Improving Children's Oral Health Through Perinatal Treatment and Education

Dental Aid Inc. Boulder County Colorado

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Who is Dental Aid?

History and Location Scope of Service Who comes to Dental Aid • Funding Ourrent Size > # of Providers Patients per year Visits per year

Bright Smiles Program

Purpose

History

Number of Women in the Program

- Logistics of the Program
- Funding for Bright Smiles

What Treatments are Provided to Women During Pregnancy

All Aspects of General Dentistry

New York State Guidelines 2006

California Guidelines February of 2010

Priority of Treatment

What about the children?

Does treating mom help the child?

- The children have less decay
- The children have less severe decay fewer hospital cases
- They see the dentist earlier
- Their parents are more active in providing in home brushing

The Decay Rates

Decayed, missing filled surfaces	Bright Smiles Mothers	NO perinatal oral health care
dmfs ages 2 to 3 years	3.4	6.3
dmfs ages 3 to 4	8.4	15.0
dmfs ages 4 to 5	12.6	21.5

Decay Rates dmft

Decayed, missing, filled, teeth	Bright Smiles mothers	NO perinatal oral health care
dmft ages 2 to 3	1.0	2.7
dmft ages 3 to 4	2.9	5.1
dmft ages 4 to 5	3.15	5.4

Dental treatment requiring general anesthesia

Bright Smiles children 5 and under – 18%

In our general population of children –
 50%

 Bright Smiles babies are treated with general anesthesia at 1/3 the rate of our general population

Other outcomes

- We see the children at younger ages 14% of Bright Smiles babies are seen by age one. Of 125 audited charts of our general population of children <u>none</u> were seen before 30 months
- Parents are involved in the child's home care – chart had documentation of the parents brushing the child's teeth, Bright Smiles 66%, general population 19%

What Next?

Xylitol Interventions
Cost Savings Analysis
Talk to Dentists – too many are hesitant to treat women during pregnancy
Expand Preventive interventions