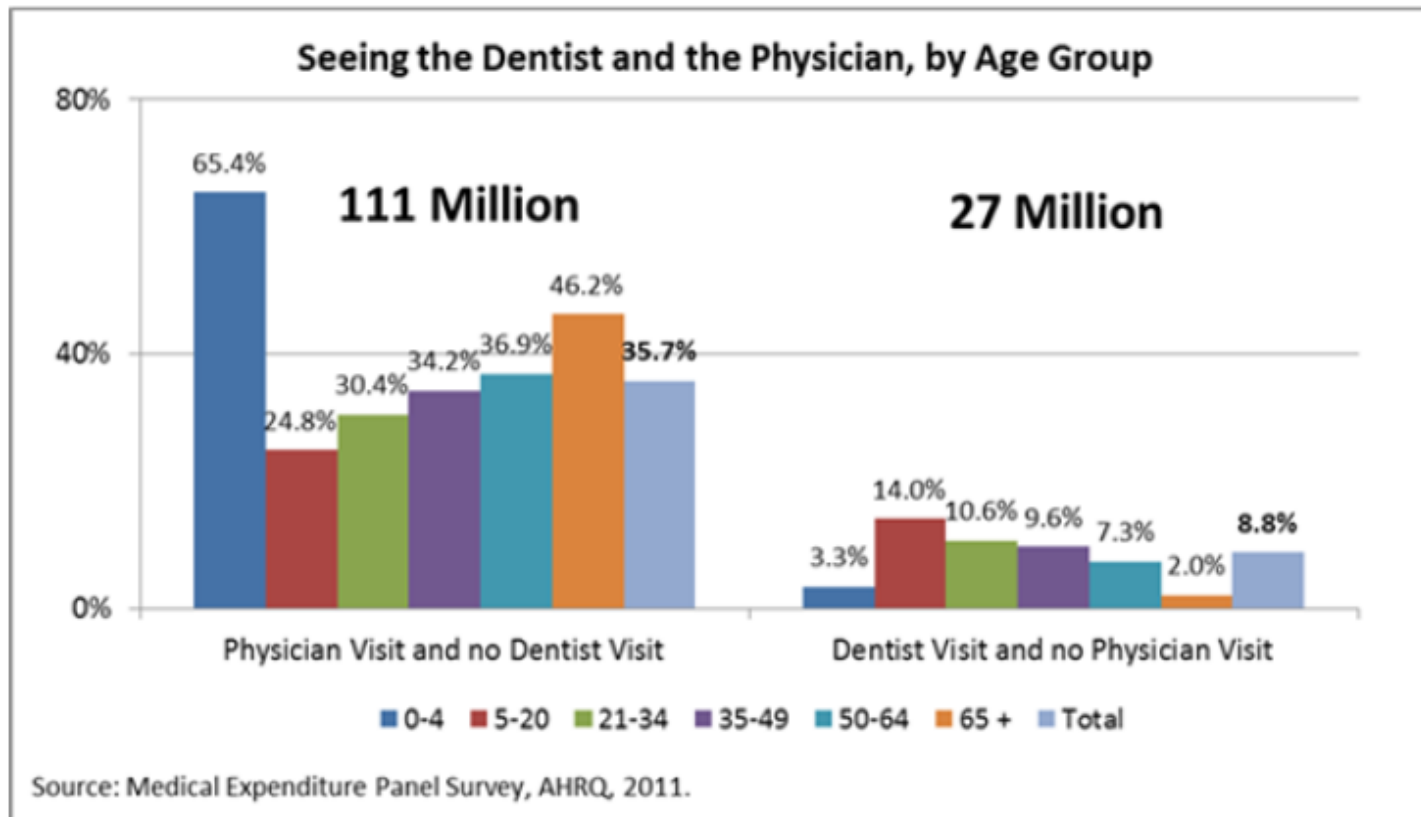
Pregnancy Risk Assessment Monitoring System (2015)



Health disparities

- ❖ “the prevalence of untreated dental caries among women aged 15–24 years was **significantly higher in pregnant women** than in nonpregnant women (41 percent versus 24 percent, $P=0.001$).”
- ❖ “In both pregnant and nonpregnant women, the prevalence of untreated dental caries was significantly higher ($P\leq 0.001$, for all the results) among non-Hispanic blacks (45 percent and 39 percent, respectively) and Mexican Americans (42 percent and 35 percent, respectively) than among non-Hispanic whites (18 percent and 19 percent, respectively). It was also **higher among women with less than high school education** (46 percent and 37 percent, respectively)”

Azofeifa A, et al. Dental caries and periodontal disease among U.S. pregnant women and nonpregnant women of reproductive age, National Health and Nutrition Examination Survey, 1999–2004. *Journal of public health dentistry*. 2016;76(4):320-329.



[Case Rep Dent.](#) 2016; 2016: 7467262.

PMCID: PMC5101371

Published online 2016 Oct 26. doi: [10.1155/2016/7467262](https://doi.org/10.1155/2016/7467262)

The Case for Improved Interprofessional Care: Fatal Analgesic Overdose Secondary to Acute Dental Pain during Pregnancy

[Sarah K. Y. Lee](#), ¹ · * [Rocio B. Quinonez](#), ² [Alice Chuang](#), ³ [Stephanie M. Munz](#), ⁴ and [Darya Dabiri](#) ⁴

[Author information](#) · [Article notes](#) · [Copyright and License information](#) ·

Treating periodontal disease for preventing adverse birth outcomes in pregnant women (Review)

Iheozor-Ejiofor Z, Middleton P, Esposito M, Glenny AM

- 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**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Communications Office

Washington, DC

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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.

<https://www.acog.org/About-ACOG/News-Room/News-Releases/2013/Dental-X-Rays-Teeth-Cleanings-Safe-During-Pregnancy>



Number of bananas	Equivalent exposure
100,000,000	Fatal dose (death within 2 weeks)
20,000,000	Typical targeted dose used in radiotherapy (one session)
70,000	Chest CT scan
20,000	Mammogram (single exposure)
200 - 1000	Chest X-ray
700	Living in a stone, brick or concrete building for one year
400	Flight from London to New York
100	Average daily background dose
50	Dental X-ray
1 - 100	Yearly dose from living near a nuclear power station

CREOG Educational Objectives 10th Edition 2013

1. The importance of a healthy diet and exercise
2. Risk factors and health problems associated with substance abuse
3. Weight management
4. Contraception
5. Prevention of STIs
6. Prevention of accidents in the home and workplace
7. Preserving good dental health, such as regular tooth brushing and flossing and regular dental appointments
8. Psychosocial issues
9. Prevention of osteopenia and osteoporosis
10. Sexual health and well-being



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 569 • August 2013
(Reaffirmed 2017)

Committee on Health Care for Underserved Women

Reviewed by the Oral Health Care During Pregnancy Advisory Committee. This committee is composed of representatives from the American College of Obstetricians and Gynecologists, the American Dental Association, and the Health Resources and Services Administration's Maternal and Child Health Bureau and coordinated by the National Maternal and Child Oral Health Resource Center at Georgetown University. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

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**

ACOG Committee Opinion

OB's Role

- Ask.
- Advise.
- Reassure.
- Refer.

Expand Access

- Understand dental coverage. Pregnancy may be the first time a patient has dental coverage.
- Develop interprofessional relationships.
- Advocate for expanded coverage.

Motivate OBs and patients

- Oral health improves general health.
- Oral health care is safe in pregnancy.
- Oral health may reduce transmission of potentially caries-producing oral bacteria from mothers to their infants.

ACOG Committee Opinion

- ❖ Ask about oral health:
 - ❖ 1. Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?
 - ❖ 2. When was your last dental visit?
 - ❖ 3. Do you need help finding a dentist?
- ❖ Conduct an oral health assessment during the first prenatal visit.
- ❖ Advise women that oral health care improves a woman's general health through her lifespan and may also reduce the transmission of potentially caries-producing oral bacteria from mothers to their infants.

