

# Oral Health In At-Risk Populations and Access to Care

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# Disclaimer

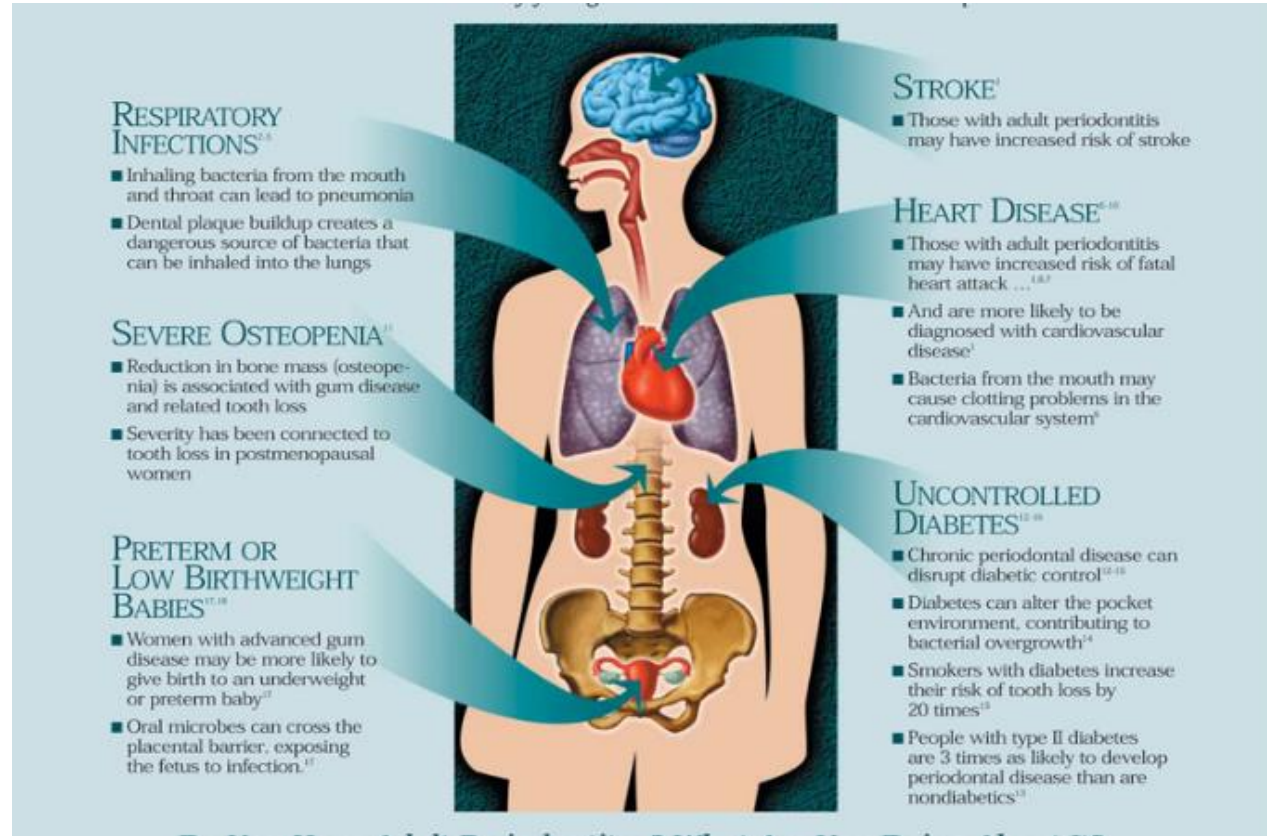
- I have no conflict of interest to disclose.
- Many of the images on this presentation are from public websites.

# Objectives

- provide an overview of oral health during pregnancy and early childhood
- provide information on an innovative pilot project aimed at integrating oral health into prenatal care

# Oral Health is important!

- Cardiovascular disease
- Pregnancy and birth complications
- Pneumonia
- Diabetes
- HIV/AIDS
- Osteoporosis
- Alzheimer's disease



**Without Good oral health you can't have good general health.**

**While it is always important to maintain good oral health, it is especially important during pregnancy**

- Risk for tooth decay:
  - changes in eating habits
  - morning sickness
  - less attention to their oral hygiene practices



# Hormonal changes



# Myths about oral care during pregnancy

- It's normal for teeth to become loose and even fall out during pregnancy.
- Your baby can take calcium from your teeth.
- Many people think that the numbing medicines or x-rays can harm your baby.





