Integrating Oral Health into a Prenatal Setting

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Integrated Health Services

Integrating Prenatal and Oral Health derives from the simple idea that the mouth is part of the body.

- Control of oral disease during pregnancy is important because it protects a woman’s health and quality of life and has the potential to reduce transmission of pathogenic bacteria from mother’s to their children.
Oral Health Care as an Integral Part of Prenatal Health

Maintaining good oral health during pregnancy can be critical to the overall health of both the pregnant women and their infants.


Prevention, diagnosis and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care.
2010 Consensus Statement On Oral Health and Pregnancy

Allows healthcare providers to:

1. Encourage all pregnant women to schedule a dental cleaning if it has been more than 6 months since her last examination or if she is having any dental pain or problems.

2. Reassure pregnant women that the use of radiographs, pain medication and local anesthesia is safe throughout pregnancy

3. Conditions that require immediate treatment such as extractions, root canal and restoration of untreated caries, may be managed at any time during pregnancy.

4. Safe for a pregnant woman to be positioned in the dental chair in a semi-reclining position- head above the feet
Barriers to Dental Care During Pregnancy

In the US, only 22% to 34% of pregnant women visit a dentist during pregnancy.

Barriers:

1. Lack of perceived dental need
2. Financial barriers
3. Dentist’s reluctance and misunderstanding about the safety of dental care during pregnancy
4. Lack of referral by a prenatal care provider
Access to Dental Care Provider During Pregnancy

Provides opportunity to counsel new mothers:

- Harmful maternal behaviors (tobacco, alcohol, recreational drugs)
- Good oral hygiene habits
- Proper diet
- Importance of visiting the dentist during pregnancy
- Infant oral health

Provides the opportunity to:

- Assess mothers oral health conditions
- Assess dental pain
Community Partnership to Improve Access to Dental Care for Low-Income Pregnant Women

Since 2004 collaboration with Grant\Riverside Wellness on Wheels in Columbus, Ohio

Grant/Riverside Hospital Wellness on Wheels (WOW) was created in 1993 and was designed to help women who were unable to obtain necessary prenatal care. Because of their lack of medical care, infant mortality rates in those areas had reached record numbers.
Wellness On Wheels

The WOW mobile unit was created to support the Project to Reduce Infant Mortality (PRIM)

PRIM Highlights

- 20 Years of Community Service
- PRIM Mobile Care Unit continues to be a unique, innovative and successful way to deliver outreach prenatal care
- Over 2,600 babies born
- Less than 6% infant mortality rate
- 95% full term deliveries
- Neonatal Intensive Care Admission rate is less than 7%
- Board-certified physicians
- Multidisciplinary team of doctors, nurses, social worker and dietician
- Five Prenatal clinics
- Dental screening
- Educational seminars offered
Wellness On Wheels

- 2 exam rooms
- Doctor/Nurse/Case manager station
- Room for the Dietician
- Room for the Social Worker
- Waiting area that seats 4 women
- 2 bathrooms
Funding for Collaborative Effort With the Wellness on Wheels Program

- Osteopathic Heritage Foundation
- March of Dimes Foundation
- Delta Dental Foundation
- Ohio Dental Foundation
- Grant/Riverside Foundation
Grant/Riverside Prenatal Mobile Unit

- Serves low-income (Medicaid and uninsured) and a very diverse population of women
- Travels to 4 Columbus City High Schools to serve the pregnant girls in the High Schools and pregnant women in the surrounding area.
- Interpreters come to the mobile unit from various agencies to help with translation
- The Columbus City Library mobile van also comes to the mobile unit locations to provide books for the new mothers and their babies
- The Grant/Riverside mobile unit recently received a large grant to educate and guide better birth spacing to new mothers who are age 10-19
How a Dental Hygienist Provides Oral Health Screening and Education in a Prenatal Setting?
Tools for Assessment

Patient Oral Screening Form-use to gather information and assess oral health status

- Demographics (ethnicity)
- Insurance status
- Current dental problems or pain
- History of dental care
- History of dental care with previous pregnancies
- Reason for lack of dental care
- Attitudes and knowledge about oral health during pregnancy and infant oral health
- Smoking habits
- Brushing and flossing habits
- History of morning sickness
- Belief about when the baby should have its first dental visit
Basic Oral Screening

Basic oral screening using a mouth mirror and pen light:

- Obvious decay, demineralization
- History of decay – restorations
- Missing teeth - due to trauma/decay/periodontal disease
- Plaque present
- Gingivitis
- Periodontitis - exposed root surfaces/loose teeth
Pictures of Oral Conditions

- Pregnancy gingivitis
- Pregnancy tumor
- Tartar buildup
- Plaque
- Tooth decay
- Tooth decay
- Wisdom teeth
- Bone Loss
- Abcess tooth
- Fractured tooth
- Mouth ulcers
Pictures of Good Oral Habits

Pictures of the Importance of Visiting the Dentist
Healthy Goals for Pregnant Moms Worksheet

To encourage a healthy pregnancy and help mother to establish health goals
Dental Home Referral List

Establish a relationship with dental providers in order to provide a dental home or dental clinic the pregnant mother can make an appointment for dental care based on her insurance or lack of insurance.

Medicaid providers
Free clinics
Clinics that provide extraction only services (donation)
Sliding fee scale clinic providers
Hispanic clinics
Medical Clearance for Pregnant Women to Receive Oral Health Care

We provide a medical clearance form the new mother can take to her dentist appointment.