ACOG Committee Opinion

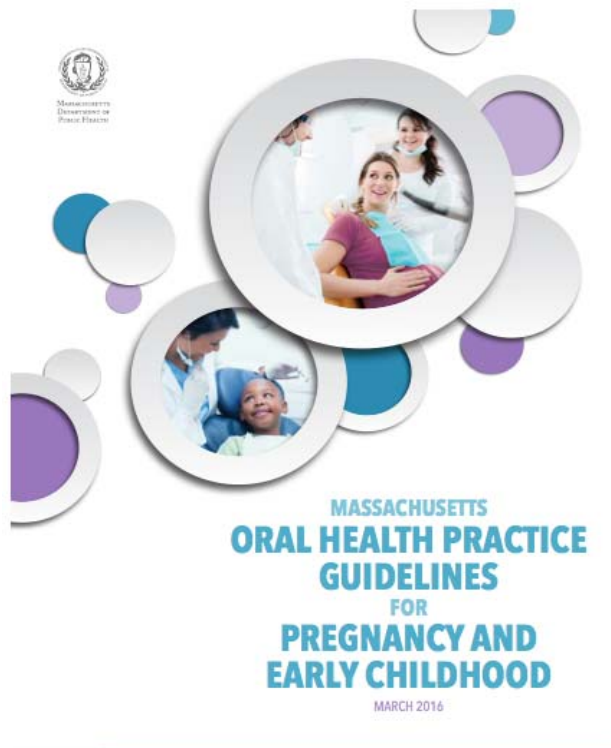
- ❖ Reassure patients that prevention, diagnosis, and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) and local anesthesia (lidocaine with or without epinephrine), are safe during pregnancy.
- ❖ Inform women that conditions that require immediate treatment, such as extractions, root canals, and restoration (amalgam or composite) of untreated caries, may be managed at any time during pregnancy. Delaying treatment may result in more complex problems.

ACOG Committee Opinion

- ❖ Reinforce routine oral health maintenance.
 - ❖ Limit sugary foods and drinks
 - ❖ Brushing twice a day with fluoridated toothpaste
 - ❖ Flossing once daily
 - ❖ Dental visits twice a year
 - ❖ Xylitol gum may help decrease oral bacterial load
- ❖ For patients with vomiting secondary to morning sickness, hyperemesis gravidarum, or gastric reflux during late pregnancy, the use of antacids or rinsing with a baking soda solution (ie, 1 teaspoon of baking soda dissolved in 1 cup of water) may help neutralize the associated acid.

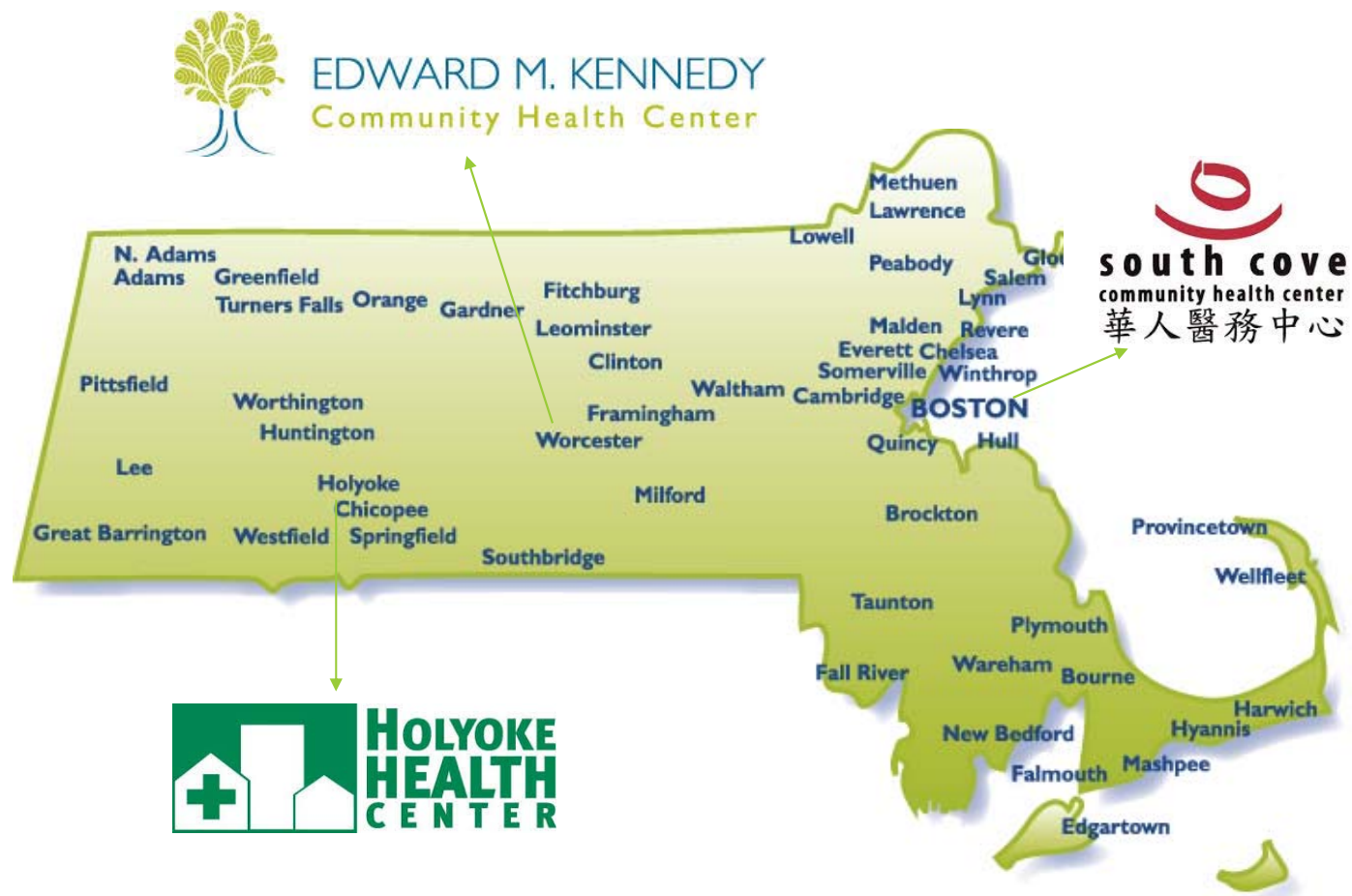
ACOG Committee Opinion

- ❖ Be aware of patients' health coverage for dental services during pregnancy so that referrals to the appropriate dental provider can be made. Note that each state's Medicaid coverage for oral health may vary considerably.
- ❖ Develop a working relationship with local dentists. Refer patients for oral health care with a written note or call, as would be the practice with referrals to any medical specialist.
- ❖ Advocate for broader oral health coverage of women before, during, and after pregnancy. Pregnancy is a unique time when women may gain access to oral health coverage.



