

# Building Partnerships to Advance the Oral Health of Pregnant Women

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# Washington Dental Service Foundation

- **Mission:** prevent oral disease and improve overall health
- Focus on **young children** and **seniors**



# Prenatal Oral Health Initiative

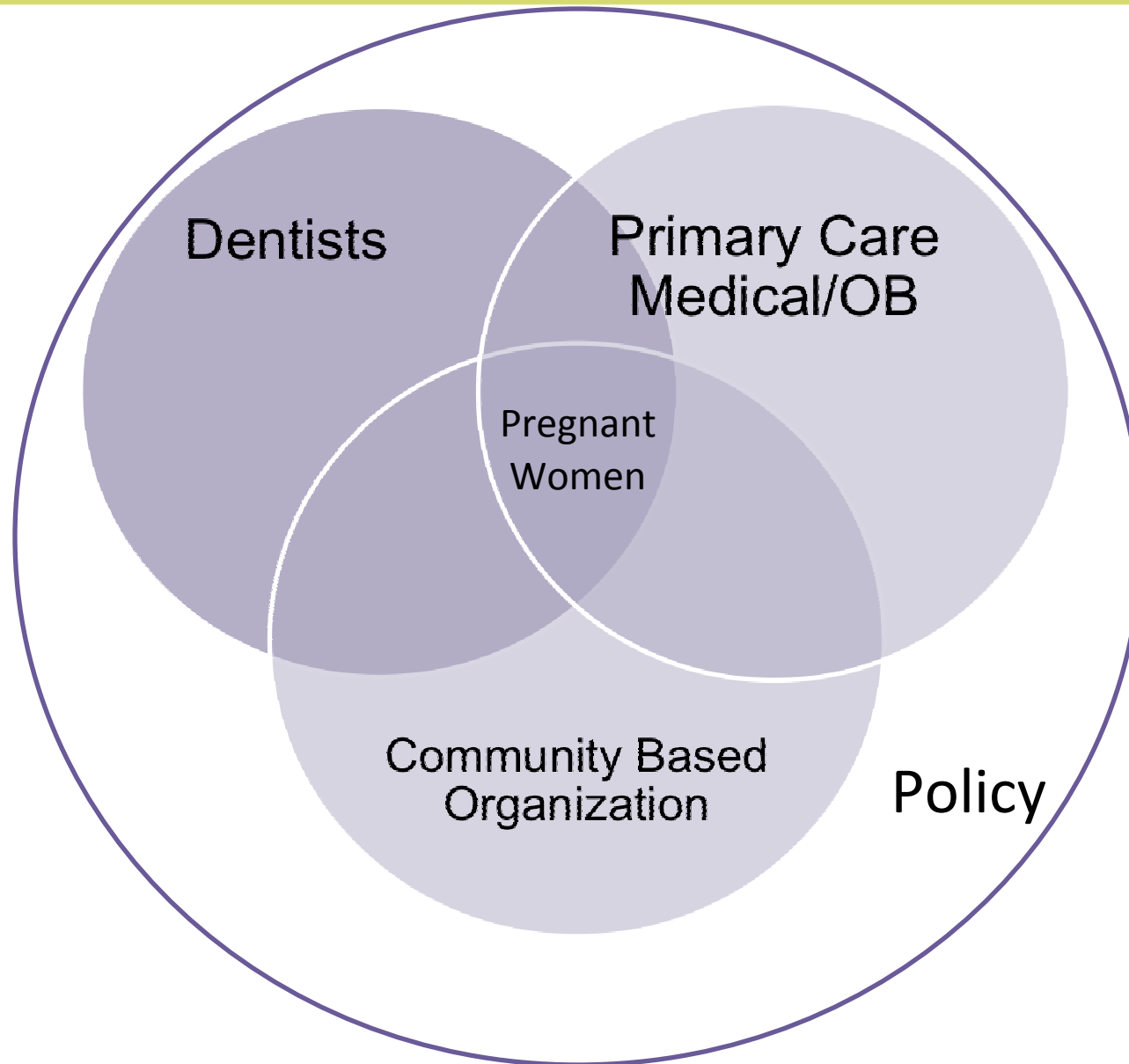
**GOAL:** Improve the oral health of pregnant women and equip them to understand how to prevent their baby from getting cavities

**Mothers with active disease are likely to transmit cavity-causing bacteria to babies, setting their babies up for early decay**

