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 fifth 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) national 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.
The first phase of the PIOHQI initiative includes a pilot grant program (2013–2017), which provides support to three projects. The second phase of the PIOHQI initiative is an expansion grant program (2015–2019), which provides support to eight projects. A description of each of these projects is available from the Perinatal and Infant Oral Health Quality Improvement webpage.

In June 2016, MCHB funded five new PIOHQI projects as part of PIOHQI Expansion Grant Program II (2016–2019).

Below is a short description of each project:

- **Arizona:** Project Zero—Women and Infants will work to expand access to oral health services for pregnant women and infants, increase delivery of high-quality oral health care for this population, and enhance statewide data sources. The project is administered through a collaborative partnership consisting of Northern Arizona University, Department of Dental Hygiene; Arizona Alliance for Community Health Centers; and the Arizona State Office of Oral Health. The project will assist and support community health centers as they work to integrate oral health care into overall health care for pregnant women and infants, provide education for health professionals on best practices in oral-health-care delivery for pregnant women and infants, collect data and conduct data analysis, establish an efficient statewide data-collection network that integrates with current electronic medical records, and share real-time data with external agencies.

- **Massachusetts:** The Massachusetts Perinatal Expansion Project, administered by the Massachusetts Department of Public Health, will focus on strengthening integration between oral health care and primary care for pregnant women and infants by enhancing data collection, referral systems, and communication related to clinical care. The project will work to reduce disparities in access to preventive oral health care and treatment among pregnant women and infants. The project will include a health-integration pilot with community health centers in three underserved urban and rural communities; the pilot will target pregnant women with low incomes.

- **Minnesota:** Children’s Dental Services will integrate oral health services for pregnant women and infants across Minnesota into a system of partnerships that will include primary care, mental health, nutrition counseling, and other services for pregnant women, new mothers, and infants from families with low incomes. The project will seek to reduce barriers to accessing oral health services (e.g., lack of transportation; little knowledge about the impact of oral
• Oral Health Checkups During Pregnancy Are Paramount, Coalition Says

Nearly one-third of pregnant women in West Virginia have not visited the dentist in the last 3 years, according to the West Virginia Department of Health and Human Resources. This newspaper article provides information about the high percentage of pregnant women in West Virginia who have not visited the dentist in the past 3 years and discusses the reasons that many women do not go to the dentist before and during pregnancy. According to the West Virginia Oral Health Coalition, 38 percent of pregnant women also have some form of tooth decay. West Virginia is one of 11 states that received a grant from the Health Resources and Services Administration’s Maternal and Child Health Bureau to increase the number of pregnant women and infants who receive oral health care, and the West Virginia Oral Health Coalition is using the grant, in part, to raise awareness about the importance of oral health care during pregnancy.

Resources

• 2015 Wisconsin Perinatal and Infant Oral Health Summit: Report and Statewide Plan

This report summarizes a summit held on September 9, 2015, to brainstorm strategies for improving oral health for pregnant women and infants in Wisconsin. The report describes five themes supported by both oral health and overall health communities: reimbursements and insurance availability, coordination/integration, training, awareness, and scope of practice. Contents include a statewide plan to reduce the prevalence of oral disease in underserved pregnant women and infants by integrating high-quality oral health care into the health-care-delivery system. The report was produced by the Children’s Health Alliance of Wisconsin.

News

• Number of Pregnant Women in U.S. Getting Dental Care on the Rise

The Children’s Oral Health Survey, conducted by Delta Dental Plans Association, indicated that the number of pregnant women visiting the dentist increased by almost 7 percent over the previous year, up from 57.5 percent to 63 percent. The survey was conducted between December 16, 2015, and January 14, 2016, among a nationally representative sample of 1,307 parents of children ages 6–12.

• South Carolina: The project, administered by the South Carolina Department of Health and Environmental Control (DHEC), will leverage knowledge acquired through several other oral-health-related grant-funded projects administered by DHEC over the past decade. The project will develop state-level policy and practice guidelines and will work to establish a primary care–oral health practice network in communities with limited access to timely culturally and linguistically competent oral health services. In addition, the project will promote integration of oral health into overall health care and obstetrics/gynecology care, work to improve maternal and child oral health surveillance, and strive to integrate oral health education into home visiting.

• Texas: The Texas Perinatal and Infant Oral Health Quality Improvement Expansion Project, administered by the Texas Department of State Health Services, will work to improve the oral health of pregnant women and infants in Texas through coordinated statewide efforts to integrate oral health education into perinatal care. The project intends to collaborate with the Texas Home Visiting Program to enhance oral health education and data collection through a multiple-county pilot program, increase the percentages of pregnant women and infants who are referred to dentists and who receive oral health care, increase awareness of the importance of perinatal and infant oral health through health professional education, and enhance state-level data sources and data collection.
Bright Futures: Oral Health—Pocket Guide (3rd ed.)
This pocket guide offers health professionals an overview of preventive oral health supervision for five periods—pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. The pocket guide is designed to help health professionals implement specific oral health guidelines during these periods. For each period, information about family preparation, risk assessment, interview questions, screening, examination, preventive procedures, anticipatory guidance, measurable outcomes, and referrals are discussed. The guide was produced by the National Maternal and Child Oral Health Resource Center.

Massachusetts Oral Health Guidelines for Pregnancy and Early Childhood
These guidelines for prenatal health professionals, pediatric health professionals, and oral health professionals in Massachusetts offer information about providing oral health care and oral health education for pregnant women and young children, including young children with special health care needs. The guidelines include information for health professionals about medication use during pregnancy, sample referral forms, and information for pregnant women about healthy eating and portion sizes. The guidelines were produced by the Massachusetts Department of Public Health.

Oral Health in Pregnancy
This article describes the importance of recognizing, preventing, and treating oral health problems in pregnant women. The article discusses pregnant women's access to oral health care, oral-health-related knowledge and practices among health professionals who care for pregnant women, and oral health competencies that health professionals need to provide high-quality care to this population. Strategies for integrating oral health care into overall health care are also presented. The article was written by Erin Hartnett, Judith Haber, and Barbara Krainovich-Miller and published in the Journal of Obstetric, Gynecologic, & Neonatal Nursing.

Text4baby
This resource provides health tips timed to a woman's stage of pregnancy or an infant's age. The service enables pregnant women and new mothers to get health information delivered regularly to their mobile phones by text message. Messages focus on topics such as nutrition, safe sleep, breastfeeding, oral health, and tobacco use. The program also connects women to public clinics and support services for prenatal and infant care. Messages are available in English and Spanish. A mobile application is also available. This resource was produced by the National Healthy Mothers, Healthy Babies Coalition.

Cite as


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