MA DPH Oral Health Guidelines 2016

<https://www.mass.gov/files/documents/2016/10/ne/oral-health-guidelines.pdf>



Massachusetts Perinatal Oral Health Expansion Project

PREPARATION

- ❖ Create a shared mental model
 - ❖ Train all staff- assistants, nurses, providers, front desk
 - ❖ Build awareness – importance and timeliness of oral health for pregnant women and awareness of dental insurance coverage
- ❖ Collaborate across disciplines
 - ❖ Ensure dentists ready to accept patient referrals
 - ❖ Educate prenatal providers to counsel and recommend dental care

PREPARATION

- ❖ Adjust electronic health record (EHR)
 - ❖ Create prompts in patient intake, history and exam
 - ❖ Create checklist for counseling and follow-up
- ❖ Share patient education materials
 - ❖ At initial prenatal visit
 - ❖ At prenatal education classes

INITIAL PRENATAL VISIT

- ❖ **Assess** oral health
 - ❖ Do you have a dentist? Date of last visit? Perform basic oral exam.
- ❖ **Document** oral health status, including if no care in last 6 months.
- ❖ **Advise:** Provide information/motivation.
 - ❖ Good oral health is good for her and her baby
 - ❖ Reassure it's safe to receive all recommended dental care including X-rays and local anesthesia
- ❖ **Refer:** Assist in making dental appointment. If needed, provide dental referral, including any pertinent medical info and list of safe medications
- ❖ ****DELEGATE APPROPRIATE TASKS TO NON-CLINICIANS****

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).

- Drink water throughout the day, especially between meals and snacks. Drink fluoridated water (via a community fluoridated water source) or, if you prefer bottled water, drink water that contains fluoride.
- To reduce the risk of birth defects, get 600 micrograms of folic acid each day throughout your pregnancy. Take a dietary supplement of folic acid and eat foods high in folate and foods fortified with folic acid. Examples of these foods include
 - Asparagus, broccoli, and green leafy vegetables, such as lettuce and spinach
 - Legumes (beans, peas, lentils)
 - Papaya, oranges, strawberries, cantaloupe, and bananas
 - Grain products fortified with folic acid (breads, cereals, cornmeal, flour, pasta, white rice)

Practice Other Healthy Behaviors

- Attend prenatal classes.
- Stop any use of tobacco products and recreational drugs. Avoid secondhand smoke.
- Stop any consumption of alcoholic beverages.

Resources

Cavity Keep-Away (brochure and poster in English and Spanish) produced by the California Dental Association Foundation. <http://www.cdafoundation.org/Learn/Education/Training/PaternalOralHealthEducation/PatientEducationMaterial.aspx>

Dental Care Before, During, and After Pregnancy (handout) produced by the South Carolina Department of Health and Environmental Control, Division of Oral Health. <http://www.scdhec.gov/divisions/division%20of%20oral%20health/OralHealth/PDFs/DentalCareBeforeDuringAndAfterPregnancy.pdf>

For the Dental Patient: Oral Health During Pregnancy—What to Expect When Expecting (handout) produced by the American Dental Association. <http://www.ada.org/993.aspx>

Good Oral Health for Two (handout) produced by the Northeast Center for Healthy Communities, Greater Lawrence Family Health Center. http://www.northeastcenterforhealthycommunities.org/pdf/goodoralhealthcomm_eng.pdf (English), http://www.northeastcenterforhealthycommunities.org/pdf/goodoralhealthcomm_spa.pdf (Spanish).

Healthy Smiles for Two (brochure) produced by the South Dakota Department of Health, Oral Health Program. http://agss.sd.gov/FILES/Publications/ScreenPublications/SmilesforTwo_brochure.pdf

Nothing But the Tooth (video) produced by the Texas Department of State Health Services, Nutrition Services Section and Texas Oral Health Coalition. <http://www.youtubecan.org/watch?v=KvTtR3bE> (English), <http://www.youtubecan.org/watch?v=nyT1JXG-ds> (Spanish).

From *Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workshop Meeting* © 2012 by the National Maternal and Child Oral Health Resource Center. Consensus/Unconsensus Permission is given to photocopy this publication or to forward it in its entirety to others.

After Your Baby Is Born

- Continue taking care of your mouth after your baby is born. Keep getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors.
- Take care of your baby's gums and teeth, feed your baby healthy foods (exclusive breastfeeding for at least 4 months, but ideally for 6 months), and take your baby to the dentist by age 1.
- Ask your baby's pediatric health professional to check your baby's mouth (conduct an oral health risk assessment) starting at age 6 months, and to provide a referral to a dentist for urgent oral health care.

Resource

A Healthy Smiles for Your Baby: Tips to Keep Your Baby Healthy (brochure in English and Spanish) produced by the National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/materials/consensusbrochure.html>

Patient Education Tools (articles in Chinese, English, Hmong, Russian, Spanish, and Vietnamese) produced by the California Dental Association. http://www.cda.org/patient_education_tools

Pregnancy and Dental Care (poster and wallet card) produced by the New York State Department of Health. <http://www.health.state.ny.us/prevention/dental/publications.htm>

TwoBaby (mobile information service) produced by the National Healthy Mother, Healthy Babies Coalition. <http://www.twobaby.org>

Two Healthy Smiles: Tips to Keep You and Your Baby Healthy (brochure) produced by the National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/pregnancybrochure.pdf> (English) and http://www.mchoralhealth.org/PDFs/pregnancybrochure_spa.pdf (Spanish).

Finding a Dentist

- <http://www.ada.org/ada/indadentist/adviceadvice.aspx>
- <http://www.knowyourtooth.com/indadentist>

Finding Low-Cost Dental Care

- <http://www.aadacah.org/FindingDentalCare/ReducedCost/FLCDC.htm>

Finding Dental Insurance Coverage

- <http://www.healthcan.gov>

<https://www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf>

REFERRAL FORM



**Bring this with you to your
next appointment!**

Patient Name: _____

Date of Birth: _____ Estimated Delivery Date: _____

**This patient may have routine dental care,
including but not limited to:**

- | | |
|---|---|
| <input type="checkbox"/> Oral health examination | <input type="checkbox"/> Local anesthetic with or without epinephrine |
| <input type="checkbox"/> Dental prophylaxis | <input type="checkbox"/> Root canal treatment |
| <input type="checkbox"/> Dental x-ray with neck and abdominal lead shield | <input type="checkbox"/> Extraction |
| <input type="checkbox"/> Restoration (amalgam or fillings) | <input type="checkbox"/> Scaling and root planning (deep cleaning) |

Known Allergies: _____

Precautions: ☐ None ☐ Specify (if any) _____

Patients may be prescribed the following pain medication(s)

- ☐ Acetaminophen with codeine
- ☐ Alternative medication (specify): _____

Patient may be prescribed the following antibiotics:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Clindamycin |
| <input type="checkbox"/> Cephalosporins | <input type="checkbox"/> Erythromycin (not estolate form) | |
| <input type="checkbox"/> No Antibiotics | <input type="checkbox"/> Other _____ | |

Signature: _____ Date: _____



BEFORE THE FIRST TOOTH
HEALTHY SMILES FOR YOU & YOUR BABY

MaineHealth

INSERT 2:

SAMPLE REFERRAL FORM FOR PREGNANT WOMEN TO ORAL HEALTH PROVIDERS

Referral Form for Pregnant Women to Receive Oral Health Care

Referred To: _____ Date: _____

Patient Name (Last/First): _____

Date of Birth: _____ Estimated Delivery Date: _____ Week of Gestation Today: _____

Known Allergies: _____

Precautions: ☐ None ☐ Specify (if any): _____

Reason(s) for Referral: _____

This patient may have routine dental care, including but not limited to: oral health examination, prophylaxis, scaling and root planning, extraction, dental x-ray with abdominal and neck shield, local anesthesia with epinephrine, root canal and restorations (amalgam or composite).

