This issue is part of a series of updates that highlight recent policies, programs, and resources to help ensure that health professionals and pregnant women and their families are aware of the importance and safety of receiving oral health care during pregnancy. The goal of these efforts is to increase pregnant women’s access to and use of oral health care and ultimately improve the oral health and overall health of pregnant women and their children. Past issues of *Promoting Oral Health During Pregnancy: Update on Activities* are available online.
Policies and Programs

Federal
Recently, there has been increased focus at the federal and state levels on ensuring that oral health care is available to women during pregnancy and the postpartum period:

Passed Legislation
American Rescue Plan
The American Rescue Plan Act, passed in March 2021, includes Sections 9812 and 9822 modifications that allow states the option to extend Medicaid coverage for pregnant women to 12 months postpartum through a state plan amendment (SPA). States seeking to expand postpartum coverage through a waiver may select the SPA option.

Pending Legislation
Mothers and Offspring Mortality and Morbidity Awareness Act
The Mothers and Offspring Mortality and Morbidity Awareness (MOMMA’s) Act introduced in the House of Representatives (H.R. 1897) in 2019 and the Senate (S. 411) in March 2021 would extend coverage for women enrolled in Medicaid and the Children’s Health Insurance Program to 12 months postpartum and require states to cover preventive, diagnostic, periodontal, and restorative oral health care during pregnancy and the postpartum period.

Oral Health for Moms Act
The Oral Health for Moms Act introduced in the Senate (S. 560) in March 2021 would expand oral health care for pregnant women. This bill would require Medicaid and the State Children’s Health Insurance Program to cover oral health care for pregnant and postpartum women and would make oral health care an essential health benefit for pregnant women who receive health insurance through the federal marketplace or small group markets.

State
Maine
In June 2021, Maine’s governor signed a state budget that contains a comprehensive preventive, diagnostic, and restorative dental benefit for adults, including pregnant women, enrolled in MaineCare, the state’s Medicaid program. This legislation expands the dental benefit from emergency coverage only to comprehensive oral health care coverage.
Maryland

In 2021, the Maryland General Assembly passed legislation to increase access to oral health care for women during pregnancy and the postpartum period. The policy changes serve as an opportunity to improve pregnancy outcomes, oral health, and overall health of women and their children in Maryland. The policy changes are as follows:

• Establish a prenatal services grant program to serve pregnant women, including undocumented immigrants who are not eligible for Medicaid. The program will include oral health care.
• Expand Medicaid coverage for all health care, including oral health care, for women from 60 days to 1 year postpartum.
• Provide the same frequency of dental prophylaxis care and oral examinations for pregnant and postpartum women enrolled in Medicaid as for those with private insurance.

New Jersey

In 2021, the New Jersey General Assembly passed legislation that allows doulas to enroll as Medicaid/NJ FamilyCare providers and receive Medicaid/NJ FamilyCare reimbursement for their services. NJ FamilyCare is a health insurance program created to help residents in New Jersey of any age who do not have health insurance through their employer access affordable health insurance. In addition to providing direct care, doulas assist members with community-based care that can improve health outcomes.

Virginia

In 2015, the Virginia General Assembly added a dental benefit for pregnant women with low incomes as part of Governor McAuliffe’s A Healthy Virginia Plan. The addition of the dental benefit has yielded positive results for Virginia, indicated by the fact that Pregnancy Risk Assessment Monitoring System (PRAMS) data show that the number of pregnant women receiving oral health care doubled from 2014 to 2019.

A comprehensive dental benefit for all adults ages 19–64, including pregnant women, who qualify for Medicaid in Virginia began on July 1, 2021. Pregnant women over age 21 with incomes below 148 percent of the federal poverty level (FPL) are covered by Medicaid, and pregnant women with incomes between 148 percent and 205 percent of FPL are covered by the Family Access to Medical Insurance Security (FAMIS) MOMS program. Smiles For Children is Virginia’s Medicaid oral health program, and FAMIS MOMS is an oral health program for children and adults, including pregnant women.

