

## ORAL HEALTH POLICY AND PRACTICE GUIDELINES

# FOR PRENATAL PROVIDERS

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Oral health practice guidelines for prenatal providers include instructions on how to assess oral health status, advise and educate patients, and collaborate withoral health care providers. Similarly, specific recommendations for oral health care providers include assessment (health history, dental history, comprehensive examination, including blood pressure and radiographs as appropriate), advice and education, and the provision of all necessary treatment. Pregnancy generally should not affect the type or quality of oral health care provided. However, oral health care providers must be aware of medications that are acceptable for use during pregnancy.

#### ORAL HEALTH PRACTICE GUIDELINES FOR PRENATAL PROVIDERS

Oral health is an essential component of overall health. Providing anticipatory guidance, education, and risk-based referral is within the health care framework of the prenatal and primary care provider. All patients benefit from having their health care issues assessed and receiving prevention and health promotion information that limits unnecessary complications, pain, and burden of disease. For success, those effort should fit with patient and clinic flow and deliver targeted education and referral. With this patient-centered approach, prenatal and primary health care providers can easily implement the field-tested oral health integration concepts <sup>8, 42, 43</sup>

#### **Assess Risk and Oral Health Status**

During the first prenatal visit, take a simple oral health history, including recent dental problems and dental care received. A sample Oral Health Assessment, Integration and Referral Form is available in the Education and Fast Facts section of this resource guide. Consider implementing such a tool into the electronic health record to document assessment of risk, services or guidance provided, and clinical findings. The immediacy of referral should be indicated on the form, which allows care coordinators to assist in obtaining timely professional care. It is important to followup on any oral health problems or referrals to ensure that the patient was connected to corrective dental care.

Once oral health screening is incorporated in the clinic flow, it only takes a few minutes to provide a brief oral examination to check the general appearance of teeth and gums. *Smiles for Life: A National Oral Health Curriculum* is a comprehensive module-based oral health curriculum targeted to medical practices and health care teams.<sup>33</sup> Relevant modules for the prenatal provider are Smiles for Life Course 5 – Oral Health for Women: Pregnancy and Across the Life Span, Course 6 – Caries Risk Assessment, Fluoride Varnish and Counseling, and Course 7 – The Oral Examination training materials.

#### **Advise and Educate**

Document in the prenatal care record any oral health issues identified and services or education provided. These may include anticipatory nutritional counseling, care for nausea/vomiting, or assisting patients with quitting their use of tobacco, alcohol, or marijuana. Reassure patients that community water fluoridation is safe and effective for all ages, including very young children. Based on risk assessment, considerproviding fluoride varnish treatment for pregnant women. Specific additional topic areas to cover at subsequent prenatal and post-partum visits:

- ✓ Importance of oral health during pregnancy, including professional assessment and prevention visits at least every six months to control gum disease.
- ✓ Importance of adhering to the oral health providers' recommendations.
- ✓ Reassurance that dental care is safe throughout pregnancy, including X-rays, dental restorations/extractions, pain medication, and local anesthesia.

Special consideration to prevent tooth decay in pregnant individuals experiencing frequent nausea and vomiting:

- ✓ Eat small amounts of nutritious foods throughout the day.
- ✓ Use a teaspoon of baking soda (sodium bicarbonate) in a cup of water as a rinse after vomiting to neutralize the acid.
- ✓ Do not brush for one hour after vomiting because stomach acid can weaken the enamel and cause tooth hypersensitivity.
- ✓ Chew sugarless or xylitol-containing gum after eating, which prevents transmission of bacteria (*Streptococcus mutans*) to their children and reduces children's risk for tooth decay. <sup>46</sup>
- ✓ Use gentle brushing with a soft toothbrush and fluoride toothpaste to prevent damage to demineralized tooth surfaces.
- ✓ Include oral health in prenatal care classes.

