Improving Perinatal Oral Health: Moving Forward

An Expert Meeting




Meeting Summary Report

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ALTARUM

SYSTEMS RESEARCH FOR BETTER HEALTH

Prepared by:
Amy Brown, MPH
Policy Associate
Altarum Institute

Prepared for:
Maternal and Child Health Bureau, Health Resources and Services Administration
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I. Overview and Background

Despite an increasing amount of evidence demonstrating that the delivery of oral health care is not only safe but also an important component of a healthy pregnancy, research indicates that many teen girls and women do not visit a dental provider during the perinatal period. The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) convened this meeting to foster partnerships to improve the oral health status of the perinatal population. This meeting was intended to accomplish several major objectives:

- Increase awareness of perinatal oral health from various perspectives (e.g., provider, consumer, policy).
- Discuss new and innovative approaches.
- Identify areas of synergy for working in collaboration.

II. Individual Presentations

Welcome and Charge to the Group

Ann Drum, Lead Oral Health Consultant, Maternal and Child Health Bureau

Dr. Drum opened the meeting by stating that the overall purpose of this meeting was to build on the momentum of MCHB's Perinatal Oral Health Workgroup to move perinatal oral health promotion efforts forward. Therefore, MCHB in its leadership role is convening other key agencies and organizations to partner on this important maternal and child health (MCH) issue.

In addition, Dr. Drum also explained that attendees will be charged with developing action steps that can be completed within the next 1–2 years. During the course of the meeting, attendees would have the opportunity to prioritize among proposed strategies and put them together in a logical way to create a complete plan.

Improving the Oral Health of Pregnant Women: The Role of MCHB

Ann Drum, Lead Oral Health Consultant, Maternal and Child Health Bureau

Dr. Drum provided an overview of MCHB's efforts to provide national leadership on addressing the oral health needs of women during the perinatal period. This issue became a major focus for MCHB with its convening of the "Research to Policy and Practice Forum: Periodontal Health and Birth Outcomes" in 2006. In preparation for the Forum, two background papers were commissioned to provide an overview of both the state of the science and the policy on women's periodontal health and birth outcomes. A diverse group of nearly 60 maternal, child, and oral health experts reviewed these papers and additional research, policies, and practices to offer future directions to advance this issue. One of the major findings from the Forum was that there is currently insufficient evidence to provide a definitive understanding of the relationship between the periodontal health of pregnant women and birth outcomes. However, attendees also concluded that regardless of the outcome of ongoing research, available data does justify the need to address oral health during the perinatal period and indicates that oral health care can be safely administered during this time. Lastly, the Forum highlighted the need for national-level guidance for practitioners regarding appropriate oral health care for women before, during, and after pregnancy. The Perinatal Workgroup was subsequently formed to plan next steps to address these priority areas.

The Workgroup has evolved from a handful of MCHB staff members and partners to include a diverse group of representatives from the public and private sectors and the dental, medical, and public health fields. The Workgroup has established several short- and long-term initiatives to promote perinatal oral health further.

The short-term initiatives were as follows:

- **Conduct needs assessment and environmental scan.** The first task of the Workgroup was a review of the literature to better understand the barriers that providers face in addressing the oral health needs of the perinatal population, as well as an environmental scan of existing clinical guidelines on perinatal oral health.
- **Develop educational publications.** Several publications have been developed that are directed at providers, policymakers, and consumers with the purpose of summarizing the latest research, providing guidance, and making recommendations for future action. These publications include the following:
  - ***Access to Oral Health Care During the Perinatal Period: Policy Brief.*** This policy brief provides an overview of the major barriers to addressing women's oral health needs during the perinatal period. It presents evidence from the professional, peer-reviewed literature and specific examples of strategies to improve perinatal oral health care.
  - ***Oral Health Care During Pregnancy: A Summary of Practice Guidelines.*** This document provides a summary of practice guidelines developed by the New York State Department and is intended to bring about changes in the health care delivery system and to improve the overall standard of care for pregnant women.
  - ***Two Healthy Smiles: Tips to Keep You and Your Baby Healthy.*** This brochure is designed to educate women about the importance of proper oral hygiene and oral health care during pregnancy.
- **Broad dissemination of educational publications.** The Workgroup is now in the process of raising awareness of the availability of these publications by using wide dissemination through multiple channels, such as through direct mailings, notices on listservs, articles in newsletters and magazines, presentations at professional meetings, Webcasts, and podcasts.