Washington

In 2017, the Washington state legislature funded Oral Health Connections, a 3-year pilot program (2019–2021), and directed the Washington State Health Care Authority to work with Arcora Foundation to develop and implement the program in three counties: Cowlitz, Spokane, and Thurston. The Oral Health Connections pilot program is a system of care that connects pregnant women and individuals with diabetes enrolled in Apple Health, Washington’s Medicaid program, with oral health care in their community. The model is based on the Access to Baby and Child Dentistry (ABCD) program.
Resources

Landmark Resources

Oral Health Care During Pregnancy: A National Consensus Statement provides guidance on oral health care for pregnant women for prenatal care health professionals and oral health professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women.

Oral Health Care During Pregnancy and Through the Lifespan presents information for obstetricians, gynecologists, and others about common oral health conditions during pregnancy, periodontal disease and pregnancy outcomes, oral health assessment and counseling during pregnancy, and access to oral health care.

National

Improving Access to Dental Care for Pregnant Women Through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research (2020)

This policy statement provides information on improving access to oral health care for pregnant women, presents evidence-based strategies to address lack of access to care as well as opposing arguments and evidence, and offers action steps to be taken at federal, state, and local levels. The policy statement was produced by the American Public Health Association.

Making the Case for Dental Coverage for Adults in All State Medicaid Programs (2021)

This brief reviews data on barriers to accessing oral health care for adults, including pregnant women, with low incomes and provides information about dental coverage for adults enrolled in Medicaid. It provides an estimate of the fiscal impact of implementing comprehensive dental coverage for adults in the 28 state Medicaid programs that currently do not provide such coverage. It also discusses federal policy options to ensure that all states offer adequate Medicaid dental coverage for adults, which could reduce cost barriers and improve access to care. The brief was produced by the American Dental Association, Health Policy Institute; Community Catalyst; and Families USA.

Maternal and Child Health Update 2020 (2020)

This report provides results of a survey of state and territorial health officials about maternal and child health policy topics. Respondents shared information on initiatives related to oral health for pregnant women, including increasing primary care and oral health care integration, expanding participation in oral-health-professional networks accepting Medicaid, and reimbursing for telemedicine services via...
Medicaid. Respondents also reported education and outreach initiatives on oral health, including education conducted via home visitors, community health workers, or doulas. The report was produced by the National Governors Association. [Funded by the Maternal and Child Health Bureau]

*Perinatal Oral Health Policy Statement (2020)*

This *policy statement* provides information about oral health during the perinatal period, including barriers to achieving and maintaining good oral health for women and their infants and efforts to improve access to and use of oral health care. It presents a strategic framework for improving perinatal oral health. The policy statement was produced by the Association of State and Territorial Dental Directors. [Partially funded by the Maternal and Child Health Bureau]

*Preventive Dental Visits for Pregnant Women Are Important! | Las visitas odontológicas preventivas para mujeres embarazadas son importantes (2020)*

This *infographic* provides information about benefits of and barriers to preventive dental visits for pregnant women. It discusses physiological changes that occur during pregnancy that may affect oral health, the safety of visiting the dentist during pregnancy, and how receiving oral health care can improve overall health and reduce the likelihood of transmission of cavity-causing bacteria from mothers to young children. It also discusses Medicaid dental coverage available during pregnancy. The infographic was produced by the National Maternal and Child Oral Health Resource Center. [Funded by the Maternal and Child Health Bureau]

*State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations (2021)*

This *map and chart* provide information about dental benefits for adults in general and for pregnant women enrolled in Medicaid. Information includes whether the state offers general adult coverage and/or pregnancy coverage, and what type of coverage, if any, is offered (none, emergency, limited, or extensive); income limits as a percentage of the federal poverty level for coverage during pregnancy; and notes about coverage, where applicable.