The 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)

Prenatal Care Provider: _____ Phone: _____

Signature: _____ Date: _____

DO NOT HESITATE TO CALL WITH QUESTIONS

Dentist's Report for the Prenatal Care Provider

Diagnosis: _____

Treatment Plan: _____

Name: _____ Date: _____ Phone: _____

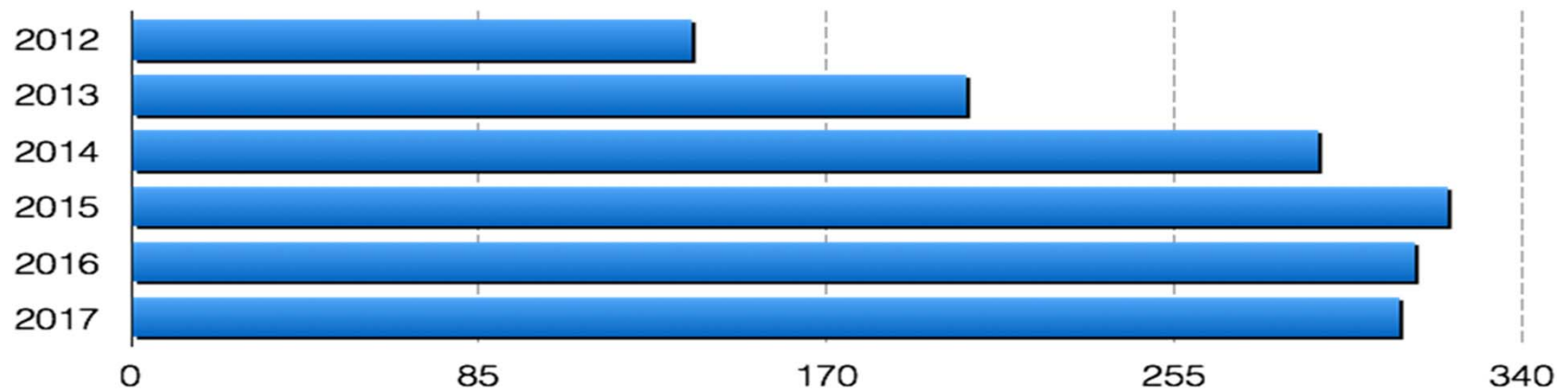
Signature of Dentist: _____

ENSURING FOLLOWUP

- ❖ EHR Prompt/Checklist
- ❖ Revisit oral health later in pregnancy and postpartum
- ❖ Incorporate oral health in prenatal classes and group prenatal care

Domestic violence	pt denies, reports safe	
Depression screening (PHQ-2)	neg	
Dental care (appt in last 6 months)?	reviewed	letter given
Insurance coverage	reviewed	
WIC referral	yes	
Weekly OB email newsletter offered	yes	pt declined
Influenza vaccine	1/11/19	
Second Trimester		
confirm Rh status. rhogam needed?	patient is RH+	
ob consent	signed	
health care proxy	signed	
Prenatal/BF/FP/newborn classes	encouraged	
breastfeeding encouraged	encouraged	
Signs and Symptoms of preterm labour	reviewed	
Domestic violence screening	pt denies	
Depression screening (PHQ2)	neg	
TDAP vaccine (target 27-36wks)	5/1/19	
Dental care confirmed	3/1/19 at SC	
Postpartum family planning/Tubal sterilization	discussed	Pt undecided on pregnancy. Advise space children at months. Pt t unde BCMS. Options dis will think about it.
Selecting a pediatrician	SC	
Third Trimester		
Fetal high counts		

SOUTH COVE (crude EHR data)



pregnant patients seen by dental

STANDARDIZE OFFICE PROCESSES

- ❖ Modify prenatal flowchart to include oral health
- ❖ Develop a role for office staff in taking risk history, offering advice, and providing referral information
- ❖ Maintain up-to-date list of local dental providers that see pregnant patients, accept all insurances
- ❖ Use a referral system to improve communication
- ❖ Follow-up to ensure dental care occurred
- ❖ Include oral handouts in prenatal packets
 - ❖ At initial prenatal visit and at prenatal education classes

1

MODEL ONE Closed Referral for Dental Appointments



One identified dental clinic (who accepts Medical Assistance) partners to be the prioritized referral source for pregnant patients. The referring agency sends referral to dental clinic who schedules appointments and sends information (with patient consent) back to referring agency. This closes the referral, allows for improved case management and increases completed appointments.

What worked



Increase WIC/Public Health staff oral health knowledge and confidence in having oral health conversations with families.

Use of Motivational Interviewing to understand patient readiness for dental referral

Dental clinic prioritizing referred patients

Two way sharing of information to increase case management and improve appointment completion

Key oral health messages for mothers



You can transmit bacteria in your mouth to your baby

The healthier your mouth is, the healthier your baby will be

The most important thing you can do right now is make sure your mouth is as clean as possible before the baby is born

2

MODEL TWO Integrated Preventive Oral Health Services



Preventive oral health services are integrated into the patient workflow at Women Infant and Children clinics. Oral health services are provided either through a partnership with a Federally Qualified Health Center (FQHC) Outreach Dental Hygienists or Public Health Nurse.

A warm hand off is made from the WIC staff to the staff providing oral health services including fluoride varnish, oral health education and referral to dental providers. Space is created directly in the WIC clinic. Public health departments or FQHC bill Medicaid for fluoride varnish.

What worked



Dedicated oral health provider and space on-site to be part of WIC clinic.

WIC staff introduces oral health services available during intake and encourages families to meet with provider.

Promotion to WIC clients of oral health services through signage at clinic and in appointment reminder messaging.

Schedule next fluoride application for benefit issuance days.

Key oral health messages for families



It is important to have multiple applications of fluoride varnish.

Your children can receive fluoride varnish 4 times a year.



FOR MOM
AND BABY

★Children's Health
Alliance of Wisconsin

6 local Women Infant and Children (WIC) programs to set up quality improvement projects to integrate oral health preventive services (education, screening, fluoride varnish,) and referrals for dental care. Target population is pregnant women and children 1-4.

OUTCOMES

Increase percent of pregnant women in WIC who utilize dental services
*prenatal care services

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)

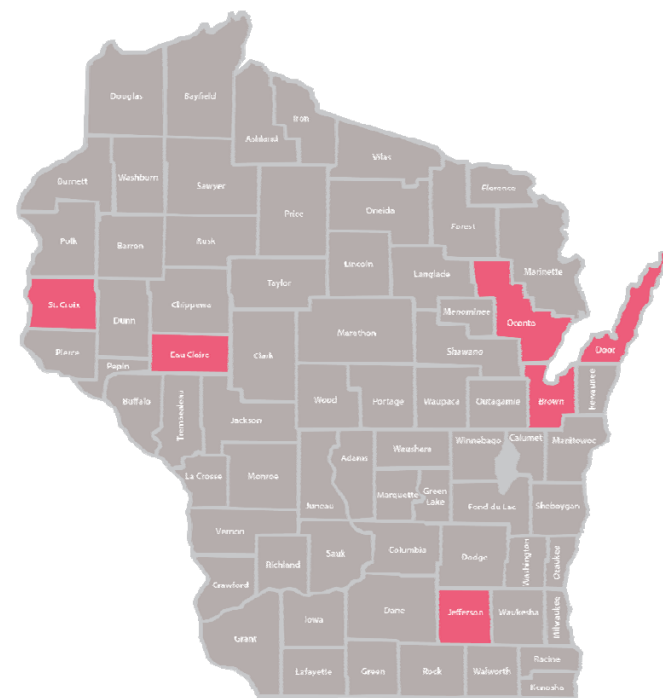
**Increase percent of Children age 1-4 years
in WIC who utilize dental services**

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)




State Action Plans

Education and Training

- Patients/public: pamphlets, videos, text4baby
- Providers/agencies: state and professional guidelines, online training (Smiles for Life, Healthy Smiles for Mom and Baby Wisconsin), medical schools, residencies

Partnership and Collaboration

- Build dental and OB provider relationships (health centers, private offices)
 - Other agency referrals: WIC, Healthy Start, Home Visiting Nurse
- 

HELPFUL RESOURCES



National Maternal and Child Oral Health Resource Center

Course 5:

Oral Health and the Pregnant Patient



Smiles for Life
A national oral health curriculum

ACOG. Oral Health During Pregnancy and through the Lifespan. Available at:
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Oral-Health-Care-During-Pregnancy-and-Through-the-Lifespan>

