



Access to Oral Health Care During the Perinatal Period

A Policy Brief



Oral Health Care Is Essential and Safe During the Perinatal Period

While it is increasingly recognized that oral health plays an important role in overall health and well-being, many women do not visit a dentist before, during, or after pregnancy, even when there are obvious signs of oral disease.^{1–3} Fortunately, opportunities exist to educate health professionals who work with women about the importance of oral health care during the perinatal period and to engage these health professionals in promoting women's oral health during that period. It is safe to deliver oral health services during the perinatal period, and delaying necessary treatment could result in harm to the mother and indirectly to the fetus.^{4,5}

This policy brief provides an overview of the major barriers to addressing oral health needs during the perinatal period. It also presents a range of strategies for improving women's oral health. A number of states are already actively engaged in putting these strategies into practice.

Oral Health and Systemic Health Are Interconnected

Accessing timely oral health care during the perinatal period is essential for maintaining the health and well-being of both women and their children.⁶ The pain, embarrassment, and reluctance to eat associated with untreated oral disease can compromise nutritional intake, hinder the ability to speak and concentrate, and negatively impact self-esteem. A major entryway into the body, the mouth can become a source of disease or of pathological processes affecting other parts of the body. Recent studies have reported associations between oral diseases, particularly periodontal disease, and an increased risk for poor birth and pregnancy outcomes such as preterm birth, low birth-weight, and gestational diabetes.^{7–9}



In the United States, nearly one in five women do not visit the dentist during the year before they become pregnant.¹

Children whose mothers have poor oral health are five times more likely to have oral health problems than children whose mothers have good oral health.⁸

Preserving a woman's oral health throughout the perinatal period can also help establish a solid foundation for promoting the oral health of her children after they are born. Children whose mothers have poor oral health and high levels of oral bacteria are at greater risk for having oral infections at young ages and for developing dental caries (tooth decay), compared with children whose mothers have better oral health and lower levels of oral bacteria.¹⁰

Recommendations for Promoting Oral Health During the Perinatal Period

All health professionals should inform women that⁵

- Oral health care is safe and effective during pregnancy.
- First trimester diagnosis (including necessary dental X-rays) and treatment for conditions requiring immediate attention are safe.
- Necessary treatment can be provided throughout pregnancy; however, the period between the 14th and the 20th week is the best time to provide treatment.
- 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.

Pregnancy Increases Women's Risk for Oral Infections

Pregnancy is characterized by physiological changes, including fluctuating hormones. These changes may increase susceptibility to oral infections such as periodontal disease and hinder the body's ability to repair and maintain soft tissues within the mouth.¹¹ During pregnancy, reversible mild inflammation of the gums, called "pregnancy gingivitis," is estimated to occur in 30 to 100 percent of pregnant women.¹² Untreated gingivitis can lead to periodontitis, believed to affect 5 to 20 percent of pregnant women. Periodontitis can erode the bone and other supporting structures of teeth and ultimately result in tooth loss.¹³

Increasing the Proportion of Women Who Receive Oral Health Care During the Perinatal Period Is Essential

Recent studies have tracked the utilization patterns of oral health care at each stage of the perinatal period:

- **Preconception.** Early detection of oral disease helps women enter pregnancy in optimal health. In a 2004 study, 22 percent of women reported that they had never accessed oral health care before pregnancy.¹
- **Pregnancy.** Untreated oral disease during pregnancy may pose a risk to the health of both the woman and her fetus. A large proportion of women (35 to 44 percent) do not receive oral health care while pregnant.^{2,3,14} Also, among pregnant women who report having oral problems, only about half seek oral health care.²
- **Interconception.** The time between pregnancies provides an opportunity to restore or maintain good oral health. One study conducted in 2004 explored women's



oral-health-care-seeking behaviors in the 2 to 9 months following the birth of their infants and found that less than one-third (30 percent) of women visited a dentist during this period.¹

These studies also indicate that some groups of women are significantly less likely to access oral health care during pregnancy than others. Women who have low incomes, belong to racial or ethnic minority groups, or participate in Medicaid are half as likely to receive oral health care while pregnant compared with women who have higher incomes, are white, or are privately insured.^{2,3,12}

Periodontal disease can be attributed to bacterial infections that, if left untreated, may affect other parts of the body. A growing number of studies have found an association between severe periodontal disease and negative health outcomes, including tooth loss, cardiovascular disease, stroke, poor diabetes control, and adverse birth outcomes.⁷⁻⁹

Reducing Systems-Level Barriers to Accessing Oral Health Care Is Imperative

Certain aspects of the oral health service delivery system act as barriers to providing adequate oral health education and care to women during the perinatal period. Following are descriptions of gaps in the system, as well as strategies to help fill these gaps.