*Title V National Performance Measure 13 (Oral Health): Strategies for Success (2nd ed.) (2021)*

This *practice guide* provides information to help state Title V maternal and child health programs in their implementation of NPM 13 and oral-health-related state performance measures. It provides sample strategies for addressing NPM 13.1 and 13.2. For all strategies, the guide presents sample evidence-based or evidence-informed strategy measures (ESMs), possible data sources for ESMs, and a comprehensive list of resources. The practice guide was produced by the National Maternal and Child Oral Health Resource Center. [Funded by the Maternal and Child Health Bureau]
Iowa

The Ripple Effect of Poor Oral Health During Pregnancy and Adulthood (2020)

This infographic provides information about the consequences of poor oral health during pregnancy and adulthood. It discusses how an unhealthy mouth can impact employability, pregnancy, child health, and mental health. Barriers to accessing oral health care are listed, and steps that the Iowa Department of Public Health is taking to address the problem are presented. The infographic was produced by the Iowa Department of Public Health.

Montana

Healthy Montana Mouths Toolkit (2019)

This toolkit for primary care health professionals includes forms for referring a pregnant woman for oral health care, a form to help dental office staff meet women's oral health needs, and an oral health risk-assessment tool. Also included is information about fluoride application in primary care, a diabetes toolkit intended to enhance the integration of oral health care into primary care, and additional resources. The toolkit was produced by the Montana Department of Public Health and Human Services.
cancer, diabetes and insulin resistance, and Alzheimer’s disease, as well as respiratory tract infection and adverse pregnancy outcomes. The authors also discuss dental plaque, periodontal pathogens, and bacteremia; the relationship between oral and non-oral systemic disease; and using the oral cavity as a diagnostic tool.


This article presents information from systematic reviews studying the association between periodontal disease and adverse pregnancy outcomes, including maternal mortality, preterm birth, and perinatal mortality. The authors discuss methods and assessment of risk bias and present results. Characteristics of selected systematic reviews are included, along with evidence for the association between periodontal disease and preterm birth and a summary of evidence.


This article presents information on the potential link between periodontitis and systemic diseases, including cardiovascular disease, gastrointestinal and colorectal cancer, diabetes and insulin resistance, and Alzheimer’s disease, as well as respiratory tract infection and adverse pregnancy outcomes. The authors also discuss dental plaque, periodontal pathogens, and bacteremia; the relationship between oral and non-oral systemic disease; and using the oral cavity as a diagnostic tool.


This article explores county-level factors that were associated with oral health care use. Use patterns varied from 1 percent to 26 percent with a median of 8.5 percent across the 100 counties of North Carolina among women who were eligible for care. Strong patterns linking oral health care use in the MPW program to contextual social measures of well-being emerged, specifically, increased reporting of child abuse and neglect, elevated infant mortality, and poor quality of life. Counties with persistent poverty had lower rates of oral health care use.


The article presents findings from a study of midwives’ knowledge of oral health, practices related to oral health assessments, and awareness of oral health
guidelines and the pregnancy-related Medicaid dental benefit policy in Virginia. It also identifies explanations for the low level of effort among midwives to integrate oral health care into prenatal care.


This article describes results of a pilot study to determine knowledge, attitudes, and behaviors, including behaviors related to use of cell phones for making medical and dental appointments and to look up health-related information about pregnancy and early childhood caries prevention among women attending obstetrics/gynecology practices.


This article describes barriers to and facilitators of prenatal oral health care use among women who are underserved. Information was collected using focus groups with pregnant and parenting women; interviews with health professionals, oral health professionals, and social workers; and a community-engagement studio with community stakeholders. Interviews, focus groups, and the studio were audio-recorded, transcribed, and analyzed for thematic content. The authors discuss strategies to improve systemwide changes to promote interprofessional collaborations, educational programs to improve dissemination and implementation of prenatal oral health care guidelines, and specialized oral health facilities providing prenatal oral health care to women who are underserved.

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**Cite as**


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