#### **Provide Care and Management**

Consider providing in-office fluoride varnish applications for women who are at high risk for or currently have active dental caries. See *Smiles for Life* Caries <u>Module 6 – Caries Risk</u>
Assessment, and Fluoride Varnish and Counseling for an online tutorial.

#### **Refer and Collaborate**

- ✓ Print/copy the Oral Health Assessment, Integration and Referral Form (Illinois Oral Health Toolkit) and send it with referral to the oral health provider. Include pertinent health information on the oral health referral form. Encourage women who havenot seen a dentist within the last six months to schedule an appointment with their regular dentist.
- ✓ Consider developing a list of dental care resources such as area Federally Qualified Health Centers (FQHCs) and private dental offices, and a map of dental care providers in relation to the medical practice. Develop a referral list by calling area dental offices or using the Find a Dentist

function on <u>insurekidsnow.gov</u>. Be sure to determine whether the dental facilities accept adult Medicaid or other insurance plans and whether they have sliding fee schedules for uninsured patients. Refer patients to providers who participate in their dental plans and are comfortable caring for pregnant women. Illinois Medicaid benefits for adults include comprehensive examination, dental cleanings, treatments for periodontal disease, dental restorations (fillings), extraction of teeth, and additional services with prior authorization. A description of dental coverage and help for managed care adults and children members enrolled in Medicaid can befound on the <u>Illinois Department of Healthcare and Family Services Dental Program</u> webpage.

<sup>1</sup> American College of Obstetricians and Gynecologists. Committee Opinion 569. Oral Health Care during Pregnancy and Through the Lifespan. August 2013. <a href="https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan">https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan</a>.

<sup>2</sup> Illinois Department of Public Health. Maternal Oral Health Practices. PRAMS 2016-2018. https://dph.illinois.gov/sites/default/files/publications/2016-2018-pramsoral-health-infographic.pdf

- <sup>3</sup> Illinois Department of Healthcare and Family Services. Early and Periodic Screening, 2019. Diagnosis and Treatment Services for Children Illinois' FY2019 CMS-416 Reporting. <a href="https://www.illinois.gov/hfs/SiteCollectionDocuments/FFY2019CMS416ReportingOfEPSDTServicesForChildrenForSharon.pdf">https://www.illinois.gov/hfs/SiteCollectionDocuments/FFY2019CMS416ReportingOfEPSDTServicesForChildrenForSharon.pdf</a>
- <sup>4</sup> Illinois Department of Public Health. Improving Women's and Children's Oral Health, 2005. https://dph.illinois.gov/sites/default/files/Improving%20Womens%20and%20Childrens%20Oral%20Health.pdf
- <sup>5</sup> Massachusetts Department of Public Health. Oral Health Practice Guidelines for Pregnancy and Early Childhood. Boston, MA; March 2016. <a href="https://www.mass.gov/files/documents/2016/10/ne/oral-health-guidelines.pdf">https://www.mass.gov/files/documents/2016/10/ne/oral-health-guidelines.pdf</a>.
- <sup>6</sup> Healthy People 2030. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
- $\underline{\text{https://health.gov/healthypeople/search?query=oral\%\,20health\&f\%\,5B0\%\,5D=content\ type\%\,3Ahealthy\ people\ objective}$
- <sup>7</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. Integration of Oral Health and Primary Care Practice. February 2014.
- <sup>8</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. https://www.hrsa.gov/sites/default/files/oralhealth/oralhealthframework.pdf.
- <sup>9</sup> New Surgeon General's Report on Oral Health. <a href="https://www.cdc.gov/nchs/data/databriefs/db307.pdf">https://www.cdc.gov/nchs/data/databriefs/db307.pdf</a>. Accessed January 2021.
- <sup>10</sup> Gajendra S, Kumar JV. Oral health and pregnancy: a review. N Y State Dent J. 2004 Jan;70(1):40-4. PMID: 15042797. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6555348/.
- <sup>11</sup> Casamassimo P, Thikkurissy S, Edelstein B, & Maiorini E. (2009) Beyond the dmft: The Human and Economic Cost of Early Childhood Caries. *The Journal of the American Dental Association*, *140* (6), 650-657. https://doi.org/10.14219/jada.archive.2009.0250
- <sup>12</sup> Centers for Disease Control and Prevention. National Center for Health Statistics: FastStats Oral and Dental Health, 2015-2018. <a href="https://www.cdc.gov/nchs/data/hus/2019/028-508.pdf">https://www.cdc.gov/nchs/data/hus/2019/028-508.pdf</a>
- <sup>13</sup> Centers for Disease Control and Prevention. Oral Health.