**Mothers are receptive to learning about how to care for their babies during pregnancy**



# Collective Impact Approach



# Strategies

- **Engage, motivate and train dentists to provide care**
- **Engage community based organizations and equip them to address the oral health of their clients and refer**
- **Engage, motivate and train prenatal medical providers to address the oral health of their pregnant patients and refer**
- **Motivate pregnant women to seek care and practice daily oral care**
- **Secure policies that support dental services for pregnant women**

# Dentists: Research

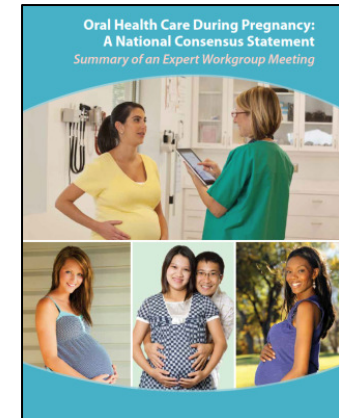
- **Focus groups**
- **Conversations with influentials**
- **Dentists recommended a continuing dental education that:**
  - Reinforces that dental care (including treatment) is safe for mother and baby
  - Addresses their liability concerns
  - Provides guidance about using/prescribing medications, timing of treatment



# Dentists: Training

- **Partnered with University of Washington to develop training based on:**

- New York guidelines
- California guidelines
- National Consensus Statement



- Reinforces that dental care is safe, important for mom and baby
- Recommends that all pregnant women receive preventive care and needed treatment
- Addresses liability concerns
- Provides guidance about medications and timing of treatment

# Dentists: Training

## Decision Support Tool

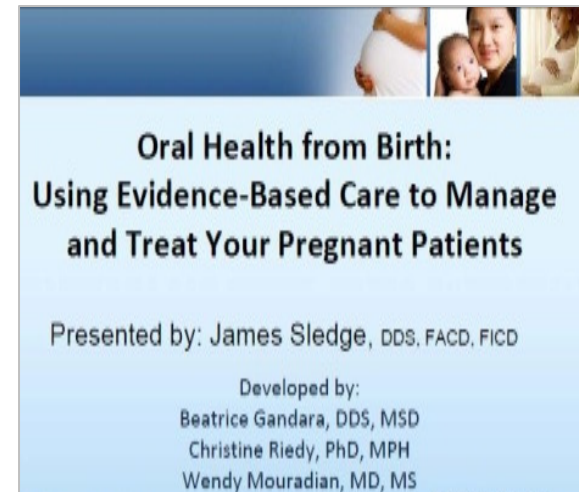
- Provides guidance about using/prescribing medications during pregnancy
- Developed by University of Washington Schools of Dentistry, Medicine, Pharmacy