The long-term initiatives were to provide leadership and develop new partnerships to address five priority strategies:

- **Promoting guidelines.** There may be opportunities to promote state-level perinatal oral health guidelines similar to those developed by New York or to develop a set of national-level guidelines that are approved by professional associations.
- **Expanding education for professionals.** There is a need for more education on perinatal oral health for students and practitioners that is based on consistent information.
- **Integration of oral and perinatal health.** Both medical and oral health providers should address this issue to ensure that oral health becomes a routine part of perinatal health visits.
- **Educating women.** Consumers also need more information about the need for and how to access oral health during the perinatal period.
- **Improving financing for perinatal oral care.** Adequate financial coverage is needed to ensure that women can access an appropriate level of perinatal oral health care.

Overview of the Landscape: Addressing the Oral Health Needs of Pregnant Women

In the next series of presentations, speakers provided an overview of key issues from the perspective of four different groups with a stake in perinatal oral health promotion efforts.

Dental Provider Perspective

Burt Edelstein, Professor and Chair, Columbia University College of Dental Medicine

Dr. Edelstein explained that the nature of the evolution of dentistry has significantly shaped the field's level of progress in addressing the oral health needs of the perinatal population. During dental training,

dental students are much less likely than medical students to practice provision of care to pregnant patients while in school. In addition, only a handful of schools provide comprehensive, formal didactic training on the oral health needs of the perinatal population. After graduation, nearly 75 percent of dental students do not enter residency programs and immediately begin to practice. Moreover, the majority of dentists set up private practices where they tend to serve the populations on whom they have had the most training and whom they feel most comfortable treating. The volume of pregnant patients has therefore been quite low across private dental practices.

Despite these challenges, many of the proposed strategies have great potential to make promising changes to dental practice regarding perinatal oral health:

1. National perinatal oral health practice guidelines, especially if endorsed by American the Dental Association (ADA) and the American College of Obstetricians and Gynecologists (ACOG), which would help the divide between dentistry and medicine.
2. Greater integration of perinatal oral health into core primary dental education. Dental professional associations can also be an important source of continuing education on perinatal oral health for practicing dentists.
3. Greater level of referrals from obstetricians and gynecologists (OB/GYNs) for follow-up dental care for female patients.
4. Greater oral health education for the perinatal population, especially since patient demand is a major driver of dental practice.
5. Expand dental insurance coverage for all girls and women.

Dr. Edelstein concluded by stating that it is important to recognize that, historically, the pace of change in dentistry has been very slow. It will therefore be important to adopt a multifaceted approach that exerts pressure on the dental community to increase its focus on the perinatal population.

OB/GYN Perspective

Jay Schulkin, Director of Research,
American College of Obstetricians and Gynecologists

Dr. Schulkin indicated that ACOG serves as a strong advocate for quality health care for women and has historically been a significant driver of change in the field of obstetrics and gynecology. Much of the background research for developing strategies to respond to current practice trends is conducted by the Collaborative Ambulatory Research Network (CARN), a network of members that voluntarily participates in ACOG Research Department studies. In March 2008, CARN completed a study to assess how a large national sample of OB/GYNs addresses oral health among their pregnant patients. The questionnaire covered such topics as:

- Oral health care practices, from asking patients questions about their oral health to conducting an oral exam
- Perceived safety of a range of oral health procedures
- Opinions on the barriers to accessing adequate oral health care
- Basic knowledge of the signs of periodontal disease and its association with adverse pregnancy outcomes

Findings from the study signified that a number of OB/GYNs have not incorporated oral health into routine prenatal care:

- 76 percent of respondents rarely or never discuss oral health during preconception care
- 53 percent typically do not ask pregnant patients about oral health
- 46 percent do not conduct an oral exam as part of prenatal care

In addition, the results indicate also that there are a number of factors that pose as barriers to addressing perinatal oral health:

- 77 percent of respondents had patients report being declined services by a dentist because of their pregnancy
- Lack of dental insurance was considered by the majority (52 percent) of OB/GYNs to be a huge barrier to adequate oral health
- 60–85 percent reported that the quality of their training in oral health issues was inadequate to nonexistent
- 42 percent said oral health is not an issue on which they stay particularly informed

However, data also indicated that most OB/GYNs do recognize the importance of receiving routine dental care during pregnancy and agree that treatment of periodontal disease has a positive impact on pregnancy outcomes. These findings suggest that encouraging OB/GYNs to advise patients about the importance of oral health during pregnancy might be well-received.

State Policy Perspective

Annette Phelps, Director
Division of Family Health Services
Florida Department of Health

Ms. Phelps provided an overview of the challenges that her state and many others face in providing perinatal oral health care. Some areas of Florida lack dental services in the county health units and have a shortage of private dental practices, especially those willing to accept Medicaid. Medicaid serves as the major source of dental coverage in the state, covering 50–60 percent of pregnant females annually. Pregnant teen girls have access to comprehensive dental care under Medicaid. Adult pregnant women with incomes up to 185 percent of the Federal Poverty Line can also access dental coverage under Medicaid, but benefits include only a limited number of emergency services up to 60 days after delivery. While there are significant challenges to accurately estimating Medicaid dental service utilization rates due to limitations of Florida's oral health surveillance system, preliminary figures for 2005 suggest that only a fraction of the state's Medicaid-eligible pregnant population is utilizing dental services and that the utilization rate tends to decrease with age.