https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html

- <sup>14</sup> Lieff S. Boggess KA. Murtha AP, et al. The oral conditions and pregnancy study: periodontal status of a cohort of pregnant women. *J Periodontol*. 2004; 75:116–126.
- <sup>15</sup> Srinivas, S. K., & Parry, S. (2012). Periodontal disease and pregnancy outcomes: time to move on? *Journal of women's health* (2002), 21(2), 121–125. <a href="https://doi.org/10.1089/jwh.2011.3023">https://doi.org/10.1089/jwh.2011.3023</a>.
- <sup>16</sup> Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G, McKaig R, Beck J. Periodontal infection as a possible risk factor for preterm low birth weight. J Periodontol. (1996 Oct);67(10 Suppl):1103-13. doi: 10.1902/jop.1996.67.10s.1103. PMID: 8910829.
- <sup>17</sup> Links between Oral Health and General Health the Case for Action. Carlton Vic; 2011. https://www.dhsv.org.au/ data/assets/pdf\_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf.
- <sup>18</sup> Tungare S, Paranjpe AG. Diet and Nutrition To Prevent Dental Problems. [Updated 2020 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. <a href="https://www.ncbi.nlm.nih.gov/books/NBK534248/">https://www.ncbi.nlm.nih.gov/books/NBK534248/</a>.
- <sup>19</sup> Silk H, Douglass AB, Douglass JM, Silk L. Oral health during pregnancy. Am Fam Physician. 2008 Apr 15;77(8):1139-44. PMID: 18481562.
- <sup>20</sup> Weintraub, J. A., Prakash, P., Shain, S. G., Laccabue, M., & Gansky, S. A. (2010). Mothers' caries increases odds of children's caries. *Journal of dental research*, 89(9), 954–958. <a href="https://doi.org/10.1177/0022034510372891">https://doi.org/10.1177/0022034510372891</a>.
- <sup>21</sup> Pregnancy Risk Assessment Monitoring System. (2021, March 30). Retrieved November 2020, from <a href="https://www.cdc.gov/prams/index.htm">https://www.cdc.gov/prams/index.htm</a>.
- <sup>22</sup> Pregnancy Risk Assessment Monitoring System. Prevalence of Selected Maternal and Child Health Indicators for all PRAMS sites, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2015. Available at: https://www.cdc.gov/prams/pramstat/pdfs/mch-indicators/PRAMS-All-Sites-2012-2015-508.pdf.
- <sup>23</sup> Boggess, K. A., & Edelstein, B. L. (2006). Oral health in women during preconception and pregnancy: implications for birth outcomes and infant oral health. *Maternal and child health journal*, *10*(5 Suppl), S169–S174. https://doi.org/10.1007/s10995-006-0095-x.

