

# Guidance for Oral Health Professionals

This guidance has been excerpted from *Oral Health Care During Pregnancy: A National Consensus Statement*. The consensus statement was developed by an expert workgroup convened by the Maternal and Child Health Bureau in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association and coordinated by the National Maternal and Child Oral Health Resource Center.

Activities described below are performed by oral health professionals as allowed by state practice acts.

## Assess Pregnant Women's Oral Health Status

- Take an oral health history. Following are examples of questions that oral health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
  - When and where was your last dental visit?
  - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
  - How many weeks pregnant are you? (When is your due date?)
  - Do you have any questions or concerns about getting oral health care while you are pregnant?
  - Since becoming pregnant, have you been vomiting? If so, how often?
  - Have you received prenatal care? If not, do you need help making an appointment for prenatal care?
- In addition to reviewing the dental history, review medical and dietary histories, including use of tobacco, alcohol, and recreational drugs.
- Perform a comprehensive oral examination, which includes a risk assessment for dental caries and periodontal disease.
- Take radiographs to evaluate and definitively diagnose oral diseases and conditions when clinically indicated.



## Advise Pregnant Women About Oral Health Care

- Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy.
- Encourage women to continue to seek oral health care, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See *Guidance for Health Professionals to Share with Pregnant Women*.)

## Work in Collaboration with Prenatal Care Health Professionals

- Establish relationships with prenatal care health professionals in the community. Develop a formal referral process whereby the prenatal care health professional agrees to see the referred individual in a timely manner (e.g., that day, the following day) and to provide subsequent care.

- Share pertinent information about pregnant women with prenatal care health professionals, and coordinate care with prenatal care health professionals as appropriate.
- Consult with prenatal care health professionals, as necessary—for example, when considering the following:
  - Co-morbid conditions (e.g., diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders) that may affect oral health management.
  - The use of intravenous sedation or general anesthesia.
  - The use of nitrous oxide as an adjunctive analgesic to local anesthetics (oral-inhalation sedation).
  - The use of oral sedatives with nitrous oxide (enteral-inhalation sedation).

## Provide Oral Disease Management and Treatment to Pregnant Women

- Provide emergency or acute care at any time during the pregnancy, as indicated by the oral condition.
- Develop, discuss with women, and provide a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy. Discuss benefits and risks of treatment and alternatives to treatments.
- Use standard practice when placing restorative materials. Avoid using dental amalgam during pregnancy, if possible and appropriate.
- Use a rubber dam during endodontic procedures and restorative procedures.
- Position pregnant women appropriately during care:
  - Keep the woman's head at a higher level than her feet.
  - Place woman in a semi-reclining position, as tolerated, and allow frequent position changes.
  - Place a small pillow under the right hip, or have the woman turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.
- Follow up with pregnant women to determine whether preventive and restorative treatment has been effective.



## Provide Support Services (Case Management) to Pregnant Women

- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g., domestic violence services), or other needs (e.g., transportation, translation).
- If the woman does not have a prenatal care health professional, explain the importance of care. Facilitate referrals to prenatal care health professionals in the community, especially those who accept Medicaid and other public insurance programs.

## Improve Health Services in the Community

- On the patient-intake form, record the name and contact information of the prenatal care health professional.
- Accept women enrolled in Medicaid and other public insurance programs.
- Establish partnerships with community-based programs (e.g., WIC, Early Head Start) that serve pregnant women with low incomes.
- Provide a referral to a nutrition professional if counseling (e.g., guidance on food choices or nutrition-related health problems) would be beneficial.
- Provide culturally and linguistically appropriate care. Take the time to ensure that women understand information shared with them.