The Florida Department of Health is currently working in partnership with a variety of entities to boost the dental services utilization rate among pregnant women, particularly among women with high-risk pregnancies. New consumer oral health educational materials have been developed and posted on the Department's Web site. The most recent State Health Improvement Plan was revised to include an emphasis on perinatal oral health. Also, many county-level Healthy Start Coalitions, nonprofit organizations dedicated to improving the health of pregnant women and babies in a community, across the state have played a major role in promoting perinatal oral health by launching their own initiatives. Examples of these initiatives follow:

- Countywide needs assessments to determine local pregnant women's oral hygiene and utilization of dental services
- The *Brush for Baby* dental program that distribute kits with oral hygiene supplies and information to encourage mothers and pregnant women to clean their teeth
- A consumer oral health outreach promotion and education program based on the *Start Motherhood with a Healthy Mouth* curriculum

Consumer Perspective

Marcia Manter, Community Development Specialist
Oral Health Kansas

Ms. Manter described how the state of Kansas has made a substantial amount of funding available for a number of oral health promotion programs. However, there is still a need for greater advocacy for the specific oral health needs of pregnant teen girls and women. Similarly, more information is needed about this population to develop appropriate oral health outreach efforts and services. Ms. Manter then provided a series of overarching questions and related subquestions that attendees should considered in perinatal oral health planning and implementation decisions:

What are the characteristics of the perinatal population? What are their motivations?

- What is their response to being pregnant?
- Where is the major focus, on themselves or on the baby? Does this focus change over time?
- What is their overall knowledge about pregnancy?
- What are their sources of information – facts, attitudes, myths?
- What is their literacy level?
- What are their cultural practices?
- What is their socioeconomic status?

What does the perinatal population know about oral health?

- Basic tooth brushing and flossing practices?
- Basic understanding of how dental caries are caused?
- How to detect signs of potential oral health problems?
- The link between good oral health and healthy pregnant moms and babies?
- The relative safety of various dental procedures during pregnancy?
- Beliefs about how pregnancy impacts oral health (e.g., a tooth is lost for every pregnancy)?

How soon does the perinatal population know oral health information?

- During the preconception period?
- During the first trimester?
- During the second trimester?
- During the third trimester?

Where does the perinatal population receive oral health information?

- Books?
- Family and friends?
- Home visiting professionals?
- Internet?
- Magazines targeted towards teen girls and women?
- Health providers?
- Pamphlets?

What factors determine how the perinatal population will react to oral health information?

- How they view their own pregnancy?
- How they feel physically and emotionally?
- How much they trust the person giving them the information?
- How convenient dental care is for them?
- Whether they have sufficient funds to pay for dental care?

III. Group Discussion Sessions

Strategies for Improving Oral Health Care During the Perinatal Period

During the group sessions, moderators facilitated a discussion of priority strategies and asked for input on what next steps should be for each, what partners should be brought in, and how MCHB can play a leadership role. The following are the results of these discussions.

PRIORITY STRATEGY 1:

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

NEXT STEPS:

- Have ACOG and ADA develop national perinatal oral health practice guidelines, endorsed by the American Association of Family Physicians (AAFP), the American Dental Hygienists Association (ADHA), and other professional associations. The New York practice guidelines, as well as a similar set of guidelines being developed in California, can serve as a general model.
- Encourage states to develop their own or adapt existing guidelines to meet the unique needs of their perinatal populations.
- Promote the development of a national performance measure(s) to track progress on improving perinatal oral health.

POTENTIAL PARTNERS:

- ACOG
- ADA
- ADHA
- American Association of Pediatric Dentistry (AAPD)
- American Dental Education Association (ADEA)
- Association of State and Territorial Dental Directors (ASTDD)
- AAFP
- American Association of Pediatrics
- Other health professional associations
- Alliance for Improving Maternal and Child Health (AIM)

MCHB LEADERSHIP ACTIVITIES:

- Convene a working group comprised of ACOG (Co-chair), ADA (Co-chair), and other partner organizations (supporting members) to begin the process of developing national guidelines.
- Promote the incorporation of national perinatal oral health practice guidelines into existing guidelines across a range of federally funded programs serving perinatal populations (e.g., the Indian Health Service; Women, Infants, and Children (WIC); Healthy Start; Medicaid; Head Start).
- Encourage the development and adoption of perinatal oral health performance measures through the Title V MCH Block Grant.

