


NC Department of Health and Human Services
Dental Public Health
NC Oral Health Section

Perinatal Oral Health Webinar

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Best Practices and Perinatal Oral Health

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Presentation Objectives


Upon completion of this presentation, the participant will be able to:

- Explain how oral health affects overall health
- Describe how maternal oral health impacts the child's oral health
- Implement new perinatal oral health framework guidelines
- Explain the importance of collaborative practice between medical and dental providers and maternal/child oral health outcomes
- Summarize the perinatal oral health collaborative practice framework for medical and dental providers

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- Educate
- Integrate
- Collaborate
- Improve Maternal-Child Outcomes



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Oral Health Motto:

- Oral Health for Every Body

People We Serve:

- Children
- Vulnerable Adults
- Caregivers
- Healthcare providers



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Oral Health Section Goals and Objectives:

Aims to prevent dental caries by using evidence based, data driven decisions to advance oral health, overall health and wellbeing of North Carolina citizens:

- Promote access to dental care
- Train and expand the dental workforce
- Monitor the public's oral health
- Offer preventive services and education
- Provide professional education

The objectives addressed by:


- 25 field dental hygienists serve the state
- Oral epidemiology program
- Health programs focused on the lifespan addresses prevention in early childhood, school health and vulnerable adult populations

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Perinatal Oral Health



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Case Report:

"Term Stillbirth caused by Oral *Fusobacterium nucleatum*"

- 35 year old at 39.5 weeks gestation
- Weakened immune system
- Routine prenatal care, uncomplicated pregnancy
- Lack of movement by the baby
- Autopsy revealed F. nucleatum in lungs and stomach; oral exam found F. nucleatum in mothers subgingival flora and no other locations
- Due to placenta size and weakened immune response, fetus was susceptible to bacteria

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004155/pdf/nihms252808.pdf>

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National Perinatal Oral Health Data

- 2000 Surgeon General's report Oral Health Report in America: oral health is mirror for general health and well-being
- American Dental Association affirms importance of oral health during pregnancy
- Maintaining oral health may have positive effect on cardiovascular disease, diabetes and other disorders
- Maternal periodontal infection **may be** linked to preterm low birth weight babies
- Association between maternal oral health and oral health of her children

Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. American College of Obstetricians and Gynecologists. Obstet. Gynecol 2013; 122:417-22.

Dye BA, Vargas CM, Lee JJ, Magder L, Titaneff N. Assessing the Relationship Between Children's Oral Health Status and That of Their Mothers. *The Journal Of The American Dental Association*. 2011; 142(2): 173-183

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National Perinatal Oral Health Data

- 2007-2009, 35% of U.S. women did not have a dental visit within the past year
- 56% of women did not visit a dentist during pregnancy
- 80% of obstetricians did not use oral health screening questions during prenatal visits
- 94% did not routinely refer all patients to a dentist

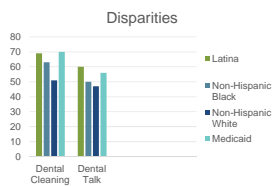
Source: Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. American College of Obstetricians and Gynecologists. Obstet. Gynecol 2013; 122:417-22.

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NC PRAMS 2017 Oral Health Data



- 58% of NC pregnant women did not have a dental prophylaxis during pregnancy
- 50% reported that a health care worker did not talk to them about oral health care during pregnancy

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Perinatal Oral Health Task Force

- Convened in 2016
- Responsible for adopting perinatal oral health collaborative practice framework in North Carolina
- Continued collaboration on issues impacting perinatal oral health, including policy

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Perinatal Oral Health Assessment 2016

- Utilized a questionnaire and visual-only oral screening
- Total of 459 women participated in 68 county health departments across the state offering prenatal care services

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NC Perinatal Oral Health Data

- 17% stated they had a dental visit during the current pregnancy
- 39% were asked by a medical provider if they had a dental home
- Less than half (40%) reported having dental insurance
- 54% identified their oral health as Fair to Very Poor

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NC Perinatal Oral Health Data

- The cost was the single most common barrier identified
- Based on oral screening, one third of pregnant participants had untreated tooth decay
- Nearly 30% reported experiencing bleeding gums

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Concerns Identified

Pregnant Women

- Many do not understand importance of oral health
- Belief that poor oral health status during pregnancy is normal
- Many women do not visit a dentist during pregnancy*

Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. American College of Obstetricians and Gynecologists. Obstet. Gynecol 2013; 122:417-22.

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Hurdles to Oral Health Care During Pregnancy

Produced for the Children's Dental Health Project. For more info, visit cdhp.org

children's dental health project

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Concerns of Healthcare Providers

- **Physicians**
 - Lack of compensation
 - Unfamiliarity
 - Absence of processes
- **Dentists**
 - Differing opinions on management of pregnant patient
 - Lack of insurance policy knowledge
 - Liability

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Oral Health Impacts Total Health

Arteries
Atherosclerosis
Cardiovascular Disease

Joints
Arthritis

GI System
Diabetes

Lungs
Bacterial
Pneumonia

Brain Tissue
Cerebrovascular Disease

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC88948/>
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Possible Pregnancy Complications

Preterm Delivery

Gestational Diabetes

Amniotic Fluid

Low Birth Weight

Preeclampsia

Source: https://www.adha.org/resources-docs/7838_Periodontal_Diseases_and_Adverse_Pregnancy_Outcomes.pdf
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Pregnancy Impacts on Oral Health