**Oral Health Care During Pregnancy:
A National Consensus Statement**
Summary of an Expert Workgroup Meeting

Take-Home Points

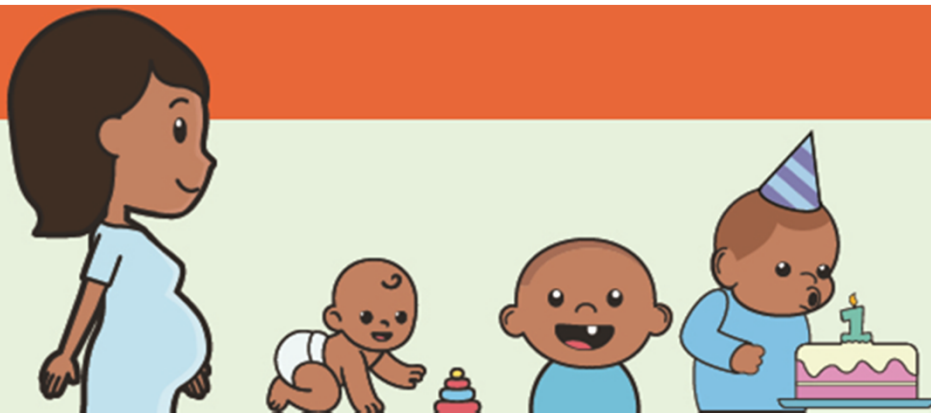
- ❖ It is safe and recommended for both mother and baby to receive all necessary dental treatment during pregnancy
- ❖ Pain and untreated dental disease impact both maternal and child health longitudinally
- ❖ The 2nd trimester is the most ideal time for elective dental procedures
- ❖ Dental radiographs and most medications are safe in pregnancy
- ❖ OB providers have role in assessing and educating about oral health, making referrals as needed, and providing anticipatory guidance regarding safety of oral health care in pregnancy
- ❖ Interprofessional relationships are critical to building oral health equity
- ❖ Pregnancy represents an opportunity to connect mom and baby with needed health resources and reverse health disparities!

Protect Tiny Teeth

Prenatal Communications Toolkit

Lauren Barone, MPH

Senior Manager, Pediatric Practice and Workforce
American Academy of Pediatrics



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Disclosures & Acknowledgments

- I have nothing to disclose.
- This toolkit is supported by Cooperative Agreement Number 6NU38OT000167-04-01, funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.
- Many thanks to the AAP Section on Oral Health and all of the other experts who have helped to shape this project, including our national organization partners (AAPD, ACOG, ADA and ADHA).



A close-up, side-profile photograph of a pregnant woman with dark hair, wearing a blue textured sweater. She is gently holding her pregnant belly with both hands. The background is a soft, out-of-focus indoor setting.

Oral health & pregnancy

Information about children's oral health is abundant, but this is less true for information about oral health and pregnancy.

What's The Message?

- **Don't kiss your baby or share utensils.**
- **Brush with fluoride toothpaste and floss.**
- **Don't put baby to bed with a bottle.**
- **Eat healthy food that isn't cariogenic.**
- **Rinse with a baking soda solution after morning sickness.**

Making sure that the messages would resonate with the audience and were actions they were willing to take was key.

Focus Group Testing

- Conducted in Virginia and Florida
- Participants were segmented into three groups:
 - ☐ pregnant women
 - ☐ first time mothers with babies less than a year old
 - ☐ mothers with children between 1 and 3 years of age
- Creative concepts inserted into a real parent or pregnancy magazine, alongside real advertisements.



Focus Group Results

- Mix up resonating creative.
- Be wary of tone.
- Frame a familiar issue in a new way.
- You're "doing it for two."
- Give the "why."
- Provide an online resource for more information.



Protect Tiny Teeth Toolkit

The screenshot shows the AAP website's 'Oral Health Toolkit' page. The header includes the AAP logo and navigation links like 'My Collaboration Sites', 'Early Career', 'Pediatric Trainees', 'International', and 'HealthyChildren.org'. A search bar is present. The main content area is titled 'Oral Health Toolkit' and features a large image of a pregnant woman. Below the image is the section 'Helping You Help Moms' with a paragraph about the importance of oral health during pregnancy and infancy. To the right, a 'How to Use' section lists three steps: 1. Download, 2. Print, and 3. Distribute. Below this is a 'Social Media Toolkit' section. At the bottom, there are social media sharing buttons for Facebook, Twitter, Pinterest, Google+, Email, and Print. A small image of a baby is also visible in the bottom right corner of the toolkit section.

Aap.org/tinyteeth

The screenshot shows the HealthyChildren.org website. The header includes the 'OUR SPONSORS' section, a 'LOG IN | REGISTER' button, and a search bar. The main content area is titled 'Give Your Baby the Best Possible Start' and features a large image of a woman holding a baby. Below the image is a section titled 'You're pregnant!' with a video player showing 'Tiny Teeth: Art of For-Two'ing'. To the left of the main content, there is a sidebar with a 'Prenatal' section and a list of topics: 'Decisions to Make', 'Delivery and Beyond', 'Baby', 'Toddler', 'Preschool', 'Gradeschool', 'Teen', and 'Young Adult'. A 'FREE Downloadable Oral Health Materials Oral Health Toolkit' button is also visible in the sidebar.

Healthychildren.org/tinyteeth

Protect Tiny Teeth Toolkit



Implementation Tools – Gather Information

Prenatal Oral Health Information Form

Patient Name: _____ DOB: / /
Telephone: _____ Est. Delivery Date: / /

Tell Us About Your Dental Routines.

Choose the answer that is most similar to your dental care routine.

For office use only
A _____ B _____ C _____

1. How often do you visit a dental professional?
 - a. Once every six months.
 - b. Once a year.
 - c. Once every few years or never.
2. How often do you brush your teeth?
 - a. Once or twice a day.
 - b. A couple times a week.
 - c. Not very often.
3. How do you satisfy your pregnancy cravings?
 - a. I usually eat healthy food like fruits, vegetables, whole grains, yogurt or cheese.
 - b. Sometimes I eat healthy things, but I also eat sugary/salty snacks like cookies and chips.
 - c. I mostly eat sugary/salty snacks like cookies and chips.
 - d. Other. Please describe _____
4. What do you usually drink during the day?
 - a. Mostly water, milk, or other sugar-free beverages.
 - b. Some water and some soda, juice, coffee or tea.
 - c. Mostly soda, juice, coffee, or tea.
 - d. Other _____
5. How often do you floss?
 - a. At least once a day.
 - b. Every few days or at least once a week.
 - c. Not very often or never.
6. Do you smoke or use any tobacco products?
(including cigarettes, e-cigarette (vaping) devices or chewing tobacco)
 - a. No.
 - b. Yes, but rarely.
 - c. Yes, regularly.
7. What do you do after you experience morning sickness?
 - a. Rinse my mouth out with a baking soda and water solution.
 - b. Brush my teeth and/or rinse with just water.
 - c. Nothing.
 - d. I don't get morning sickness.
 - e. Other. Please describe _____
8. Are you experiencing any pain, bleeding or hot/cold sensitivity in your teeth or gums today?
 - a. No.
 - b. A little bit.
 - c. Yes. Please describe _____
9. Have you had any dental work (fillings, extractions, root canals, etc.) done in the past 12 months?
 - a. No.
 - b. Yes. Please describe _____
 - c. I need dental work, but I haven't received it.
10. Do you have dental insurance?
 - a. Yes.
 - b. I don't know.
 - c. No.