PRIORITY STRATEGY 2:

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

NEXT STEPS:

- Conduct an environmental scan of medical and dental school guidelines for curricular content addressing oral health needs of the perinatal population, as well as a scan of board exams to determine the extent to which board exams include questions on perinatal oral health.
- Collaborate with medical and dental education organizations to build on existing perinatal oral health content in curricula and board exams and to fill in any gaps.
- Develop continuing education courses on perinatal oral health for practicing health professionals. Medical providers in particular need better training on conducting oral health risk assessments and how to appropriately refer patients for follow-up oral health care.
- Promote the creation of incentives to encourage health professionals to complete perinatal oral health continuing education courses (e.g., offering enhanced reimbursement, decreased liability, awards of recognition) through Medicaid, private insurers, and Title V.

POTENTIAL PARTNERS:

- Chairs of residency training programs
- Board exam committees
- Deans of health professions schools
- ADEA
- Association of American Medical Colleges
- Education associations for other health professions (e.g., dental hygiene, public health, nursing)

MCHB LEADERSHIP ACTIVITIES:

- Use MCHB-funded research and policy centers to help conduct an environmental scan of perinatal oral health content in curricula and board exams.
- Convene partners to address the development and promotion of perinatal oral health continuing education courses.
- To help make the case for improving the competency of health professions, collaborate with other federal agencies, such as the Center for Medicare & Medicaid (CMS), to estimate the potential cost savings of better perinatal oral health.

PRIORITY STRATEGY 3:

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

NEXT STEPS:

- Ensure that the new set of national perinatal oral health practice guidelines adequately address the need for greater integration between dentistry and medicine, such as through cross-sector referrals and communication.
- Encourage ACOG to revise its clinical encounter form to more explicitly address perinatal health during risk assessment and provision of anticipatory guidance. These revisions could either be made by having the national ACOG office add perinatal oral health questions directly to the basic form or by encouraging state- and local-level ACOG offices to voluntarily revise their forms to include these questions.
- Compile best practices on integrating oral health into routine perinatal care from across the nation, such as successful strategies developed through the Bureau of Primary Health Care (BPHC)'s Oral Health Disparities Collaboratives, into a toolkit that can be widely disseminated.

POTENTIAL PARTNERS:

- ASTDD
- ADA
- ADHA
- American Association of Public Health Dentistry
- ACOG
- AAFP
- BPHC
- WIC
- Association of Maternal and Child Health Programs (AMCHP)

MCHB LEADERSHIP ACTIVITIES:

- Work with AMCHP and other partners to develop user-friendly best-practice toolkits.
- Support learning collaboratives to implement change in practice and evaluate outcomes.
- Identify and support perinatal regional centers to integrate oral health into perinatal care.

PRIORITY STRATEGY 4:

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

NEXT STEPS:

- Develop educational messages that are empowering and provide women with simple steps that they can take to improve their oral health.
- Continue to widely disseminate the consumer perinatal oral health consumer brochure developed by the Perinatal Oral Health Workgroup.
- Develop a toolkit that could be used by state-level champions to educate women about perinatal oral health, which could include a resource list of local dental providers and sources of dental care coverage, simple and succinct educational materials, and oral hygiene supplies.
- Support the development of a national public awareness campaign on perinatal oral health. The *Watch Your Mouth* and *Reach Out and Read* campaigns can serve as models.
- Identify a range of creative marketing strategies (e.g., articles in women's and parents magazines, *Baby Basics* program, corporate oral health products, YouTube, cell phone and PDA text messages).
- Incorporate oral health messages into perinatal and birthing education classes.
- Reach out to senior population, particularly grandparents, to help advocate for perinatal oral health.

POTENTIAL PARTNERS:

- Watch Your Mouth campaign
- Children's Dental Health Project (CDHP)
- Foundations
- WIC
- AIM
- March of Dimes
- State Title V Programs
- National Childbirth Educators
- Health Works
- Corporate partners (e.g., Babies R Us, Wal-Mart, Target, CVS)

MCHB Leadership Activities:

- Incorporate oral health messages into existing perinatal programs (e.g., *First Time Motherhood* program).
- Play leadership role in developing public awareness campaign.
- Take leadership within HRSA (e.g., HIV/AIDS Bureau, BPHC) as well as other federal partners (e.g., Head Start, WIC, IHS, Healthy Start, Title V, toll-free help lines).

Priority Strategy 5:

Increase dental insurance coverage for women during the perinatal period.