DRUGS SAFE for SHORT TERM USE	DRUGS PROBABLY SAFE for SHORT TERM USE Limited human data and/or unlikely to pose substantial teratogenic risk	DRUGS TO AVOID Little to no human data available or substantial risk during pregnancy. Alternate agent should be used.
<b>Systemic Antibiotics:</b> Amoxicillin*, Amoxicillin/Clavulanate*, Ampicillin*, Cefazolin*, Cephradine*, Cephalexin*, Penicillin VK*	<b>Systemic Antibiotics:</b> Azithromycin, Clindamycin, Metronidazole (2 <sup>nd</sup> & 3 <sup>rd</sup> trimester)	<b>Systemic Antibiotics:</b> Giprofloxacin, Clarithromycin, Tetracyclines
<b>Antivirals:</b> Acyclovir*	<b>Antivirals:</b> Docosanol, Penciclovir*, Valacyclovir*	<b>Antivirals:</b> Famciclovir
<b>Local Anesthetics:</b> Bupivacaine, Lidocaine (with Epinephrine)	<b>Local Anesthetics:</b> Benzocaine (topical)	<b>Local Anesthetics:</b> Artcaine, Mepivacaine, Prilocaine
<b>Analgesics:</b> Acetaminophen	<b>Analgesics (48-72 h):</b> Ibuprofen and naproxen very short term use in 2 <sup>nd</sup> trimester. Opiates very short term use with lowest dose needed.	<b>Analgesics:</b> Ibuprofen/naproxen during 1 <sup>st</sup> /3 <sup>rd</sup> trimester Aspirin
<b>Treatment for Xerostomia:</b> Carboxymethylcellulose	<b>Treatment for Xerostomia:</b> Glucose oxidase, Lactoperoxidase	<b>Treatment for Xerostomia:</b> Cevimeline, Pilocarpine
<b>Anti anxiety/Sedatives:</b> Doxylamine	<b>Anti anxiety/Sedatives (1-2 doses within a 24 h period):</b> Hydroxyzine, Lorazepam, Midazolam	<b>Anti anxiety/Sedatives:</b> Lidocaine, Propofol
<b>Caries Prevention:</b> Fluoride gels and varnishes	<b>Caries Prevention:</b> Chlorhexidine, Phenolic mouth rinses, Xylitol products, Zinc, Triclosan,	
<b>Antifungals:</b> Clotrimazole, Nystatin		<b>Antifungals:</b> Fluconazole
<b>Topical Agents for Oral Lesions (swish and spit):</b> Dexamethasone, Lidocaine/Mg hydroxide/diphenhydramine rinse, Lidocaine viscous.		<b>Topical Agents for Oral Lesions:</b> Betamethasone, Fluocinonide, Triamcinolone
	<b>Local Delivery Antibiotics:</b> Minocycline	
	<b>Anesthetics:</b> Nitrous oxide (Requires lower amount for same effect. Only use if other options are available.)	
		<b>Muscle Relaxants:</b> Carisoprodol, Cyclobenzaprine, Methocarbamol
<b>*May require increased doses due to changes in metabolism and renal clearance during pregnancy</b>	<b>All listings assume that the drug is used per product labeling and that clinical judgment is used when weighing risk vs. benefit.</b>	<b>Avoid alcohol containing products except for swish and spit (e.g., mouth rinses).</b>



# Dentists: Training

- **Prepare and motivate dentists to treat pregnant patients**
  - **University of Washington Dental School Courses**
  - **Deliver community based trainings to dentists**
    - Private practice
    - Public health settings
  - **To date, 600+ trained**



# Pregnant Women: Research

## Focus groups

- **Focus group design was informed by Connecticut research**
- **Learned that pregnant women:**
  - Did not know importance of dental care during pregnancy
  - Did not understand that mothers could pass tooth-decay causing bacteria to their babies
  - Were afraid of x-rays, medications, treatment harming their babies
  - Wanted their prenatal providers to assure them dental care was safe and important and refer them to care

# Pregnant Women: Partnerships

- **Partner with agencies serving pregnant women to talk about oral health and refer to dental care**

- WIC
- Home Visiting Programs
- Community Based Organizations
  - TANF's Pregnancy to Employment
  - Open Arms – Pregnancy and Childbirth Services for Immigrant/Refugee Women

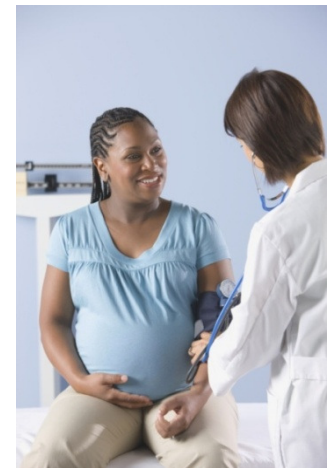


# Prenatal Providers: Research

- **Engage, motivate and train prenatal providers to conduct oral health assessments, educate and refer to dental care**

## **Focus groups to learn:**

- Providers' knowledge and attitudes about oral health during pregnancy
- What type of education and training will be helpful
- What will motivate/incentivize them to address the oral health of their pregnant patients



# Pregnant Women: Materials and Media

## Motivate pregnant women to seek dental care

- **Develop additional educational materials**
- **Media approach:**
  - Raise awareness, encourage pregnant women to seek dental care



# Policy

## Identify opportunities to influence policy

- In 2012, successfully advocated to retain Medicaid dental coverage for pregnant women



- Future:
  - Medicaid policies that support delivery of services
  - Include oral health in community based organizations' assessment tools

# Next Steps

- **Engage prenatal providers**
- **Develop additional educational materials, engage media**
- **Develop referral system**
- **Demonstrate in primary care medical environment**
- **Sample metrics**
  - # dentists/prenatal providers trained
  - # CBOs engaged
  - % of pregnant women receiving care
  - Oral health status of young children
    - # and % 0 – 3 year olds receiving care
    - # and % 0 – 3 year olds needing treatment