Educating Health Professionals About the Importance and Safety of Oral Health Care During the Perinatal Period Is Key

Obstetricians, pediatricians, and family physicians are often the first health professionals to consult with expectant parents to discuss how to prepare for a healthy pregnancy. These health professionals can play an important role in emphasizing the importance of oral health and connecting pregnant women to sources of oral health care.¹⁵⁻¹⁷ However, oral screenings, education, and referrals to oral health professionals are not routinely offered during prenatal care, and many health professionals are hesitant to provide some types of oral health services to pregnant women (see box on page 4).

Women Need Clear Information About Oral Hygiene and Oral Health Care

Women are particularly receptive to health promotion messages during pregnancy (compared to when they are not pregnant) and are more motivated to refrain from or reduce risky behaviors such as smoking and alcohol consumption to improve their health and prevent harm to the developing fetus.¹⁸ Pregnancy therefore represents an opportunity to integrate oral health promotion into healthy pregnancy-planning efforts. However, convincing women to engage in health-promoting behaviors can be challenging for the following reasons:

- Demographics, cultural differences, and early life experiences with oral health care can all exert a

Health Professionals' Knowledge, Attitudes, and Practice Behaviors Affect Perinatal Oral Health Care

Obstetricians

A survey of 249 obstetricians practicing in Ohio during 2004–2005 found that only a small fraction incorporated oral health into their clinic practice:

- Twenty-nine percent performed a visual mouth inspection during prenatal care.
- Twenty percent used oral health screening questions.
- Six percent referred clients to a dentist.

However, most (64 percent) agreed that oral screening should be part of prenatal care.¹⁵

Dentists

A survey of 829 general dentists practicing in Oregon during 2004–2005 revealed attitudes and knowledge gaps that may pose barriers to the provision of perinatal oral health care:

- Seventy-one percent said insurance plans do not fairly compensate them for counseling pregnant women.
- Forty-two percent said they are concerned about being sued if a pregnancy has a negative outcome.



- Twenty-three percent said they do not have the counseling skills to work with pregnant women.

Despite these concerns, most dentists agreed that it is important to counsel women about periodontal disease and the risk of poor birth outcomes (95 percent) and transmitting oral bacteria to children (77 percent).¹⁶

strong influence on beliefs about the importance of oral health, oral hygiene and nutrition practices, and health-seeking behaviors.¹⁹

- The physical effects of pregnancy may hinder positive oral health behaviors. Nausea and vomiting may cause women to avoid oral hygiene practices like toothbrushing, and, as a result, the risk of tooth erosion and dental caries may increase. In addition, food cravings may lead to frequent consumption of sugary snacks and to a corresponding increased risk of caries.²⁰
- Even women with sufficient dental coverage often do not know about the importance of visit-

ing a dentist if they are pregnant or planning to become pregnant.²¹

National Guidelines on Oral Health During the Perinatal Period Are Needed

Currently, there are no comprehensive national guidelines dedicated to addressing appropriate oral health treatment protocols during the perinatal period. This absence of guidelines may play a role in the wide variation in practice patterns and in the fact that many women delay or avoid both routine and urgent oral health care while pregnant.^{3,15,17,22} For example:



- Oral screening, provision of basic preventive services or therapies, and referrals to oral health professionals are not routinely included in prenatal care.^{13,23} Many oral health professionals are hesitant to treat pregnant women owing to inadequate training as well as to concerns about safety and liability.¹⁴
- Women often do not receive information about the importance of oral health from their prenatal care professionals. Failure to receive such information has been shown to significantly reduce the likelihood that pregnant women will seek oral health care.³

Lack of Insurance or Underinsurance Prevents Many Women from Accessing Oral Health Care During the Perinatal Period

The presence and type of dental insurance coverage is an important predictor of perinatal oral health care utilization:

- Uninsured women and those whose health insurance lacks comprehensive dental benefits face high out-of-pocket costs for oral health services, especially if they have complex treatment needs.^{15,24}