The moderator began this session by providing the group with a brief overview of the current state of financing for perinatal oral health. Access to and the range of benefits covered by dental insurance plays an important role in the level of care that patients will accept. Some women are likely to forgo some types of dental procedures if they are uninsured or if their insurance does not cover enough of the cost. The safety net system for dental care is much less extensive than that of medical care. There is shortage of clinics providing free or low-cost dental care in many states. Public insurance programs are also a major provider of care to low-income populations. Some Medicaid and State Children's Health Insurance Program programs offer enhanced benefits for the perinatal population. However, there is a wide range of variability in the nature of this coverage across states. Some states offer coverage only to pregnant women for a short length of time and cover only select emergency services, while others offer presumptive eligibility in which coverage begins from the time of a positive pregnancy test and continues to anywhere from a month to up to a year after delivery and may cover wide variety of dental services. Some private insurers have also offered enhanced benefits during the perinatal period, but it is currently unknown how many companies offer such enhanced benefits and the extent to which they are using them a marketing tool to attract consumers.

The group was then instructed to reflect on this background information and identify next steps to address financing issues for the perinatal population.

Next Steps:

- Identify oral health champions, especially state legislators, to promote legislation to increase access to dental insurance coverage.
- Develop better perinatal oral health data systems to provide more national-level information on dental insurance coverage and level of dental care utilization across a range of insurance types.
- Research potential use of "pay-for-performance" measures in Medicaid for perinatal oral health.

Potential Partners:

- ADA
- ADHA
- BPHC
- National Business Group on Health

MCHB Leadership Activities:

- Convene a workgroup of partner groups to discuss and prioritize among proposed strategies to improve oral health financing for the perinatal population.

Putting It Together – Next Steps

The moderator asked the group a series of questions to help facilitate prioritization among proposed five strategies, identify whether additional next steps for each strategy are missing, and assign specific responsibility among group members to carry out the strategies.

Do these five strategies have a natural order? If so, what is the appropriate order? What has to come first, and what naturally follows?

The group discussed three different options for prioritizing among proposed strategies and identifying the order in which they should be addressed:

1. Begin by educating women about perinatal oral health to motivate them to create a greater demand for services, which would in turn drive the dental care market and then stimulate interest and action in the other four strategies.
2. Begin by developing a set of national perinatal oral health practice guidelines that obtains broad approval across dentistry and medicine, which will in turn create a greater supply of better educated and trained providers that will influence the development of the other four strategies.
3. Simultaneously begin work across all five strategies to develop a multitiered approach to addressing perinatal oral health.

While the group remained conflicted about the options by the end of the discussion, the third option seemed to generate the greatest level of consensus across attendees. Supporters felt that this option would let them gain traction more quickly across several key levels: providers, consumers, and policymakers. In addition, supporters also felt that addressing all strategies concurrently would help prevent the group from "putting all their eggs into one basket."

Are there any next steps that are missing?

The group felt that a critical step that should be more explicit is the need to determine exactly what target population is for the set of national perinatal oral health practice guidelines. Should the guidelines be limited to just pregnancy, or should they be inclusive of the time leading up to pregnancy (preconception) and the time in between multiple pregnancies (interconception)? Should the guidelines focus just on pregnant teens and women, or should they also include the young children of pregnant teens and women? The group stated that these issues should be further explored during convening of the future guidelines workgroup.

What does your particular agency or the community that you are representing have to bring to these strategies?

The moderator went around the room and asked attendees to indicate how their organization can contribute to moving the perinatal oral health agenda forward.

- **AMCHP:** Will continue to compile and share state-level best practices for addressing perinatal oral health, such as by reviewing state Title V program priorities. The organization is also highlighting perinatal oral health on the agenda for its upcoming annual meeting.
- **CDHP:** Currently working in close collaboration with AAPD on several perinatal oral health promotion strategies, including the development of perinatal oral health continuing education opportunities, a series of articles written by AAPD committee members, and the promoting greater integration of oral health content into consumer perinatal health materials. CDHP is also updating AAPD's existing guidelines on dental homes with a greater focus on perinatal issues. Lastly, CDHP will be presenting a session on activities of the Perinatal Oral Health Workgroup.
- **National Network for Oral Health Access:** Will be adding perinatal oral health content to its educational materials and will be hosting a conference to develop consensus on how to improve perinatal oral health training in California's dental schools. Due to its extensive work in

California, the National Network will also be able to build off of efforts of the California Dental Association Foundation and the *First Five* initiative.