- <sup>24</sup> Centers for Disease Control and Prevention. Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. (2021). <a href="https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html">https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html</a>.
- <sup>25</sup> Centers for Disease Control and Prevention. *National Health and Nutrition Examination Survey: Analytic Guidelines*, 2011–2014 and 2015–2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2018
- <sup>26</sup> Jackson, S. L., Vann, W. F., Jr, Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of poor oral health on children's school attendance and performance. *American journal of public health*, *101*(10), 1900–1906. https://doi.org/10.2105/AJPH.2010.200915.
- <sup>27</sup> National Survey of Children's Health 2017: National Performance Measure 13.2: Percent of children who had a preventive dental visit in the past year, Illinois. Retrieved January 2021. Available at: <a href="https://www.childhealthdata.org/browse/survey/results?q=6697&r=15">https://www.childhealthdata.org/browse/survey/results?q=6697&r=15</a>.
- <sup>28</sup> Patrick, D.L., Lee, R.S.Y., Nucci, M. *et al.* Reducing Oral Health Disparities: A Focus on Social and Cultural Determinants. *BMC Oral Health* **6,** S4 (2006). <a href="https://doi.org/10.1186/1472-6831-6-S1-S4">https://doi.org/10.1186/1472-6831-6-S1-S4</a>.
- <sup>29</sup> Chalmers NI, Compton RD. Children's Access to Dental Care Affected by Reimbursement Rates, Dentist Density, and Dentist Participation in Medicaid. doi:10.2105/AJPH.2017.303962.
- <sup>30</sup> Mofidi, M., Rozier, R. G., & King, R. S. (2002). Problems with access to dental care for Medicaid-insured children: what caregivers think. *American journal of public health*, 92(1), 53–58. https://doi.org/10.2105/ajph.92.1.53
- <sup>31</sup> Ventola C. L. (2014). Social media and health care professionals: benefits, risks, and best practices. *P & T: a peer-reviewed journal for formulary management*, *39*(7), 491–520.
- <sup>32</sup> Guler, E., & Koprulu, H (2011). Preventive measures to reduce the transfer of Streptococcus mutans from pregnant women to their babies. Journal of Dental Sciences, 6(1), 14-18. doi: 10.1016/j.jds.2011.02.003 <sup>33</sup> Clark MB, Douglass AB, Maier R, Deutchman M, Gonsalves W, Silk H, Wrightson AS, Quinonez R, Dolce M, Dalal M, Rizzolo D, Sievers K. Smiles for Life: A National Oral Health Curriculum. 3rd Edition. Society of Teachers of Family Medicine. 2010 <a href="https://www.smilesforlifeoralhealth.com">www.smilesforlifeoralhealth.com</a>.
- <sup>34</sup> Clark MB, Douglass AB, Maier R, Deutchman M, Gonsalves W, Silk H, Wrightson AS, Quinonez R, Dolce M, Dalal M, Rizzolo D, Sievers K. Smiles for Life: A National Oral Health Curriculum. 3rd Edition. Society of Teachers of Family Medicine. 2010 www.smilesforlifeoralhealth.com.
- <sup>34</sup> Barzel R, Holt K, Kolo S. 2018. *Prescribing Opioids for Women of Reproductive Age: Information for Dentists.* Washington, DC: National Maternal and Child Oral Health Resource Center.
- <sup>35</sup> U.S. Food & Drug Administration. FDA recommends avoiding use of NSAIDs in pregnancy at 20 weeks or later because they can result in low amniotic fluid. (2020). Available at: <a href="https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-avoiding-use-nsaids-pregnancy-20-weeks-or-later-because-they-can-result-low-amniotic">https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-avoiding-use-nsaids-pregnancy-20-weeks-or-later-because-they-can-result-low-amniotic</a>
- <sup>36</sup> Illinois Department of Public Health. Maternal Oral Health Practices, PRAMS 2016-2018. Available at: Illinois PRAMS Survey (2016 2018). <a href="https://dph.illinois.gov/sites/default/files/publications/2016-2018-pramsoral-health-infographic.pdf">https://dph.illinois.gov/sites/default/files/publications/2016-2018-pramsoral-health-infographic.pdf</a>. Accessed November 2020.
- <sup>37</sup> Centers for Disease Control and Prevention. About Teen Pregnancy. (2019, March 01). Retrieved April 2019, from <a href="https://www.cdc.gov/teenpregnancy/about/index.htm">https://www.cdc.gov/teenpregnancy/about/index.htm</a>
- <sup>38</sup> Illinois Department of Public Health. Healthy Smiles Healthy Growth 2018-19. An Assessment of Oral Health Status, Beverage Consumption and Body Mass Index of Third-Grade Children in Illinois. Available at: <a href="https://www.dph.illinois.gov/sites/default/files/publications/hshg-201819-report-final-2-21-20.pdf">https://www.dph.illinois.gov/sites/default/files/publications/hshg-201819-report-final-2-21-20.pdf</a>. Accessed November 2020.
- <sup>39</sup> Sheiham, A., & Watt, R. G. (2000). The common risk factor approach: a rational basis for promoting oral health. *Community dentistry and oral epidemiology*, 28(6), 399–406. https://doi.org/10.1034/j.1600-0528.2000.028006399.x <sup>40</sup> Duijster, D., de Jong-Lenters, M., Verrips, E., & van Loveren, C. (2015). Establishing oral health promoting behaviours in children parents' views on barriers, facilitators and professional support: a qualitative study. *BMC oral health*, 15, 157. https://doi.org/10.1186/s12903-015-0145-0
- <sup>41</sup> Illinois Department of Public Health. Maternal, Child & Family Health, Maternal and Child Health Services Title V Block Grant.
- $\underline{\text{https://dph.illinois.gov/sites/default/files/publications/FY2021\%20IL\%20Title\%20V\%20Action\%20Plan\%20\_0730}\\ \underline{20.pdf}$
- <sup>42</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. Integration of Oral Health and Primary Care Practice. February 2014.
- https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf.
- <sup>43</sup> Qualis Health. Oral Health Integration, Oral Health Integration Implementation Guide. https://www.qualishealth.org/sites/default/files/Guide-Oral-Health-Integration.pdf
- <sup>44</sup> Favero, V., Bacci, C., Volpato, A., Bandiera, M., Favero, L., & Zanette, G. (2021). Pregnancy and Dentistry: A