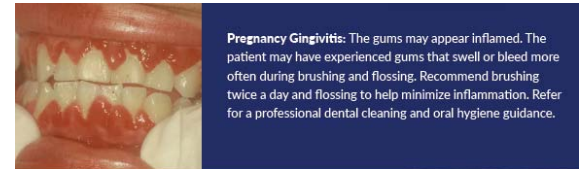
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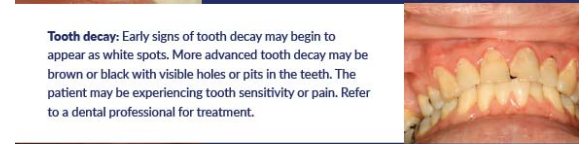
Prenatal Oral Health Screening Guide

Follow the steps below:

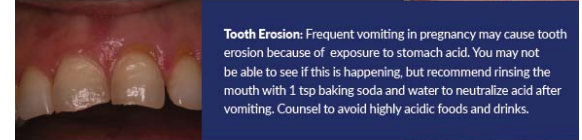
1. **Take an oral health history.** Use the Prenatal Oral Health Information Form as a questionnaire or, use the questions below to obtain it verbally.
Questions that may be included are as follows:
 - a. Do you have swollen or bleeding gums, tooth pain or any other issues with your mouth?
 - b. If you have any mouth pain, how do you handle it? (Can follow up by asking about taking medications, drinking, etc.)
 - c. Have you experienced morning sickness since becoming pregnant?
 - d. When was the last time you went to a dental appointment?
 - e. Have you made an appointment to get a dental check-up while you are pregnant?
 - f. Do you need help finding a dental professional?
 - g. Do you have any questions about receiving oral health care while pregnant?
(refer to conversation guide for more guidance on having this discussion)
2. **Examine the patient's mouth for problems** to see if treatment is needed. Check for swollen or bleeding gingiva, tooth decay and signs of infection. Some examples of common conditions like these are shown on the back of this card.
3. **Refer and remind.** If there is disease or need for urgent oral care, refer the patient to a dental professional. This is also a good time to talk about any fears they may have about receiving dental care while pregnant. Remind all patients about routine oral health practices:
 - a. See a dental professional for a check up before they deliver.
 - b. Brush twice a day and floss once a day.
 - c. If they get sick, rinse mouth with a solution of 1 tsp of baking soda in a glass of water. Try to avoid brushing immediately after vomiting.
4. **Document findings.** Document the oral exam and history in the patient's file, noting if there were any signs of oral health problems and if the patient was referred to a dental professional.



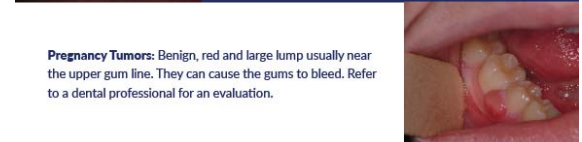
Pregnancy Gingivitis: The gums may appear inflamed. The patient may have experienced gums that swell or bleed more often during brushing and flossing. Recommend brushing twice a day and flossing to help minimize inflammation. Refer for a professional dental cleaning and oral hygiene guidance.



Tooth decay: Early signs of tooth decay may begin to appear as white spots. More advanced tooth decay may be brown or black with visible holes or pits in the teeth. The patient may be experiencing tooth sensitivity or pain. Refer to a dental professional for treatment.



Tooth Erosion: Frequent vomiting in pregnancy may cause tooth erosion because of exposure to stomach acid. You may not be able to see if this is happening, but recommend rinsing the mouth with 1 tsp baking soda and water to neutralize acid after vomiting. Counsel to avoid highly acidic foods and drinks.



Pregnancy Tumors: Benign, red and large lump usually near the upper gum line. They can cause the gums to bleed. Refer to a dental professional for an evaluation.



Healthy Teeth: Women with healthy teeth have no signs of decay and no other clinical findings.

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Implementation Tools – Have A Conversation

Prenatal Oral Health Conversation Guide

The following is designed to help you talk to your patients about their oral health. Please refer to the answers from the Prenatal Oral Health Information Form to decide which category (A, B, or C) best fits the patient.

MOSTLY A's

Professional Conversation Guide

These patients are already taking good care of their oral health and likely have the means to get dental care and buy oral care products. Your role is to reinforce their good habits and help them with any changes they may experience during pregnancy.

Here are some talking points to help you get the conversation started:

- I'm really glad to see that you are able to get needed dental care and to take care of your teeth. It's even more important during pregnancy when you might be more likely to have some dental problems.
- Can you tell me about the last time you went to a dental professional?
[Some patients may reveal that they haven't seen a dental professional in a long time, don't have one, or didn't think they should when pregnant. In this case, reassure them that dental care is safe and important during pregnancy and offer assistance to find a dentist that will see pregnant women. Listen to a patient if they tell you about a negative experience in the past or have fear and anxiety about getting dental care. Be empathetic and offer to help them find a dental professional they can trust.]
- Can you tell me about any changes or pain you have noticed in your teeth and gums while you've been pregnant?
[Pregnant women are more prone to getting cavities and gum disease. To prevent this from happening, support your patient in eating healthy, getting regular dental care, and brushing twice a day. Flossing once a day also helps with reducing gum inflammation. If she has urgent needs like pain in a tooth or gums, talk about safe pain relief and refer to a dental professional for follow-up.]
- What do you do after you have morning sickness?
[Some of your patients may not experience morning sickness, but if they do, remind them to rinse their mouth with a mixture of a cup of water and 1 tsp of baking soda. They can mix up a larger batch (estimate about 1 tsp baking soda per cup of water) to be used over 3 or 4 days, if needed.]
- Do you have any questions about how best to take care of your teeth and gums while pregnant?
[Do your best to answer any questions your patient may have. For those you can't answer, refer to a dental professional.]
- Key Points: Keep taking good care of your teeth at home, rinse with baking soda mixture after vomiting to protect tooth enamel, and see a dental professional regularly for check-ups. By doing these things, you can give your baby the best start for a lifetime of good oral health.

If you find your patient could use help to address access to care, you can refer them to these resources:

Call 2-1-5. This is a free and confidential service that helps people across the U.S. find local resources and assistance they need, whether it be health care services, housing, food, personal stress and more. This resource is available 24/7 to speak with a live, highly-trained service professional in the patient's area.

Visit Benefits.gov. This is an online resource that can help a patient find federal benefits they may be eligible for in the U.S. Benefit categories include health care and medical assistance, financial assistance, food and nutrition, child services, housing and more.

Link to local resources available to our patients here.

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MOSTLY B's

Professional Conversation Guide

Most of your patients are likely in this category. They have a good understanding of oral health but don't always put it into practice. Your role is to reinforce the good behaviors they have in place and help them set goals for things that they may need to work on. Helping them make these changes now can improve their health while pregnant and set their baby up for a lifetime of good oral health.

Here are some talking points to help you get the conversation started:

- You're already doing a lot to make sure your baby is healthy! I remind all my patients that it's also important and safe to visit a dental professional regularly during pregnancy to check for any signs of gum disease or tooth decay, which can be shared with your baby if they're not addressed.
- Can you tell me about the last time you went to a dental professional?
[Some patients may reveal that they haven't seen a dental professional in a long time, don't have one to go to, or didn't think they should when pregnant. In this case, reassure them that dental care is safe and important during pregnancy and offer assistance to find a dentist that will see pregnant women. Listen to a patient if they tell you about a negative experience in the past or have fear and anxiety about getting dental care. Be empathetic and offer to help them find a dental professional they can trust.]
- Can you tell me about any changes or pain you have noticed in your teeth and gums while you've been pregnant?
[Pregnant women are more prone to getting cavities and gum disease. To prevent this from happening, support your patient in eating healthy, getting regular dental care, and brushing twice a day. Flossing once a day also helps with reducing gum inflammation. If she has urgent needs like pain in a tooth or gums, talk about safe pain relief and refer to a dental professional for follow-up.]
- What do you do after you have morning sickness?
[Some patients may not experience morning sickness, but if they do, remind them to rinse their mouth with a mixture of a cup of water and 1 tsp of baking soda. They can mix up a larger batch (estimate about 1 tsp baking soda per cup of water) to be used over 3 or 4 days, if needed.]
- Do you have any questions about how best to take care of your teeth and gums while pregnant?
[Do your best to answer any questions your patient may have. For those you can't answer, refer to a dental professional.]
- Key Points: Keep taking good care of your teeth at home, rinse with baking soda mixture after vomiting to protect tooth enamel, and see a dental professional regularly for check-ups. By doing these things, you can give your baby the best start for a lifetime of good oral health.