- Medicaid is an especially important source of insurance, as some state programs provide adult dental coverage to pregnant women only or provide enhanced coverage during pregnancy. However, eligibility for Medicaid dental coverage and the range of benefits covered during the perinatal period vary widely across states.^{14,25} In addition, dentist participation in Medicaid has historically been minimal owing to low reimbursement rates, payment delays, and complicated paperwork.²⁶
- Women who participate in Medicaid are significantly less likely to visit the dentist before, during, and after pregnancy compared to those with private insurance.^{1,2}

Strategies for Improving Oral Health Care During the Perinatal Period

There are a range of opportunities for maternal and child health (MCH) leaders, health professional associations, policymakers, and other stakeholders to respond to the oral health needs of women during the perinatal period and to empower women with the knowledge and skills necessary to achieve better oral hygiene and regularly use oral health services. A number of organizations have already put into practice strategies to improve oral health care during the perinatal period; these strategies can serve as models for future action. Strategies and examples are highlighted below.

Promote the use of guidelines addressing oral health during the perinatal period, and disseminate them to MCH professionals and oral health professionals.

- There is an opportunity to use or adapt perinatal oral health guidelines, such as *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*⁵ developed by the New York State Department of Health and *Bright Futures in Practice: Oral Health—Pocket Guide*⁶ developed by the National Maternal and Child Oral Health Resource Center.



- Health professional organizations could develop perinatal oral health policy statements, such as the American Academy of Periodontology's statement on periodontal management of the pregnant patient.²⁷

Expand opportunities for health professional education (for both students and professionals) on risk assessment, prevention, and treatment of oral health problems during the perinatal period.

- Columbia Center for New Media Teaching and Learning and Columbia School of Dental and Oral Surgery offer an online training program, *Opening the Mouth: Continuing MCH Education in Oral Health*,²⁸ to provide non-oral-health professionals with an overview of oral health from conception through early childhood. Topics include periodontal disease and the risk of poor birth outcomes, prevalence of dental caries, and treatment options.
- The Society of Teachers of Family Medicine offers an online curriculum, *Smiles for Life: A National Oral Health Curriculum for Family Medicine*,²⁹ designed to be implemented in residencies or medical pre-doctoral programs. One of the six modules focuses on oral health and the pregnant woman and covers topics such as common oral

conditions in pregnancy and actions physicians can take to promote oral health during pregnancy.

Educate women on how to improve oral hygiene and access oral health care resources.

- The American Academy of Pediatric Dentistry and the Children's Dental Health Project are collaborating on a 5-year project, Improving Perinatal and Infant Oral Health. One of the project goals is to raise public awareness about oral health care for pregnant women and new mothers by promoting the inclusion of perinatal oral health components into public-health-awareness campaigns. Access a detailed project description at <http://www.cdhp.org/Projects/PPMCH.asp>.
- The National Maternal and Child Oral Health Resource Center has developed a consumer-education brochure, *Two Healthy Smiles: Tips to Keep You and Your Baby Healthy*.³⁰

Increase dental insurance coverage for women during the perinatal period.

- Louisiana established Expanded Dental Services for Pregnant Women under the state's Medicaid program to provide selected preventive and treatment services for women ages 21–59 from conception through the end of their pregnancy.²⁵
- Several private dental insurance companies have expanded benefits for enrolled women during pregnancy. Examples of enhanced benefits include coverage of a third cleaning each year, scaling and





root planing, antimicrobial mouthwashes, and periodontal maintenance, all at no extra cost.²⁴

Integrate oral health risk assessment, education, and referrals for follow-up oral health care as a part of routine perinatal care.

- Upon the release of New York's perinatal oral health guidelines, the Rochester Adolescent Maternity Program (RAMP) began developing materials to incorporate these recommendations into prenatal practices. The RAMP nursing staff perform oral risk assessments at the initial prenatal visit, provide referrals to oral health professionals, and administer a group oral-health-education session.²³
- In 2005–2006, the Kentucky Oral Health Program collaborated with the University of Kentucky College of Dentistry to implement a new model, *Centering Pregnancy with a Smile*, to provide prenatal oral health education and care for pregnant women. When fully implemented, the program will serve over 1,000 pregnant adolescents and young women in rural counties across the state.²²

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