Untreated gum disease  
in pregnant women can  
harm their systemic health  
and may be linked to low  
birth weight/preterm births



Mothers can unintentionally  
pass cavity-causing bacteria  
to newborns, increasing  
children's risk for  
tooth decay



Children are more than  
**3x as likely**  
to have tooth decay if their  
mothers have high levels  
of untreated tooth decay

# Untreated tooth decay during pregnancy

- Pain/stress
- Self-medicate
- Systemic infection
- Increased need for other medications
- Compromised nutritional intake of expectant mothers (fetal growth)





# Unfortunately, pregnant women tend not to get dental care

- 23-35% received dental care during pregnancy
- 12-25% (data from 3 states) reported having a dental problem
  - only 45-55% went for care
- Source: PRAMS for 4 states that collected oral health data in 1998 (AR, IL, LA, NM)

# 2018 Ohio Pregnancy Assessment Survey

- Only 44 % of pregnant women had their teeth cleaned during pregnancy.
- There are disparities in oral care utilization based on income, age, geographic area and race/ethnicity.
  - Only 29% of women covered by Medicaid had dental care during pregnancy as compared to 54% who were non-Medicaid.
  - Among non-Hispanic black women, 35% had their teeth cleaned as compared to 47% of their non-Hispanic white counterparts.

# Limiting factors

- Attitudes and beliefs about dental treatment during pregnancy
  - women
  - obstetricians
  - Dentists
- Financial Barriers/Transportation/Availability of dental appointments

# 2020: U.S. Surgeon General Call to Action to Improve Maternal Health

- Recommends using preventive health care and wellness visits to conduct screenings, assess risk factors, and provide education and counseling, including on oral health.



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

- **Date:** November 17, 2020
- Bureau of Maternal, Child and Family Health, Oral Health Program, announces the availability of grant funds to support a new initiative to demonstrate the ability of non-profit primary health care facilities to integrate oral health into their prenatal services.
- **Funding period April 1, 2021 through September 30, 2022**

# Teen and Pregnant Clinic (TaP Clinic) at Nationwide Children's Hospital



NATIONWIDE CHILDREN'S  
*When your child needs a hospital, everything matters.*

- Provides a multidisciplinary approach to prenatal care delivered to adolescents and young adults age 12 to 22 years in Franklin County with the goal of reducing infant mortality.





# Two Goals:

1. Increase access to oral health services assessment and education for TaP clinic patients during prenatal visits.
2. Increase utilization of dental services by assisting with scheduling appointments for those needing dental care and assuring services through case management.

# Steps for implementation



- Train the prenatal providers (OB/GYN physician and nurse practitioners)
  - Smiles for Life Modules
    - Pregnancy and Women's Oral Health, Child Oral Health, and Oral Exam
- Ask, Look, Refer

# ASK: Screening questions

- Do you have swollen or bleeding gums, a toothache, problems eating or chewing food or other problems in your mouth? Yes/No
- Do you have a place where you receive dental care? Yes/No
- Have you had a dental check-up (including cleaning) within the past 6 months? Yes/No



# Risk Assessment Questions

- How often do you have sugary foods or drinks (juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)?
- Not frequent      Only at meal time      Frequent or prolonged
- Do you brush your teeth with fluoride toothpaste (regular over the counter)? Yes, No

## Education

- Safety of dental care in pregnancy
- Dietary guidelines for good oral health in pregnancy
- Common oral health issues in pregnancy
- Oral hygiene practices and cavities risk transmission from mom to baby, and how oral health may affect health of baby





# Look (oral screening)

## Treatment Urgency

- Routine (e.g., exam, cleaning, x-rays)
- Early (needs to be seen within 2-4 weeks for suspected dental problems)
- Urgent (mouth pain, infection)

## Referral and Case management



Dental Abscess/Infection (Gum Boil)



Dental infections need urgent treatment.



# Infant Oral health

- Baby bottle tooth decay/ early cavities
- Hygiene for infant
- Eruption of teeth
- Dental visit by baby's 1<sup>st</sup> birthday



Source AAP

Thank you!