- Hormone Levels** = Increase risk for Periodontal Diseases (PD) and Pyogenic Granulomas
- Nausea and Vomiting** = Xerostomia (dry mouth) and enamel erosion increases risk for tooth decay
- Gestational Diabetes** = Increases risk for PD due to increased susceptibility to infection

Pyogenic Granuloma and Gingivitis

Source: Photo credit AAP.org
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Periodontal Diseases

Gingivitis	Periodontitis
Mildest form of periodontal disease	Untreated gingivitis can lead to periodontitis
Red, swollen gums that bleed easily	Chronic inflammation, destruction of bone
Often no discomfort	Shifting of teeth, tooth loss
Poor oral hygiene most common cause	Red swollen gums, bleed easily
Many other contributing factors; diabetes	Pus between teeth and gums, bad breath
Reversible	Irreversible

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Maternal-Child Connection

- Most young children acquire caries-causing bacteria from their mothers
- Mothers with poor oral health likely to have children with poor oral health
- Counseling and dental care may reduce transmission of bacteria, thereby delaying or preventing onset of childhood caries

Sources: Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;122:417-22.
Dye BA, Vargas CM, Lee JJ, Magder L, Tinanoff N. Assessing the Relationship Between Children's Oral Health Status and That of Their Mothers. *The Journal of the American Dental Association*. 2011; 142(2): 173-183.

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Organizations Supporting Perinatal Oral Health

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Oral Health Care During Pregnancy: A National Consensus Statement

- Released in 2012 by the Health Resources and Services Administration in collaboration with the American College of Obstetricians and Gynecologists (ACOG) and the American Dental Association (ADA)

https://www.mchoralhealth.org/materials/consensus_statement.php

<https://www.mchoralhealth.org/PDFs/Oralhealthpregnancyconsensusmeetingsummary.pdf>

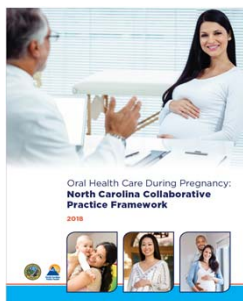
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Oral Health Care During Pregnancy: NC Collaborative Practice Framework

[Oral Health Care During Pregnancy: North Carolina Collaborative Practice Framework 2018](#)



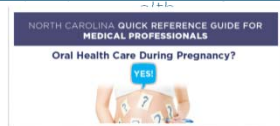
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Quick Reference Guides *Request Form is available at*

<https://publichealth.nc.gov/oralhe>



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Guidance to Share with Pregnant Women

- Establish a dental home
- Stop use of harmful substances
- Rinse with a teaspoon of baking soda in a cup of water after vomiting or reflux. Do not brush right away.
- Floss and brush with fluoridated toothpaste twice daily
- Breastfeeding your baby is recommended
- Begin brushing your baby's first tooth with a smear of fluoridated toothpaste twice daily



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Perinatal Guidance: Medical Providers

- Assess pregnant women's oral health status.
- Advise pregnant women about oral health care.
- Work in collaboration with oral health and prenatal care professionals.
- Provide support services/case management.
- Improve health services in the community

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Within Normal Limits



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Within Normal Limits




Source: Dermnetnz.org <https://creativecommons.org/licenses/by-nc-nd/3.0/nz/legalcode>, Flickr

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Visually Concerning



Source: Dermnetnz.org <https://creativecommons.org/licenses/by-nc-nd/3.0/nz/legalcode>

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Advise Pregnant Women About Oral Health Care

- ✓ Reassure pregnant women that oral health care is safe:
 - Radiographs
 - Local anesthesia
 - Pain medications

- ✓ Encourage women to schedule a dental visit:
provide referral, if needed

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Perinatal Guidance: Dental Providers

- Assess pregnant women's oral health status.
- Advise pregnant women about oral health care.
- Work in collaboration with prenatal care health professionals.
- **Provide oral disease management and treatment.**
- Provide support services/case management.
- Improve health services in the community.

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Framework Also Includes

- Oral health guidance for pregnant women
- Postpartum oral care
- Infant/Child oral care
- Pharmacological considerations during pregnancy

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Provider Resources:

Perinatal Oral Health Program (pOHP):
<http://www.prenataloralhealth.org/index.php/dashboard/phcpvideo>

Smile for Life: A National Oral Health Curriculum:
<http://www.smilesforlifeoralhealth.org>

National Maternal & Child Oral Health Resource Center
<https://www.mchoralhealth.org>

Association of State and Territorial Dental Directors
<https://www.astdd.org>

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OHS Provider Resources:

- Oral Health Section Website
- Oral Health Section landing/home page:
<https://publichealth.nc.gov/oralhealth/index.htm>
- Oral Health Section educational resources page
<https://publichealth.nc.gov/oralhealth/education/>
- Current dental provider list provided by Field Staff
- Training presentation for dental and medical providers provided by Field Staff

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Key Points:

Perinatal oral health is a matter of maternal-child oral health

Comprehensive dental treatment is essential and safe throughout pregnancy

Collaborative practice is key to improved maternal-child oral health outcomes

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Questions?



If you have any question, please contact:
North Carolina Oral Health Section
919-707-5480

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