Literature Review on Risk Management during Dental Surgical Procedures. *Dentistry journal*, *9*(4), 46. <a href="https://doi.org/10.3390/dj9040046">https://doi.org/10.3390/dj9040046</a>.

- <sup>45</sup> Lin HK, Fang CE, Huang MS, Cheng HC, Huang TW, Chang HT, et al. Effect of maternal use of chewing gums containing xylitol on transmission of mutans streptococci in children: a meta-analysis of randomized controlled trials. Int J Paediatr Dent. 2015.
- <sup>46</sup> Centers for Disease Control and Prevention. Community Water Fluoridation. Water Fluoridations Basics. https://www.cdc.gov/fluoridation/basics/index.htm#:~:text=Fluoride%20benefits%20children%20and%20adults,keeping%20teeth%20strong%20and%20healthy

  <sup>47</sup> U.S. Preventive Services Taskforce. USPSTF Bulletin. May 11, 2021.
- <sup>47</sup> U.S. Preventive Services Taskforce. USPSTF Bulletin. May 11, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting\_documents/dental-caries-young-children-screening-draft-rec-bulletin.pdf
- <sup>48</sup> Handbook for Providers of Healthy Kids Services. Chapter HK-200 Policy and Procedures for Health Care for Children. <a href="https://www.illinois.gov/hfs/SiteCollectionDocuments/hk200.pdf">https://www.illinois.gov/hfs/SiteCollectionDocuments/hk200.pdf</a>
- <sup>49</sup> Griffin SO, Wei L, Gooch BF, Weno K, Espinoza L. Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among U.S. School-Aged Children. MMWR Morb Mortal Wkly Rep 2016; 65:1141-1145. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm6541e1">http://dx.doi.org/10.15585/mmwr.mm6541e1</a>