- Gestation
- Known allergies
- Any precautions
- Recommended OTC and prescription drugs for pain management
- Recommended antibiotics for tooth infection

The form states the patient is cleared for routine dental evaluation and care, including but not limited to:

- Oral health examination
- Dental prophylaxis
- Scaling and root planing
- Extraction
- Dental x-rays with abdominal and neck lead shield
- Root canal
- Restorations (amalgam, composite, crown)
Infant Oral Health

Discussion with mother about infant oral health
Providing Dental Care for Children Age 0-4

Baby Dental Clinic at Nationwide Children’s Hospital

- Has been in existence for almost 11 years
- Started out seeing babies ½ day a week
- 7 months wait list for new or recall patient
- See baby patients every 15-30 minutes
- Risk assessment, anticipatory guidance, MI, 3MR disease management restorative treatment
- Phase II and Phase III ECC Quality Improvement Project with the DentaQuest Foundation
- Due to demand we will be opening up a second baby clinic room in June 2014
# Prenatal Population Background

*(based on results in database)*

<table>
<thead>
<tr>
<th>Insurance</th>
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<tbody>
<tr>
<td>Applying for insurance</td>
<td>26%</td>
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<tr>
<td>No insurance</td>
<td>18%</td>
</tr>
<tr>
<td>Private insurance</td>
<td>9%</td>
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<tr>
<td>Medicaid</td>
<td>47%</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>46%</td>
</tr>
<tr>
<td>African</td>
<td>17%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>21%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8%</td>
</tr>
<tr>
<td>Other Ethnicity</td>
<td>8%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Dental Visit</th>
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<tbody>
<tr>
<td>Within the last 6 months</td>
<td>18%</td>
</tr>
<tr>
<td>Within the last year</td>
<td>24%</td>
</tr>
<tr>
<td>Within the last 2 years</td>
<td>26%</td>
</tr>
<tr>
<td>Within the 3-4 years</td>
<td>15%</td>
</tr>
<tr>
<td>Within the last 5-7 years</td>
<td>10%</td>
</tr>
<tr>
<td>Within the last 8-10 years</td>
<td>4%</td>
</tr>
<tr>
<td>Never been to a dentist</td>
<td>3%</td>
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</tbody>
</table>

- 40% don’t believe it is safe to go to the dentist during pregnancy
- 14% smoke
- 35% have morning sickness
- 90% brush at least 1x/day
- 24% floss once a day
Identification of Dental Needs

• Mother has obvious cavities. 55%
• Mother has pain or sensitivity. 39%
• Mother has fillings in her teeth (history of cavities). 60%
• Mother has missing teeth (not including wisdom teeth). 27%
• Mother has obvious plaque on her teeth. 72%
• Mother’s gums bleed when she brushes or flosses her teeth. 52%
• 5% have periodontal disease

<table>
<thead>
<tr>
<th>Recommended Age for Baby’s 1st Dental Visit</th>
<th></th>
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<tbody>
<tr>
<td>Age 1</td>
<td>39%</td>
</tr>
<tr>
<td>Age 2</td>
<td>10%</td>
</tr>
<tr>
<td>Age 3</td>
<td>10%</td>
</tr>
<tr>
<td>Age 4-7</td>
<td>4%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>37%</td>
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Lessons Learned

Difficulty in getting low income mothers to go to the dentist during pregnancy:

- Apathy - lack of education comes into play when trying to stress the importance of preventive dentistry. Dental prevention is foreign to them because they have had a more reactionary history with medical and dental care throughout their lives.
- Lack of insurance - cost of preventive dental care is expensive
- Fear of dentists - fear of pain, sound of the drill
- Lack of transportation - no car or no-one available to drive them to the dentist/cost of gas.
- Language barriers - many immigrants have never been to a dentist - don’t speak English
- Not having a dental problem - thought process of only going to the dentist when you are in pain or have a broken tooth
- Inconvenient hours - work schedules, child care availability
- Long waits at community dental clinics or dental offices - due to high demand, long waits for dental appointments at free clinics community clinics or Medicaid providers.
- No time - mother puts herself last (children/relatives/work)
- Dental care is not a priority.
Pitfalls of Providing Oral Health Education, Screening and Referral at a Prenatal Mobile Unit

1. Need funding to sustain oral health services
2. Lack of time to do adequate education and screening
3. Lack of space
4. Language and cultural barriers
Takeaways

Placing a dental hygienist in a prenatal clinic environment is not only innovative but creates a coordinated effort between dental and medical providers to benefit maternal and child oral health outcomes.

Generally, feedback from mothers at the prenatal mobile unit is one of gratitude. Most of the mothers are surprised but pleased to be approached by a dental hygienist at their prenatal appointment. Many of the women I approach have had dental pain for a long time or don’t know where they can go to get dental care with or without insurance.

Pregnancy is a ‘teachable moment” when women are receptive to changing behaviors that can benefit themselves and their babies.

Prenatal visits offer the ability to have access to the new mother on multiple occasions as they come for prenatal visits monthly, bi-monthly, or weekly.

For many low-income women, pregnancy may be the only time these new mothers are eligible to receive dental insurance so the financial barrier to dental care is removed.

More education and innovation with prenatal and dental providers is needed to bridge the gap of access to dental care for pregnant women.