- **National Maternal and Child Oral Health Resource Center:** Will provide infrastructure, marketing, and dissemination support for activities of the group.
- **ADA:** Steve Geiermann has agreed to spearhead the effort to partner with ACOG and other professional associations through his committee. He will also encourage state dental and primary care associations to act as champions on perinatal oral health within their state oral health programs. Lastly, he also offered himself or another member of his committee to serve on the future financing workgroup.
- **Association of Women's Health, Obstetrics and Neonatal Nurses (AWONN):** Will work to promote perinatal oral health among members. AWONN has launched a new consumer magazine which may serve as a good outlet to spread perinatal oral health messages out its patient population.
- **Oral Health Kansas:** Will use Kansas' home visiting programs to promote perinatal oral health messages.
- **ADHA:** Will promote the national guidelines among ADHA members and participate in the future financing workgroup.
- **Florida Department of Health:** Will promote the integration of the national guidelines throughout state programs, especially since previous calls for Florida to develop its own set of perinatal oral health practice guidelines have stalled.
- **Albany Medical College:** As a member of the New York State Oral Health Coalition, will work to increase perinatal oral health education among students and providers.
- **CMS:** Can serve as a source of support to state Medicaid programs that want to expand perinatal oral health coverage for adult women.

IV. Closing Remarks

Ann Drum, Lead Oral Health Consultant, Maternal and Child Health Bureau
Dr. Drum concluded the meeting by thanking everyone for their participation and indicating that attendees will likely be called upon in the near future to participate in workgroups and continue to plan and implement action steps across the five strategies.




Appendix A:

Perinatal Oral Health Web Site, National Maternal and Child Oral Health Resource Center, Georgetown University

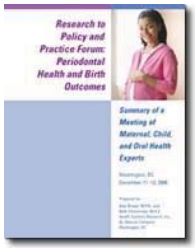
OHRC: Perinatal

Access to Oral Health Care During the Perinatal Period: A Policy Brief was developed to help professionals and the public better understand the importance of oral health during the perinatal period. The brief describes barriers to accessing oral health services and information—including myths and misperceptions—and presents potential solutions. (8 pages)

Maternal Oral Health Resource Guide provides information aimed at improving oral health care for pregnant women. It is divided into three sections: journal articles, materials, and organizations. (32 pages)

Oral Health and Health in Women: A Two-Way Relationship provides general information and national data on women's oral health. Topics include women's oral health status, the relationship between oral health and general health in women, oral health care, and strategies for improving women's oral health. (2 pages)

Oral Health Care During Pregnancy: A Summary of Practice Guidelines summarizes the New York State Department of Health's publication, Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines, which is geared toward prenatal and oral health professionals. The guidelines are intended to bring about changes in the health care delivery system and to improve the standard of care for pregnant women. (8 pages)



Research to Policy and Practice Forum: Periodontal Health and Birth Outcomes: Summary of a Meeting of Maternal, Child, and Oral Health Experts is a report from a December 2006 forum that addressed the relationship between periodontal health and birth outcomes. Meeting materials are also posted online. (26 pages)

Two Healthy Smiles: Tips to Keep You and Your Baby Healthy is a tri-fold brochure about the importance of oral hygiene and oral health care during pregnancy. Topics include brushing, flossing, eating healthy foods, and getting dental checkups and treatment. (2 pages; also available as an 8-1/2 x 11 in. fact sheet)

Appendix B:

Participant List




Improving Perinatal Oral Health: Moving for Forward

Participant List

Maribeth Badura
Director
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Parklawn Room 18-12
Rockville, MD 20857
Phone: 301-443-0543
Fax: 301-594-0186
E-mail: maribeth.badura@hrsa.hhs.gov

Diann Bomkamp
President
American Dental Hygienists Association
444 N. Michigan Avenue, Suite 3400
Chicago, IL 60611
Phone: 312-440-8932
Fax: 312-440-7382
E-mail: victoriab@adha.net

Jessie Buerlein
Project Manager
Children's Dental Health Project
2001 L Street, NW Suite 400
Washington, DC 20036
Phone: 202-833-8288 ext. 208
Fax: 202-318-0667
E-mail: jbuerlein@cdhp.org

Conan Davis
Chief Dental Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Phone: 410-786-2110
Fax: 410-786-9286
E-mail: conan.davis@cms.hhs.gov

Ann Drum
Lead Oral Health Consultant
Maternal and Child Health Bureau
Health Resources and Services Administration
132 Little Quarry Road
Gaithersburg, MD 20878
Phone: 301-963-5178
E-mail: anndrum@gmail.com

Burton Edelstein
Professor and Chair
Social and Behavioral Sciences
Columbia University, College of Dental Medicine
601 W 168th Street, Suite 32
New York, NY 10032
Phone: 202-905-4498
Fax: 413-677-4286
E-mail: ble22@columbia.edu

Paul Eke
Epidemiologist
Oral Health
Centers for Disease Control and Prevention
4770 Buford Highway, Mail Stop F-10
Atlanta, GA 30341
Phone: 770-488-6092
E-mail: peke@cdc.gov

Sara Filstrup
American Academy of Pediatric Dentistry
16 Hillcrest Parkway
Winchester, MA 01890
Phone: 617-872-6929
E-mail: sarafio@msn.com

