



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

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Health

Children's Dental Health Project

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# Children's Dental Health Project

**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

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# 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

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# 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

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# 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

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# Settings

- **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)

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## Importance of Perinatal Oral Health

- 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

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## 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

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# 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

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# 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

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## 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



# Personal Experiences during Pregnancy

- 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

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## 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

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## 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

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# The continuum of care must be addressed and promoted

- 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

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## Materials must address underlying causes of behavior

- 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)*

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## 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

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# 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

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# 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

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# 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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**Slide 24**

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Delete partners slide and add limitations; Slide should be placed before summary

SPHL, 4/20/2010



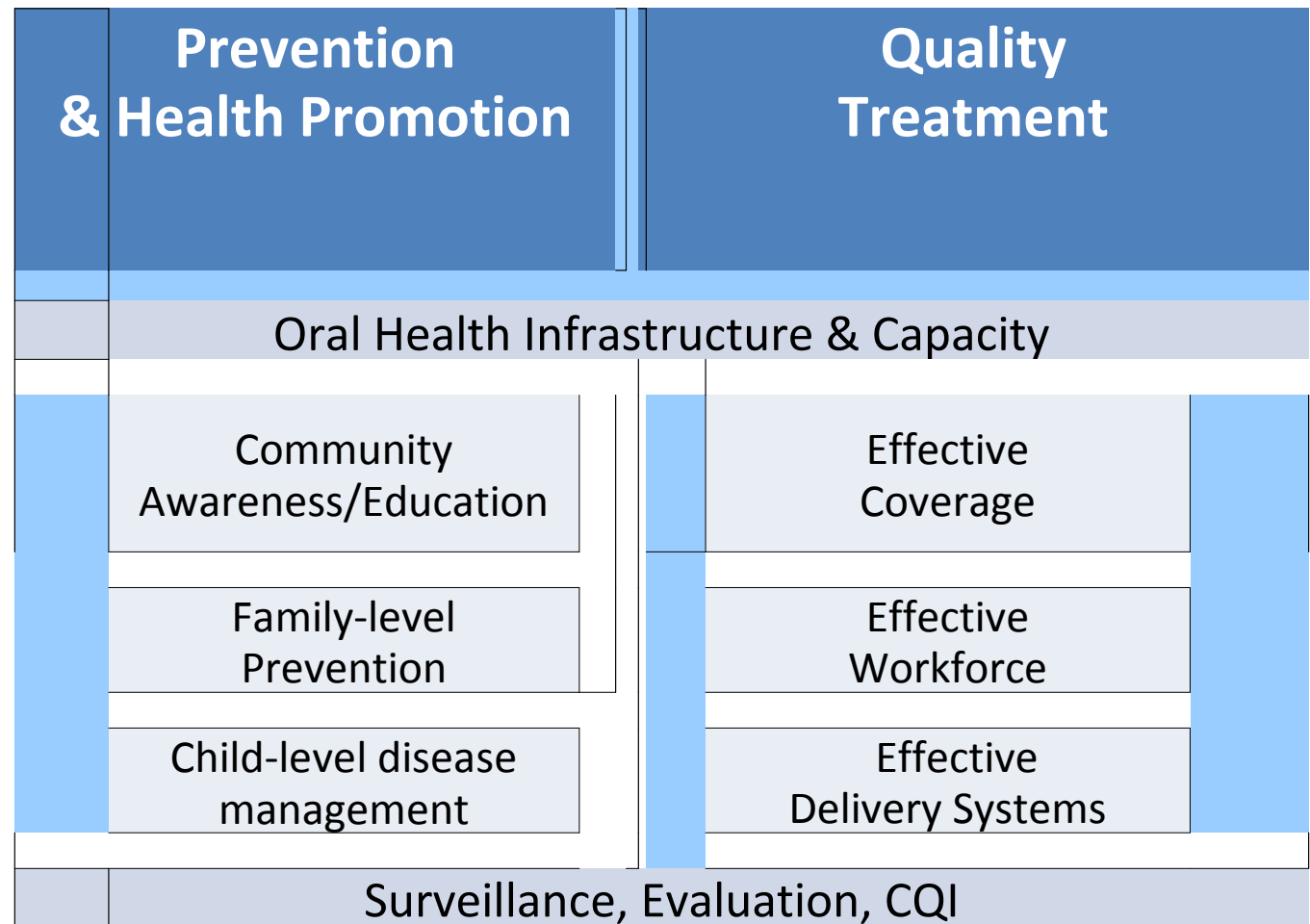
# Summary

- 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

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# CDHP's Systems Approach to Promote Oral Health



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# 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

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For more information...

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