
Promoting Oral Health During Pregnancy: Update on Activities

February 2015

Since the release of *Oral Health Care During Pregnancy: A National Consensus Statement* in 2012, federal agencies and national, state, and local organizations have continued to produce publications, advance policy, launch programs, and provide training to ensure that health professionals as well as pregnant women are aware of the importance and safety of receiving oral health care during pregnancy. The ultimate goal of these efforts is to improve oral health for pregnant women and their children—and therefore for society as whole. The national consensus statement was the first phase of a national investment in a perinatal and infant oral health initiative that is building a body of knowledge and practice to transform health care systems.

Oral health is key to overall health and well-being at all stages of life, especially during pregnancy. Pregnancy is a unique period during a woman's life, characterized by complex physiological changes that may adversely affect oral health. Preventive, diagnostic, and restorative oral health care is safe throughout pregnancy and is

effective in improving and maintaining oral health. To encourage health professionals to provide oral health care to pregnant women and increase pregnant women's awareness of the importance and safety of receiving oral health care, the federal government and national, state, and local organizations have been working to change the status quo.

In 2011, the Health Resources and Services Administration (HRSA) in collaboration with the American College of Obstetricians and Gynecologists (ACOG) and the American Dental Association (ADA) convened an expert workgroup meeting. The meeting, which was coordinated by the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University, led to the release of *Oral Health Care During Pregnancy: A National Consensus Statement*. The consensus statement emphasizes the safety and importance of oral health care throughout pregnancy and provides guidance on oral health care for pregnant women for both prenatal care health professionals and oral health



professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women.

Since the release of the national consensus statement, federal agencies and national organizations such as ACOG and ADA have actively supported efforts to promote oral health care during pregnancy.

In 2013, ACOG's Committee on Health Care for Underserved Women released *Oral Health During Pregnancy and Throughout the Lifespan*. This paper presents information and recommendations for obstetrician/gynecologists. Topics include general health, common oral health conditions during pregnancy, periodontal disease and pregnancy outcomes, oral health assessment and counseling during pregnancy, and access to oral health care.

In 2013, HRSA's Maternal and Child Health Bureau (MCHB) launched the Perinatal and Infant Oral Health Quality Improvement (PIOHQP) national initiative. This initiative began with the PIOHQP pilot grant program. The purpose of the program is to integrate a successful community-based approach into a health care system with statewide reach, achieving statewide availability and increased utilization of high-quality preventive oral health care and restorative services for pregnant women and infants most at risk for oral disease. An expansion of the pilot program is planned for 2015. The long-term goal of this effort is to effect sustainable improvement in the oral health status of this targeted maternal and child health population.

In 2014, the PIOHQP National Learning Network 3-year cooperative agreement was awarded to the Children's Dental Health Project, working in collaboration with the Association of State and Territorial Dental Directors, the Association of Maternal and Child Health Programs, and the National Academy for State Health Policy to support existing and planned PIOHQP projects. The network will enable collaborative peer-to-peer learning, strengthen state leadership, and build data capacity to improve perinatal systems of health care that include oral health. OHRC also supports the PIOHQP national initiative, as part of efforts to support MCHB-funded oral health grantees to enhance program development through communication and logistic support.

The next phase of the national initiative builds on lessons learned from the pilot projects. From 2015 to



2019, up to seven PIOHQP expansion grants will be funded. At the end of this funding period, awardees will have identified and implemented evidence-based models used to successfully integrate high-quality oral health care into perinatal and infant primary-health-care-delivery systems with statewide reach.

ADA has been an active participant in the implementation phase of a project to distribute the national consensus statement to oral health professionals and non-oral-health professionals to increase their awareness of the importance and safety of oral health during pregnancy. At the ADA meeting in New Orleans, LA, in October 2013, volunteers from ADA, the Alliance of the ADA, and Henry Schein Cares launched *Healthy Smiles from the Start*, an education program for mothers and other caregivers of newborns. The program, which is available in English and Spanish, focuses on how and why to make good oral health habits a priority for everyone in the family.

In light of objective 1 of *Members First 2020*, ADA's 2015–2019 strategic plan, which states that “the public will recognize the ADA and its members as leaders and advocates in oral health,” ADA's Council on Access, Prevention and Interprofessional Relations put forward the following two resolutions, which were approved in October 2014:



Resolved, that the ADA urges all pregnant women and women of child-bearing age to have a regular dental examination, and it further

Resolved, that the ADA acknowledges that preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

In addition to MCHB and national organizations, many state and local organizations have coordinated activities to promote oral health for pregnant women. For example:

- *National:* In collaboration with the National Commission on Certification of Physician Assistants (NCCPA) and to support the Physician Assistant Leadership Initiative in Oral Health, OHRC coordinated a HRSA Information Center mailing of the

consensus statement to physician assistants nationwide, along with a companion training DVD produced by NCCPA.

- *California:* A local health department is using the consensus statement to develop a program protocol for oral health during pregnancy.
- *Colorado:* The University of Colorado School of Dental Medicine used the consensus statement to update their clinic procedures manual.
- *Colorado:* Instead of developing its own state guidelines, Colorado decided to adopt the national consensus statement. It was disseminated in a statewide mailing to dentists under a joint cover letter from the Colorado State Department of Public Health and Environment and the Colorado State Dental Association.
- *Connecticut:* The Connecticut Dental Health Partnership, a dental benefits administrator, sent copies of the national consensus statement to 200 obstetrician/gynecologists who are enrolled in the state Medicaid program.
- *Michigan:* The Michigan Department of Community Health, Oral Health Program, sponsored a perinatal oral health conference in 2013 to collaboratively develop Michigan-specific perinatal oral health guidelines and a statewide action plan for implementation.
- *Montana:* Montana distributed copies of the national consensus statement to county health departments throughout the state to educate health department staff and those they serve about oral health during pregnancy.
- *Oregon:* The Oregon Oral Health Coalition used the consensus statement as a basis upon which to develop new training materials on maternal oral health for health professionals.
- *South Carolina:* The South Carolina Department of Health and Environmental Control, Division of Oral Health, presented the consensus statement to the South Carolina Oral Health Advisory Council and Coalition, which voted in favor of its adoption.
- *Virginia:* The state Medicaid program will begin covering comprehensive dental benefits to pregnant women in March 2015, and the state will monitor the number of pregnant women who receive oral health services under these new benefits.

Ultimately, MCHB will have provided funding for up to 10 states as well as funding for OHRC and the National Learning Network. This funding has resulted in (1) producing a national consensus statement, (2) impacting national and state policies and practice, and (3) forming an evidence-based, practice-tested, and data-supported strategic framework to inform state-wide health care systems transformation.

Resources

- *Healthy Smiles from the Start*
<http://allianceada.org/Healthy-Smiles-from-the-Start.php>
- *Oral Health Care During Pregnancy: A National Consensus Statement*
<http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>
- *Oral Health During Pregnancy and Throughout the Lifespan*
<http://www.acog.org/~media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Under%20served%20Women/co569.pdf?dmc=1&ts=20130724T0947055564>



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