Steven Geiermann
Senior Manager
Access, Community Oral Health
Infrastructure and Capacity
Council on Access, Prevention,
and Interprofessional Relation
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611
Phone: 312-440-2667
Fax: 312-440-4640
E-mail: geiermanns@ada.org

Keisher Highsmith
Public Health Analyst
Maternal and Child Health Bureau
Health Resources and Services
Administration
5600 Fishers Lane, Room 18-31
Rockville, MD 20857
Phone: 301-443-1963
Fax: 301-443-9354
E-mail: khighsmith@hrsa.gov

Katrina Holt
Project Director
National Maternal and Child Oral Health
Resource Center
2115 Wisconsin Avenue, N.W. Suite 601
Washington, DC 20007
Phone: 202-784-9551
Fax: 202-784-9777
E-mail: kholt@georgetown.edu

Laura Kavanagh
Training Branch Chief
Maternal and Child Health Bureau
Health Resources and Services
Administration
5600 Fishers Lane, Room 18A55
Rockville, MD 20857
Phone: 301-443-2254
E-mail: lkavanagh@hrsa.gov

Joan Kowolik
Director Pre-doctoral Pediatric Dentistry
Pediatrics
Indiana University School of Dentistry
1121 West Michigan Street
Indianapolis, IN 46202
Phone: 317-274-2794
Fax: 317-278-1438
E-mail: jkowolik@iupui.edu

Cassie Lauver
Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services
Administration
5600 Fishers Lane, Room 18-31
Rockville, MD 20857
Phone: 301-443-2204
Fax: 301-443-9354
E-mail: clauver@hrsa.gov

Marcia Manter
Community Development Specialist
Oral Health Kansas
800 SW Jackson, Suite 1120
Topeka, KS 66612
Phone: 785-235-6039
Fax: 785-233-5564
E-mail: mmanter@oralhealthkansas.org

Sabrina Matoff-Stepp
Director
Office of Women's Health
Maternal and Child Health Bureau
Health Resources and Services
Administration
5600 Fishers Lane, Room 18A-44
Rockville, MD 20857
Phone: 301-443-8664
Fax: 301-443-8587
E-mail: smatoff-stepp@hrsa.gov

Julie McKee
State Dental Director
Department for Public Health
Commonwealth of Kentucky
275 East Main Street, HS2W B75
Frankfort, KY 40621
Phone: 508-564-3246 ext. 3774
Fax: 502-564-8003
E-mail: juliew.mckee@ky.gov

Patti Mitchell
Senior Program Analyst
United States Department of Agriculture
Food and Nutrition Service/WIC
3101 Park Center Drive, Suite 528
Alexandria, VA 22302
Phone: 703-305-2692
E-mail: patti.mitchell@fns.usda.gov

Mark Nehring
Chief Dental Officer
Division of Child, Adolescent, and Family Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Parklawn Building, Room 18A-30
Rockville, MD 20857
Phone: 301-443-3449
Fax: 301-443-1267
E-mail: mnehring@hrsa.gov

Annette Phelps
Director
Division of Family Health Services
Florida Department of Health
4052 Bald Cypress Way Bin A 13
Tallahassee, FL 32399
Phone: 850-245-4102
Fax: 850-412-1170
E-mail: annette_phelps@doh.state.fl.us

Lauren Raskin Ramos
Director of Programs
Association of Maternal and Child Health Programs
2030 M Street, NW Suite 350
Washington, DC 20036
Phone: 202-775-0436
E-mail: lramos@amchp.org

Morrisa Rice
Public Health Analyst
Office of Women's Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18A-44
Rockville, MD 20850
Phone: 301-443-6838
E-mail: mrice@hrsa.gov

Mairi Breen Rothman
Consultant
Professional Services
American College of Nurse-Midwives
8403 Colesville Road, Suite 1550
Silver Spring, MD 20910
Phone: 240-485-1841
Fax: 240-485-1818
E-mail: mairi@acnm.org

Renee Samelson
Associate Clinical Professor
Division of Maternal Fetal Medicine
Department of OB/GYN
Albany Medical College
43 New Scotland Avenue
56 Ryan Lane
Westerlo, NY 12193
Phone: 518-872-9504
E-mail: reneesamelson@yahoo.com

Jay Schulkin
Director of Research
Research
The American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024
Phone: 202-863-2504
E-mail: jschulkin@acog.org

Hugh Silk
Department of Family Medicine
University of Massachusetts Medical School
Hahnemann Family Health Center
279 Lincoln Street
Worcester, MA 01605
Phone: 508-334-8846
Fax: 508-334-8835
E-mail: hughsilk@ummhc.org