MOSTLY C's

Professional Conversation Guide

These patients may not have the keys to open the door to good oral health. Good oral hygiene practices may not have been something they learned or understand. They may have trouble finding a dental professional to see, fear going to one, or can't afford care. As you start a conversation with them about their oral health, keep in mind that they may have livelihood considerations, fear and anxiety, or significant societal barriers that make addressing dental care difficult. Your role is to assist them in getting urgently needed care to protect their health and that of their baby and to support them in setting goals to improve oral health behaviors at home.

Here are some talking points to help you get the conversation started:

- There are a lot of things to keep track of when you are pregnant, and it can be hard for everyone. Something I emphasize with all my patients is the importance of oral health. That's because when you're pregnant, you may be more prone to gum disease and cavities. Taking good care of your mouth has the power to protect your baby from harmful germs and provide them with good oral health for life.
- Can you tell me about the last time you went to a dental professional?
[Some patients may reveal that they haven't seen a dental professional in a long time, don't have one to go to, or didn't think they should when pregnant. In this case, reassure them that dental care is safe and important during pregnancy and offer assistance to find a dentist that will see pregnant women. Listen to a patient if they tell you about a negative experience in the past or have fear and anxiety about getting dental care. Be empathetic and offer to help them find a dental professional they can trust.]
- Can you tell me about any changes or pain you have noticed in your teeth and gums while you've been pregnant?
[Pregnant women are more prone to getting cavities and gum disease. To prevent this from happening, support your patient in eating healthy, getting regular dental care, and brushing twice a day. Flossing once a day also helps with reducing gum inflammation. If she has urgent needs like pain in a tooth or gums, talk about safe pain relief and refer to a dental professional for follow-up.]
- What do you do after you have morning sickness?
[Some patients may not experience morning sickness, but if they do, remind them to rinse their mouth with a mixture of a cup of water and 1 tsp of baking soda. They can mix up a larger batch (estimate about 1 tsp baking soda per cup of water) to be used over 3 or 4 days, if needed.]
- Do you have any questions about how best to take care of your teeth and gums while pregnant?
[Do your best to answer any questions your patient may have. For those you can't answer, refer to a dental professional.]
- Do you have any ideas on things you could work on to improve your oral health?
» Encourage your patient to choose one or two goals to work on between appointments and don't forget to check in next time. Some answers might include the following:
 - » Drink more water and less sugar-sweetened beverages.
 - » Choose healthy foods to satisfy pregnancy cravings instead of junk food.
 - » Brush twice a day for two minutes.
 - » Floss once a day.
 - » Make an appointment to get a dental check-up... and go!
 - » Rinse mouth with a cup of water and 1 tsp baking soda after morning sickness.
 - » Quit smoking.
- Key Points: Keep taking good care of your teeth at home, rinse with baking soda mixture after vomiting to protect tooth enamel, and see a dental professional regularly for check-ups. By doing these things, you can give your baby the best start for a lifetime of good oral health.

See back for resources

See back for more

Implementation Tools – Refer/Communicate

Prenatal medical-to-dental referral form

Patient Information

Patient Name: _____ DOB: ____/____/____
 Telephone: _____ Est. delivery date: ____/____/____

Medical Professional Information

Primary/Prenatal Care Professional: _____ Date: ____/____/____
 Telephone: _____ Fax: _____
 Signature: _____

Referral Information

Reason for Referral: ☐ Routine ☐ Gingivitis ☐ Dental Caries ☐ Pain ☐ Other

☐ This patient is cleared for routine dental evaluation and care

Known Allergies: _____

Medications patient is currently taking: _____

Significant Medical Conditions: ☐ None ☐ Yes (specify) _____

Routine dental evaluation and care is safe during pregnancy, including (but not limited to):

- Oral health examination
- Dental x-ray with abdominal and neck lead shield
- Dental prophylaxis
- Local anesthetic with epinephrine
- Periodontal therapy
- Restoration (amalgam or composite fillings)
- Root canal treatment
- Extraction

Medications that are safe to use during pregnancy:

- Acetaminophen with or without codeine
- Amoxicillin
- Cephalosporins
- Clindamycin
- Erythromycin (not estolate form)
- Penicillin

Dental Professional Name: _____ Telephone: _____
 Fax: _____ For help finding a dental professional, call your insurance company or 2-1-1.

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Pediatric medical-to-dental care referral form

Patient Information

Patient Name: _____ DOB: ____/____/____
 Parent/Guardian: _____ Height: _____
 Telephone: _____ Weight: _____

Medical Professional Information

Pediatric Care Professional: _____ Date: ____/____/____
 Telephone: _____ Fax: _____
 Signature: _____

Follow-Up Request

This patient is being referred for a dental evaluation and care in a dental home. If this patient requires sedated care, please contact our office to discuss next steps. Until this child can be seen regularly by a dental professional, our office will provide periodic oral health screenings, oral hygiene guidance, and fluoride varnish/supplementation as needed. *Please indicate if this child was seen in your office by faxing our office a short note with information regarding the visit and a follow-up plan. Thank you.*

Referral Information for Dental Professional

Reason for Referral: ☐ Immediate care needed ☐ Abnormal oral screening ☐ Routine dental care
☐ Other, please describe _____

Concerns: _____

Describe conditions that could affect their receipt of routine or restorative dental care that could require anesthesia: _____

Known Allergies: _____

(continued on back)



Pregnant?

Schedule your next dental check-up today.

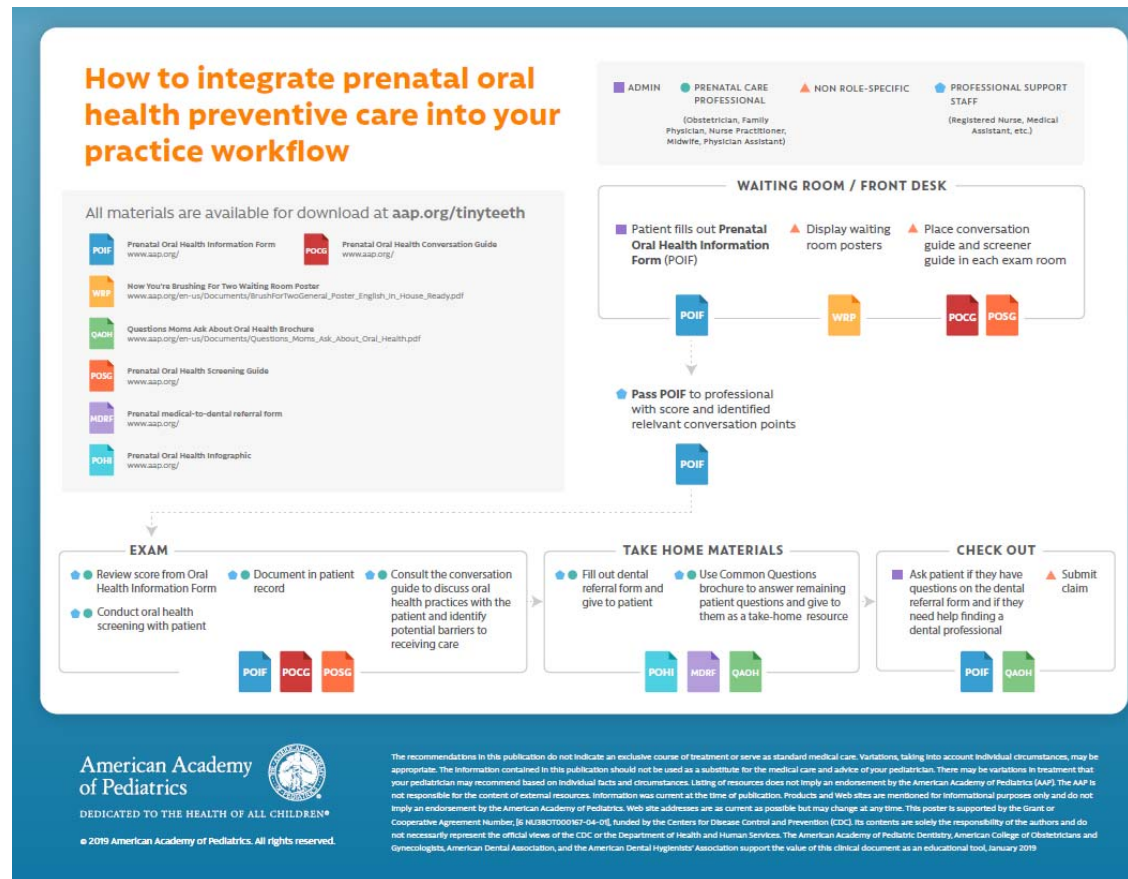
Let us know if you're pregnant or planning to become pregnant and we'll help you to schedule needed dental visits—because keeping you both healthy is our goal.

