



Promoting Oral Health During Pregnancy: Update on Activities

May 2017

Since the release of the landmark publication *Oral Health Care During Pregnancy: A National Consensus Statement* in 2012, federal agencies and national, state, and local organizations have continued to launch programs, advance policy, produce resources, and provide education and 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. This document is the sixth in a series of updates to highlight activities to promote oral health during pregnancy. Past issues of *Promoting Oral Health During Pregnancy: Update on Activities* are available [online](#).

Programs and Policy

In 2013, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) launched the Perinatal and Infant Oral

Health Quality Improvement (PIOHQI) Initiative. The goal of the initiative is to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care (i.e., preventive services, restorative treatment, education) and increased use of oral health services.



In June 2013, MCHB funded three PIOHQI pilot projects (Connecticut Department of Social Services; Health Research Inc./New York State Department of Health; and West Virginia Department of Health and Human Resources) as part of the PIOHQI grant program (2013–2017). The purpose of the grant program is to use a community-based approach to integrate high-quality oral health care into a health care system with statewide reach to improve the oral health status of pregnant women and infants at high risk for oral disease. Since then, the projects have initiated many activities to achieve this goal.

Some highlights of these efforts are presented below.

Connecticut

- Contracted with Community Health Center (CHC), Inc., Connecticut’s largest federally qualified health center, to conduct the Warm Hand-Off and Care Coordination Pilot Study to identify barriers that pregnant women face in obtaining oral health care. In phase 1, pregnant women received an oral health assessment, education, and an appointment for a preventive oral health visit. During the medical intake, a psychosocial assessment was conducted to evaluate



associated risk factors for lack of oral health care utilization. A statistically significant association was identified between anxiety/depression and decreased utilization. In phase 2, CHC screened pregnant women for oral-health-specific anxiety/depression. In phase 3, in addition to continuing the work begun in phases 1 and 2, CHC implemented strategies to reduce anxiety/depression during oral health visits. To date, care coordination provided by a dedicated staff member, along with oral health education and referral provided by obstetrics/gynecology unit staff, has not increased utilization of oral health care.

- Called pregnant women enrolled in HUSKY Health (Medicaid/Children’s Health Insurance Program) and assigned women who did not have a dental home to a local dental health care specialist (DHCS). The DHCS provided these women with information about the importance of oral health during pregnancy and offered to refer them to dental offices or provide appointment assistance. DHCSs also offered other services, such as benefits information, translation assistance, and transportation assistance. A significant barrier to reaching these women was incorrect phone numbers.
- Increased the perinatal oral health care utilization rate from under 30 percent in 2005 (baseline year) to 57 percent in 2010, using outreach techniques similar to those used by the PIOHQI initiative. The rate further increased to 59 percent in 2015 under the PIOHQI initiative, during a period when overall adult oral health care utilization fell slightly in Connecticut.
- Collaborated with From the First Tooth, a program of the Connecticut chapter of the American Academy of Pediatrics, to promote oral health assessments,



fluoride varnish application, and referrals to dentists for young children and education about oral health for their parents and other caregivers. Increased fluoride varnish applications by primary care pediatric health professionals by 81 percent, from 7,100 applications in 2012 to 12,842 applications in 2015.

- Shared information with obstetricians, pediatricians, and community-based health and social service organization staff about the importance of oral health care during pregnancy. Also shared information with pregnant women to help them understand how to ensure that they and their infants have the best possible oral health.

New York

- The pilot Maternal and Infant Community Health Collaborative (MICHC), Healthy Baby Network (HBN), in collaboration with Eastman Institute for Oral Health, developed the *MICHC Oral Health Manual & Toolkit* and used it to train prenatal care health professionals, oral health professionals, case managers, community health workers, and social workers. The manual and toolkit will be disseminated to MICHC projects across the state and used to train health professionals in their respective communities.
- The Bureau of Women, Infant and Adolescent Health (BWIAH) worked with MICHC to integrate screening questions developed by HBN into the statewide data-management information system to ensure that

all MICHC clients are screened for oral health problems. The data system went live on April 1, 2017.

- BWIAH integrated PIOHQI strategies into MICHC programs by leveraging existing New York State Department of Health (NYSDOH) funding to support implementation and integration of oral health activities using strategies and tools developed through PIOHQI. BWIAH also continues to oversee MICHC programs and monitor progress on program activities, including oral-health-focused strategies.
- NYSDOH partnered with Zero To Three, which administers text4baby, a mobile information service designed to share health and safety information with pregnant women, new mothers, and their families through free text messaging. In 2015–2016, NYSDOH developed oral-health-specific messages geared toward pregnant women and added them to text4baby text messages to share in New York.

West Virginia

- Met with managed care organizations to develop an outreach campaign to educate pregnant women about the value of dental cleanings, and developed a state strategic plan to address perinatal and infant oral health.
- Worked with Marshall University to establish a Basic Screening Survey (BSS) for pregnant women. Perinatal surveillance has been incorporated into the West Virginia Oral Health Surveillance System, and plans for infant surveillance, through claims data, are under discussion, along with the feasibility of a BSS for infants and children from birth to age 3.
- Collaborated with the Right From The Start Program to develop oral health questions to be used in a redesign of the program's prenatal and infant intake assessments.
- Discussed with the Division of Women's and Perinatal Health ways that the project can support increasing the return rate on the Pregnancy Risk Screening Instrument (PRSI), which West Virginia requires at a woman's first prenatal visit. Currently, the return rate for the PRSI is about 50 percent.
- Worked with regional oral health coordinators at Marshall University on providing initial and continuing education for health professionals and oral health professionals on perinatal oral health using *Smiles for Life: A National Oral Health Curriculum*.