Pamella Vodicka
Senior Public Health Analyst
Oral Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18A-39
Rockville, MD 20857
Phone: 301-443-2753
E-mail: pvodicka@hrsa.gov

Kerri Wade
Legislative Manager
Public Affairs
Association of Women's Health Obstetric and Neonatal Nurses
2000 L Street NW, Suite 740
Washington, DC 20036
Phone: 202-236-1780
E-mail: kwade@awhonn.org

Audrey Yowell
Program Director, AIM
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18A-39
Rockville, MD 20857
Phone: 301-443-4292
Fax: 301-442-1296
E-mail: ayowell@hrsa.gov

Altarum Staff

Amy Brown
Policy Associate
Evaluations and Research
Altarum Institute
1200 18th Street, NW Suite 700
Washington, DC 20036
Phone: 202-828-5100 ext. 5192
Fax: 202-728-9469
E-mail: amy.brown@altarum.org

Feven Habteab
Altarum Institute
1200 18th Street, NW Suite 700
Washington, DC 20036
Phone: 202-828-5100 ext. 5189
Fax: 202-785-3083
E-mail: feven.habteab@altarum.org

Sandra Silva
Senior Policy Associate
Altarum Institute
1200 18th Street, NW Suite 700
Washington, DC 20036
Phone: 202-828-5100 ext. 5163
Fax: 202-728-9469
E-mail: sandra.silva@altarum.org

Beth Zimmerman
Project Director
Altarum Institute
1200 18th Street, NW Suite 700
Washington, DC 20036
Phone: 202-828-5100 ext. 5106
Fax: 202-728-9469
E-mail: beth.zimmerman@altarum.org




Appendix C:

Meeting Agenda

AGENDA




Improving Perinatal Oral Health: Moving Forward

September 8, 2008

Altarum Institute
1200 18th Street, N.W., Suite 700
Washington, DC 20036
(202) 828-5100

MCHB Perinatal Oral Health Initiative Goal:

- To build partnerships to improve the oral health status of pregnant women

Meeting Objectives:

- Increase awareness of perinatal oral health from various perspectives (e.g., provider, consumer, policy)
- Discuss new and innovative approaches
- Identify areas of synergy for working in collaboration

8:30 – 9:00 am	Continental Breakfast
9:00 – 9:15 am	Welcome and Charge to the Group David Heppel
9:15 – 9:45 am	Participant Introductions
9:45 – 10:30 am	*Improving the Oral Health of Pregnant Women: The Role of MCHB* Ann Drum, Moderator Moderator provide an overview of MCHB's Perinatal Oral Health Committee and facilitate discussions regarding ways in which MCHB can continue to provide national leadership to promote efforts for addressing the oral health needs of pregnant women.
10:30 – 10:45 am	Break

10:45 – 12:00 pm	*Overview of the Landscape: Addressing the Oral Health Needs of Pregnant Women* Ann Drum, Moderator ▪ **Dental Provider Perspective**, Burt Edelstein, Professor and Chair, Columbia University College of Dental Medicine ▪ **OB/GYN Perspective**, Jay Schulkin, Director of Research, American College of Obstetricians and Gynecologists ▪ **State Policy Perspective**, Annette Phelps, Director, Division of Family Health Services, Florida Department of Health ▪ **Consumer Perspective**, Marcia Manter, Community Development Specialist, Oral Health Kansas
12:00 – 1:00 pm	Lunch on your own
1:00 – 3:00 pm	*Strategies for Improving Oral Health Care During the Perinatal Period* Ann Drum, Pamella Vodicka, Katrina Holt, Moderators Moderators will describe the process for the session and facilitate discussion of priority strategies guided by the following questions: What have we done? | What do we need to do next? | Who needs to be a partner? ▪ **Priority Strategy 1**: Promote the use of guidelines addressing oral health during the perinatal period, and disseminate them to MCH professionals and oral health professionals. ▪ **Priority Strategy 2**: 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. ▪ **Priority Strategy 3**: Integrate oral health risk assessment, education, and referrals for follow-up oral health care as part of routine perinatal care. ▪ **Priority Strategy 4**: Educate women on how to improve oral hygiene and access oral health care resources.

3:00 – 3:15 pm	Break
3:15 – 3:45 pm	*Strategies for Improving Oral Health Care During the Perinatal Period* Ann Drum, Moderator Moderator will present plan for addressing priority strategy 5. ▪ **Priority Strategy 5**: Increase dental insurance coverage for women during the perinatal period.
3:45 – 4:30 pm	*Putting it Together – Next Steps* Burt Edelstein, Moderator Moderator will lead the discussion on next steps, timelines, potential funding sources, barriers to implementation, and opportunities for synergy.
4:30 – 5:00 pm	*Closing Remarks and Adjournment* David Heppel