Make an appointment with us today.

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Prenatal Care Oral Health Workflow



Implementation Tips

- Offer materials to medical/dental and other allied health professionals (including CHWs and home visitors) to help them with conversations about oral health
- Embed materials in state or community specific efforts around oral health and pregnancy
- Use materials to educate policy makers about need for expanded benefits for oral health care for pregnant women



Protect your baby's tiny teeth by
taking care of your own. Learn
more by visiting:
HealthyChildren.org/tinyteeth

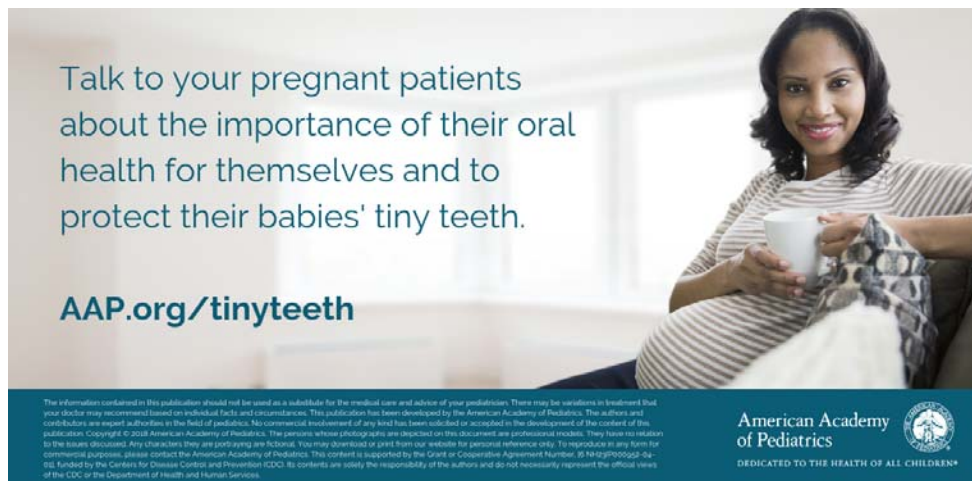
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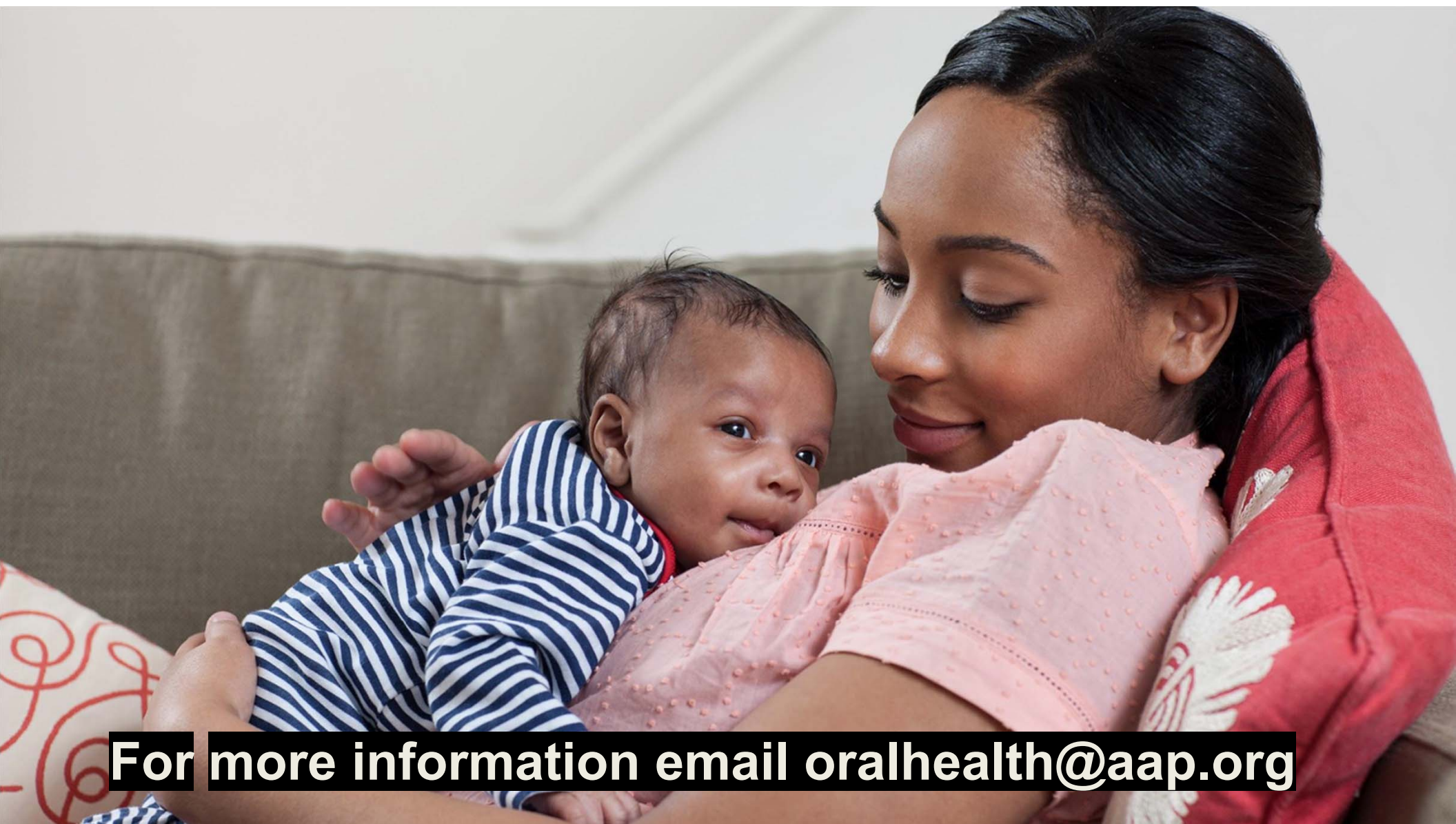


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Implementation Tips



- Play videos in waiting rooms or on office web sites
- Incorporate materials into patient education platforms (websites or apps) and electronic health records
- Use materials for quality improvement initiatives or learning collaboratives



For more information email oralhealth@aap.org



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