



Oral Health as Part of the Pregnancy Conversation

May 6, 2011

Meg Booth, Deputy Executive Director
Children's Dental Health Project



Children's Dental Health Project

CDHP was created in 1997 as the voice for children's oral health.

Vision: At CDHP, we look forward to the achievement of oral health for all children to ensure that they reach their full potential.

Mission: Creating and advancing innovative solutions to achieve oral health for all children.





Children's Dental Health Project

Our Approach

1. Reduce disease burden
2. Improved access to quality care

Our Goals

- To **Prevent childhood tooth decay**, because cavities are the result of a disease that is overwhelmingly preventable.
- To **Promote solutions** that are grounded in the best available research and supporting exploration when evidence is lacking
- To **Engage policymakers** and other decision-makers in addressing ongoing inequities in oral health and to implement cost-effective solutions.





Perinatal Oral Health



Why is Perinatal Oral Health Important?

- **Oral health is key to overall health and wellbeing**
- **Pregnancy increases women's risk for oral infections**
- **Research exhibits associations between periodontal disease and birth outcomes**
- **Perinatal oral health contributes to establishing good oral health for children**
- **The safety of dental care during pregnancy is confirmed**



Brown, A. Health care during the perinatal period: a policy brief. Washington, DC: National Maternal and Child Health Resource Center, 2008.

Xiong X, Buekens P, Vastardis S, Yu SM. Periodontal disease and pregnancy outcomes: State-of-the-science. *Obstetric and Gynecological Survey* 2007;62(9):605-15.

Kumar J, Samelson R. eds. Oral health care during pregnancy and early childhood: practice Guidelines. Albany, NY: New York State Department of Health, 2006.



Barriers

- **Lack of awareness of relationship between oral and overall health**
- **Concern regarding safety of dental x-rays, materials, and medications**
- **Fear**
- **Low priority given to oral health**
- **Provider reluctance to provide care during pregnancy**
- **Lack of insurance coverage**



CDA Foundation. Oral health during pregnancy and early childhood: Evidence-based guidelines for health professionals. Guidelines, February 2010.



Improving Perinatal Oral Health Project **Focus Groups**



Improving Perinatal and Infant Oral Health Project

- Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau grant
- Collaboration between the American Academy of Pediatric Dentistry and Children's Dental Health Project
- Goals: to promote awareness of and access to perinatal and infant oral health on national, state, and local levels
- 6 year project, ended January 2011





Advancements in Perinatal Oral Health

- **Increased awareness of the link between oral and systemic health, and the role of pregnancy**
- **Evidence documents an association between periodontal disease and adverse pregnancy outcomes, including preterm birth and low birth weight in infants**
- **Research confirms the safety of oral health care during the perinatal period**



Kumar J, Samelson R. eds. Oral health care during pregnancy and early childhood: Practice Guidelines. Albany, NY: New York State Department of Health, 2006.



Activities

- **Public education on the infectious and transmissible nature of dental caries. Partners include Today's Child Magazine, National Healthy Start Association, and Parents Magazine**
- **Series of focus groups with low-income pregnant women and new mothers**
- **Patterning with “Mommy Blogs” to disseminate perinatal oral health messages based on research via trusted messengers**
- **Work with Maryland Oral Health Literacy Campaign**
- **Pushing for National Oral Health Public Education Campaign**



Focus Groups

When: 2009

Where: Urban and rural locations in Maryland

Who: With low-income pregnant women and mothers with children age 0-2
(22 African American, 12 Caucasian)

What: 90 minute discussion sessions w/ professional moderator

Buerlein JK, Horowitz AM, Child WL. Perspectives of Maryland women regarding oral health during pregnancy and early childhood. *Journal of Public Health Dentistry* 2011 72. Available online at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1752-7325.2010.00211.x/references>



Focus Groups

Topics:

- What women know and do to promote health during pregnancy
- Past and current use of dental care system
- Current oral health practices for their children
- Personal oral health practices
- What women know about preventing tooth decay
- Reactions to brochures and messages about oral health, including suggestions for promoting oral health for mothers and their infants.



Focus Groups - Results

Oral Health Knowledge:

- Most had exposure to basic oral health knowledge
 - Bottles/sippy cups, sugar, mouth cleaning
- Myths and misperceptions
 - Tap water, care during pregnancy, unaware of fluoride benefits, sugar levels in foods/drinks
- Advice from professionals varied and was not given early enough
 - Age for dental visits, baby bottle mouth



Focus Groups - Results

Dental Care Experiences:

- Most had generally negative feelings about dental care
 - Pain and fear in earlier experiences – fear about infant
 - Positive things said about corporate urban clinics
- Cost is a major deterrent
 - Most had not been to dentist since childhood
- Misconceptions about care
 - Few knew of importance and/or safety of care during pregnancy



Focus Groups - Results

Women's Current Oral Health Practices:

- Tooth brushing most common practice
- Flossing only mentioned after prodding by moderator
- Other practices mentioned infrequently





Focus Groups - Results

Response to Brochures and Messages

- Many women asked questions about brochures
- Concepts not explained well enough – jargon/technical terms
- Women had gotten conflicting information on/did not fully understand some concepts
 - Transmission not well understood: *“my daughter’s pediatrician said it was ok (for me) to chew up her food because of building her immune system...”*



Focus Groups – Lessons Learned

- Women are simply unaware of importance of oral health during pregnancy
- Women need information earlier about their oral health and their children
 - They are willing to implement but need the tools
- Consistent messages from trusted providers are key
- Plain language in messaging is often overlooked
- Prescriptive messages need to be backed up by addressing fears and misconceptions



Moving Forward

- **Educate Providers**
 - Dental care during pregnancy is safe and benefits mother and child
 - Provide information early and often
- **Work with health plans**
 - Improve access, implement guidelines, promote care, develop educational materials
- **Advocate State dental coverage for pregnant women**
 - Medicaid, Health Care Reform
- **Continue to educate public, especially low-income**
 - Importance of care, oral health behaviors, transmission
 - Simple messages
 - Address Fears
- **Coordinate with other providers**
 - Pediatricians, OBGYN's – referrals & patient education
 - Promote age one dental visit



Contact Information

Meg Booth, MPH

Deputy Executive Director

mbooth@cdhp.org

(202) 833.8288 x206

Children's Dental Health Project

www.cdhp.org

National Maternal & Child Oral Health Policy Center

www.nmcohpc.org