Awareness of Oral Health Among Pregnant Women and New Mothers: Preliminary Findings

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Children's Dental Health Project is a national non-profit organization working since 1997 to advance policies that improve children’s oral health

CDHP commitment:
• Preventing childhood dental decay
• Engaging policymakers
• Promoting solutions
Improving Perinatal and Infant Oral Health Project

• Maternal and Child Health Bureau grant

• Collaboration between Children’s Dental Health Project and the American Academy of Pediatric Dentistry

• Seeks to promote awareness of and access to perinatal and infant oral health on national, state, and local levels
Objectives

- Provide an overview of a collaborative oral health focus group research initiative
- Describe key findings, themes, and implications
- Provide recommendations for improving oral health communication strategies
Focus Group Background

• Collaboration between CDHP and University of Maryland School of Public Health

• Objective: To collect data on women’s oral health experience, knowledge, practices, and opinions - for themselves and their infants

• Series of four groups conducted in urban and rural settings in Maryland
• **Baltimore Healthy Start**
  Baltimore, MD (urban)

• **Dorchester County Health Department**
  Eastern Shore, MD (rural)

• **Shining Star Freewill Baptist Church**
  Seat Pleasant, MD (urban)

• **Garrett County Health Department**
  Oakland, MD (rural)
Oral health is key to overall health and wellbeing

Pregnancy increases women’s risk for oral infections

Research exhibits associations between periodontal disease and birth outcomes

Perinatal oral health contributes to establishing good oral health for children
Dental Care Use During Pregnancy

- Nearly 1 in 5 women do not visit the dentist during the year before they become pregnant

- 35-44% of women do not receive oral health care while pregnant

- Less than one third (30%) of women visited a dentist in the 2-9 months following the birth of their infants

- Among pregnant women who report having oral problems, only about half seek oral health care
Barriers

• Lack of awareness of relationship between oral and overall health

• Lack of insurance coverage

• Concern regarding safety of dental x-rays, materials, and medications

• Low priority given to oral health

• Provider reluctance to provide care during pregnancy
Focus on Early Intervention

- Periodontal disease is associated with adverse birth outcomes: preterm birth, low birth weight, and gestational diabetes

- Tooth decay is an infectious, transmissible disease process established by age 2

- Children whose mothers have poor oral health are 5 times more likely to have oral health problems

- Children whose mothers have poor oral health are at greater risk for having oral infections at young ages and for developing dental caries
Findings

• Many participants knew basic oral health information concerning self-care and infant oral care

• Many women had negative oral health experiences—personally and through their children

• While key information had been received by many; it was not provided early enough
Findings: Personal Experiences

- Most women had unpleasant childhood experiences with dental care

  *I am petrified of going to the dentist. I hate going and I’ve had really bad experiences. (Oakland)*

- Many women had not accessed care after adolescence

  *We didn’t have dental insurance so I only went three times all through school. (Oakland)*

- Many women were currently in need of dental treatment
There was some degree of confusion over the safety of accessing dental care during pregnancy.

Many women had dental problems requiring treatment during pregnancy.

When I was pregnant, my teeth hurt so bad during all my pregnancies. So I actually went to the dentist at eight months… it was terrible…after I had my son, I had two teeth pulled out because all the calcium was gone. (Seat Pleasant)

Lack of dental insurance inhibits women from seeking dental care.
Findings: Infant Oral Health Care

- Many women knew important basic information on oral health care for infants.

- Some women were aware of the age one dental visit.

- Women were mostly unaware of the importance and role of fluoride.
Findings: Accessing Care

• Reason for choice of dentist varied widely

• Many women accessed care for their children through corporate dental offices

• Many women were linked to care by support/coordination/education services provided by health and social programs
Implications

- Women need information earlier
- The continuum of care must be addressed and promoted
- Materials must address underlying causes of behavior
- Specific behaviors and misinformation must be addressed
- Communicating health messages must be done using creative means, outside of print
Women need information earlier

- While many women had received appropriate/accurate oral health information, it was not communicated early enough

- Many women did not receive information on infant oral health until seeking care for pain

> My daughter had cavities because of drinking juice. The doctor said the juice gets down in the teeth and decays them— and you can’t see them so you don’t know. They’re going to put caps on some teeth and said if they can save the front teeth, they will try. I never knew… (Baltimore)

- Women’s willingness and desire to follow recommendations were strong, but exposure was insufficient
The period of adolescence and preconception are critical times for women to access dental care.

Most participants described a gap in accessing care between childhood and adulthood.

Limited use of dental care may contribute to knowledge/lack of knowledge of the importance of oral health.
Many existing print materials are prescriptive in nature.

Some materials may overlook women’s underlying fears and concerns regarding accessing care for their children.

When we take them to the dentist, I’m scared to take her—what are they going to do to her? (Baltimore)

I don’t want to drink this dirty city water. We live in the projects; we probably have the worst water. (Baltimore)
Specific behaviors and misinformation should be addressed

- Specific behaviors must be addressed with varied language (i.e. vertical transmission)

- The role of advertising may impact oral health knowledge

  I give my kids Juicy Juice instead of Kool-Aid because it has less sugar. If I give my kids Kool-Aid, I put extra water in it so it’s less sweet. I give my kids Juicy Juice or Sunny Delight. (Baltimore)

- Conflicting health information should be clarified
  (Public health campaigns regarding tap water, sugar exposure, etc.)
Communicating health messages must be done creatively

- The need to tailor information to consumers with low health literacy levels was confirmed

- Consumers would benefit from short and very visual media

- Many women did not receive health information from print materials
Women’s Suggestions for Print Materials

- Add more pictures and diagrams to convey content without text

- Include hands-on instructions on how to look in a child’s mouth for early signs of decay

- Show the consequences of failing to prevent dental caries
Women’s Suggestions for Communication Methods

- Utilize Internet resources and social media (Facebook, MySpace, mommy blogs)

- Use cell phones- have advertisements come up when connecting to the Internet

- Direct mailings to homes of new parents

- Make information available at popular retail outlets, such as Wal-Mart or McDonald’s

- Have teachers send materials home with students
Limitations

• Potential for biased sample

• Three of the four focus groups were possibly hand-picked

• Most participants were linked to a social or health support program
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SPHL, 4/20/2010
Summary

- Overall, most women had a fair degree of knowledge related to oral health care for themselves and their children.

- There was large variance in knowledge between and among groups, and widespread confusion related to specific messages and practices.

- Women are highly motivated to implement recommended health practices, but need information in a timely, accessible, consistent manner.
CDHP’s Systems Approach to Promote Oral Health

Prevention & Health Promotion
- Community Awareness/Education
- Family-level Prevention
- Child-level disease management

Quality Treatment
- Effective Coverage
- Effective Workforce
- Effective Delivery Systems

Oral Health Infrastructure & Capacity

Surveillance, Evaluation, CQI
Opportunities in CHIPRA and Health Care Reform

- **Prevention**
  - New parent education on preventing ECC
  - 5 year public education campaign to promote oral health
  - Disease management demonstration grants

- **Infrastructure & Surveillance**
  - CDC infrastructure grants expanded to 50 states- includes development of state oral health plans that address oral health promotion across the lifespan (e.g., pregnancy)
  - Mandatory inclusion of oral health reporting on pregnant women in PRAMS
For more information...

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