Dissemination and Use of the National Consensus Statement

Since the release of *Oral Health Care During Pregnancy: A National Consensus Statement*, states have been using the consensus statement in a variety of ways. Some highlights are presented below.

California

- Distributed the consensus statement at The Improving Oral Health Care for Pregnant Women and Infants in Sonoma County educational seminar and workshop, held on July 22, 2016, for medical and oral health professionals. The event promoted an understanding of current practice guidelines, best practices and case studies, and local champions currently improving the delivery of oral health care in the community. Participants discussed the importance of integrating oral health services into primary care and explored opportunities for streamlining care delivery.
- Distributed the consensus statement at the California Home Visiting Conference, held on August 1, 2016.

- Distributed the consensus statement at the Improving Oral Health through Home Visits Summit, held on December 6, 2016, which brought together home visiting programs in Riverside and San Bernardino counties to discuss the importance of oral health care and to train home visitors on providing families with oral health education and referrals.

Colorado

- Updated the *Cavity Free at Three* curriculum, a state initiative managed by the Colorado Department of Public Health and Environment to train health professionals to provide preventive oral health services for pregnant women and young children, to align with information presented in the consensus statement.
- Distributed the consensus statement at Cavity Free at Three trainings for health professionals.
- Laminated *Pharmacological Considerations for Pregnant Women* as a handout for health professionals.
- Distributed the consensus statement to oral health professionals attending professional conferences and after conducting a survey about their practices related to pregnancy and oral health services.



Maryland

- Used the consensus statement as a resource to guide the development of state practice guidelines for oral health during pregnancy for prenatal health professionals and oral health professionals.
- Used the consensus statement in designing trainings for health professionals, home visitors, and others.

North Carolina

- In 2016, the North Carolina Department of Health and Human Services convened the Perinatal Oral Health Task Force, which consisted of department staff, educational leaders from the two state-funded medical and dental schools, and local health directors. In working to improve the health and well-being of the state's pregnant women and their families, the project plans to use the consensus statement as a foundation for the work it is doing to expand access to oral health services for pregnant women, expand the window of coverage for oral health services for pregnant women enrolled in Medicaid, and improve birth outcomes in the state.

- Over the past 6 months, the task force adopted the consensus statement as practice guidelines for health professionals in North Carolina. The group is gathering letters of support from health professional organizations and developing a dissemination plan.

Pennsylvania

- Shared the consensus statement with home visiting nurses through the Nurse-Family Partnership and Maternal and Child Health programs at the Erie County Department of Health. Nurses, in turn, have shared it with pregnant women in their care.
- Shared the consensus statement with oral health professionals to encourage them to treat pregnant women.

Texas

- Provided the consensus statement to the Nurse Family Partnership pilot.
- Used the consensus statement in the development of the *Texas Perinatal and Infant Oral Health Guidelines*.

Resources



- ***Brushing for Two: A Healthy Start for Your Baby***
This fact sheet for pregnant women explains why oral health is important and how to maintain good oral health during pregnancy. Contents include information about oral hygiene, nutrition, safety, and professional oral health care. The fact sheet is available in English and Spanish. This fact sheet was produced by the Virginia Department of Health, Division of Dental Health.
- ***Healthy Teeth for You and Your Baby***
This brochure for pregnant women focuses on the importance and safety of oral health care during pregnancy. It also includes information about the age-1 dental visit for children and how to find a dentist. The brochure is written in English and Spanish. The brochure was produced by TeethFirst!

- *Oral Health Care and Coverage During Pregnancy*
This brief provides information about the effects of oral disease on pregnant women and infants and state actions to prevent disease and reduce costs. The brief examines insurance coverage for oral health care, including publicly funded coverage and reimbursement rates; dental expenditures; and where to find state-specific statistics on health status and coverage rates. The brief also discusses state strategies to help pregnant women receive oral health care services and provisions in the Affordable Care Act, such as public education and tobacco-cessation services. The brief was produced by the National Conference of State Legislatures.
- *Pregnancy and Oral Health*
This video encourages pregnant women to make oral health a priority during pregnancy and to obtain preventive care. Topics include practicing good oral health habits, finding a dentist, and scheduling a dental visit. The cost of oral health services, including services covered by Medicaid, is also addressed. The video was produced by the Association of Maternal and Child Health Programs.
- *Pregnancy & Oral Health in the ACA Era: How Are Expectant Moms Faring?*
This webinar, held on September 27, 2016, discussed ways to connect women to oral health coverage and care during pregnancy. Topics include dental insurance options, such as coverage through Medicaid; strategies to integrate oral screenings and referrals into prenatal care; and efforts to educate pregnant women about the importance of oral health care and connect them to services. The webinar was produced by the Association of Maternal and Child Health Programs and the National Institute for Health Care Management Foundation.



Cite as

National Maternal and Child Oral Health Resource Center. 2017. *Promoting Oral Health During Pregnancy: Update on Activities—May 2017*. Washington, DC: National Maternal and Child Oral Health Resource Center.

Promoting Oral Health During Pregnancy: Update on Activities—May 2017 © by National Maternal and Child Oral Health Resource Center, Georgetown University

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS) under grant #H47MC00048 in the amount of \$3,000,000 over 5 years. This information or content and conclusions are those of the author and should not be construed as the official position or policy of HRSA, DHHS, or the U.S. government, nor should any endorsements be inferred.

Permission is given to photocopy this publication or to forward it, in its entirety, to others. Requests for permission to use all or part of the information contained in this publication in other ways should be sent to the address below.

National Maternal and Child Oral Health Resource Center
Georgetown University
Box 571272
Washington, DC 20057-1272
(202) 784-9771
E-mail: OHRInfo@georgetown.edu
Website: <http://www.mchoralhealth.org>



National Maternal and Child Oral Health Resource Center