Updating the Evidence: Perinatal Oral Health Guidelines

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Introduction: Why were guidelines needed?

- **Premise:**

  Good oral health is an important component of overall health both for women who are pregnant or plan to become pregnant and their children.

- Oral health care in pregnancy is often avoided and misunderstood by pregnant women and obstetrical / prenatal and dental providers.

- Many barriers to oral health care exist for pregnant women.
- Many dental providers haven't been educated in care of pregnant women, fear injuring the woman or the fetus – or fear litigation.
- Many prenatal providers have not advised pregnant women to seek dental care or have advised *delayed* care.
- Many women and providers are not aware that cariogenic bacteria can be transmitted from mother to child.

- Scientific evidence has been accumulating rapidly, including results from relevant large scale randomized clinical trials.

New York State Guidelines

- The 2006 landmark work by the NY State Dept. of Health:

  "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines"

Goals in California

- To review new science including the relationship between oral health, pregnancy and birth outcomes.
- To update and reinforce the NY guidelines to inform safe, dental care of women, before and during pregnancy as well as early childhood.
- To use an inter-professional, collaborative approach.

Key Collaborating Organizations

- The California Dental Association Foundation

- The American College of Obstetricians and Gynecologists (ACOG), District IX

Process

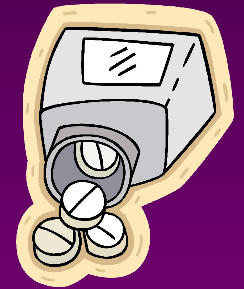
- **Interdisciplinary Advisory Committee (AC)**
  - Developed framework, suggested speakers
- **Expert Panel**
  - Critically reviewed scientific evidence
- **2-day Consensus Conference**
  - Expert panel gave presentations to AC and ~ 50 stakeholder groups
  - Panel and AC developed recommendations.
- **Guidelines were drafted**
  - reviewed by experts & AC
- **Community Dentists and Physicians**
  - provided feedback
- **Dissemination**

Consensus Conference: Preamble

- Dr. Jay Kumar explained the impetus for the NY State guidelines, the process, key messages, recommendations, and dissemination methods.

Impetus: Fatal Event

- A NY women who was 29 weeks pregnant was in great pain from a dental problem and took “excessive doses” of Tylenol.
- Her fetus died from liver toxicity.
- The patient suffered from acute liver failure and needed a liver transplant.



California 2002-07 MIHA*
n = 21,732 post-partum women surveyed

65%	No Dental Visit During Pregnancy 80%: < HS Education 42%: College Education
52%	Dental Problem During Pregnancy 62%: No Dental Visit During Pregnancy

* Maternal and Infant Health Assessment

MIHA: Reasons for No Dental Visit

- Lack of perceived need
- Frequent misperceptions about safety of dental care during pregnancy
  - African American women were much more likely to report being told to wait until after pregnancy
- Financial barriers

Marchi KS, Fisher-Owens SA, Weintraub JA, Yu Z, Braveman PA. Public Health Reports. In press

Many Topics Addressed by Expert Panel

- **Maternal physiologic changes** during pregnancy in relation to oral health
- **Current clinical trial evidence** - relationship between maternal oral health and birth outcomes
- **Dental treatment during pregnancy** (i.e. radiation, positioning, pharmacology, restorative materials)
- **Bacterial transmission** and oral health in early childhood.

Results: Consensus Statement

"Prevention, diagnosis and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, is highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to not providing care."

Consensus Statement continued

“ Good oral health and control of oral disease protects a woman’s health and quality of life and has the potential to reduce the transmission of pathogenic bacteria from mothers to their children.”

Other Key Messages

Preeclampsia

- Preeclampsia is a challenging condition for 3-7% of pregnant patients, but preeclampsia is not a contraindication to dental care.

Spontaneous Abortion

- There is no current evidence relating early spontaneous abortion to first trimester oral health care or dental procedures.

Periodontal Treatment

- While research is ongoing, the best available evidence shows that periodontal treatment has no effect on birth outcomes of preterm labor and low birth weight and is safe for the mother and the fetus.
- This evidence includes 3 large multicenter US trials conducted during 13-23 weeks of pregnancy.

Periodontal Treatment

- Best practice suggests that since it has been shown to be safe and effective in reducing periodontal disease and periodontal pathogens, periodontal care should be provided during pregnancy.
- Early detection and periodontal treatment may be especially beneficial to pregnant women who are diabetic or who develop gestational diabetes.

Radiographs

- Dental radiographs not contraindicated in pregnancy.
- Standard practice provides protection from radiation exposure.
- Digital radiographs further reduce radiation exposure.

Dental Caries

- Given the risks associated with untreated dental caries in pregnant women, prompt treatment is recommended.

Medico-Legal Concerns

- The Dentists Insurance Company (TDIC), which insures 17,000 dentists nationwide, reports only one lawsuit concerning pregnancy and dental care in the past 15 years or more.
- This case involved a patient who claimed her miscarriage was associated with radiographs, a claim not supported by scientific evidence.

Guidelines

- Specific clinical recommendations for different types of professionals.
  - Prenatal care providers
  - Oral health care providers
  - Child health care professionals
  - Community-based organizations

- Scientific Evidence with 249 references

Guidelines Content

- Includes oral health referral form for pregnant women for use by prenatal care providers
- Glossary of Terms
- Helpful websites

Conclusions

Our successful collaboration between the medical and dental professions led to a document that can be used to:

- **Improve oral health and oral health care** for pregnant women and their young children.
- **Alleviate provider and patient concerns** about safety of dental treatment during pregnancy.
- **Develop policy recommendations** to decrease patient, provider and system-level barriers and promote oral health and well-being.

Take-home message

- Pregnancy is not a reason to defer routine dental care or treatment of oral health problems.

You can get a copy:

"*Oral Health During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals*"

and a companion policy brief

are available for download at

www.cdafoundation.org/guidelines

We hope you will use and

help disseminate

these guidelines!

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