



**Mount
Sinai
Hospital**

SMILE FOR TWO!

FACE-TO-FACE ORAL HEALTH EDUCATION
INTEGRATED INTO CENTERINGPREGNANCY® PROGRAM

HYEWON LEE DMD MPH

MOUNT SINAI HOSPITAL, INSTITUTE OF FAMILY HEALTH, EAST HARLEM, NY

PRENATAL ORAL HEALTH

- PREGNANCY - Unique opportunity to improve oral health
- Pregnant women who did not visited dentist
 - 56% (2007-2009)
 - 33% (2014)
- Disparity persists
 - Black non-Hispanic / Hispanic women vs. White non-Hispanic women

WHAT WE KNOW

- Vertical transmission of cariogenic bacteria
- Greater understanding in oral health → more frequent dental visits
- Oral health education, dental supplies, scheduled for a dental appointment
 - Increase in the frequency of brushing and flossing
 - Reduce of sugar drink consumption
 - Report more than twice as many visits for a dental check-up

WHAT WE HAVE

- 2012
- ADA, ACOG, FDA, CDC, HRSA, others



ORAL HEALTH CARE DURING PREGNANCY: A NATIONAL CONSENSUS STATEMENT

Summary of an Expert Workgroup Meeting

Dental X-Rays, Teeth Cleanings – Safe During Pregnancy

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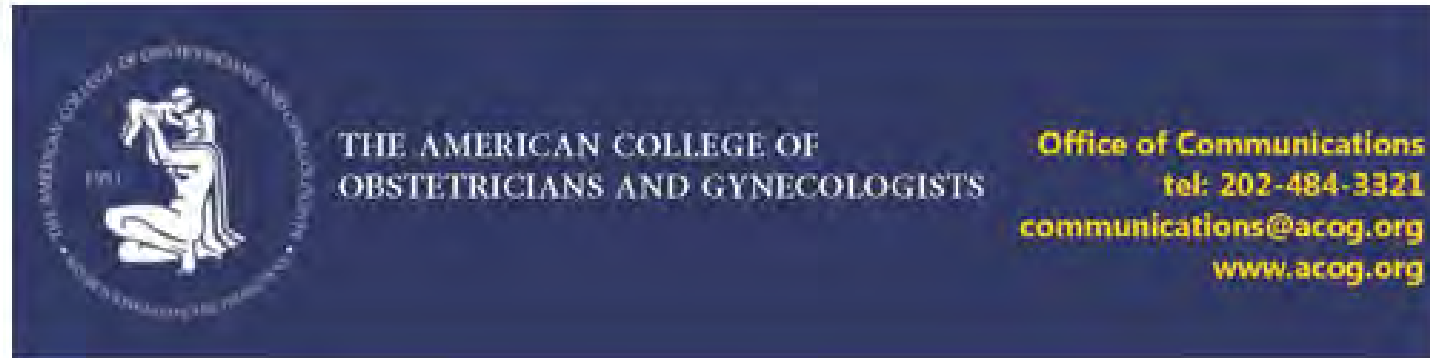
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Dental X-Rays, Teeth Cleanings = Safe During Pregnancy

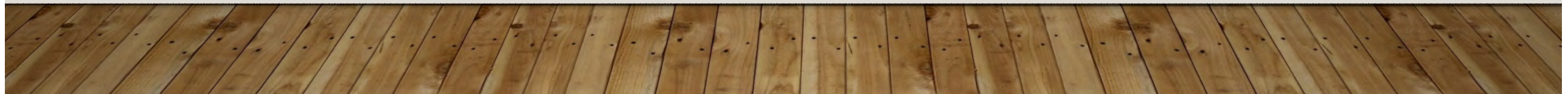
Ob-Gyns Recommend Routine Oral Health Assessments at First Prenatal Visit

July 26, 2013

Washington, DC-- Teeth cleanings and dental X-rays are safe for pregnant women, according to new recommendations issued by The American College of Obstetricians and Gynecologists (The College). Ob-gyns are now being advised to perform routine oral health assessments at the first prenatal visit and encourage their patients to see a dentist during pregnancy.

WHAT I HAVE

- Community centers in Bronx and East Harlem
- Existing prenatal group medical visit program
 - CenteringPregnancy
- Existing oral health education by prenatal coordinators
 - more on diet modification than access or safety issues
- Co-location of dental clinics (with pediatric dentists)



WHAT I DID - SMILE FOR TWO! PROGRAM

- Integration oral health education into monthly medical visit/health education sessions
 - 2nd month: oral health of expecting mothers
 - 7th month: oral health of babies
- Interactive discussion: fear, challenges, myths
- Follow up calls – coordination and navigation
- Evaluation: pre-/post- survey, focused interviews

WHO ARE MY AUDIENCE?

- 76% with high school diploma
- 81% with marital status single/divorced
- 90% on Gov support program (WIC, Medicaid)
- 57% first pregnancy

LOW enrollment and HIGH no show rate for “medical visits”

WHAT THEY DO

	Question		
1	Frequency of tooth brushing	2 times or more	90%
2	Fluoride toothpaste	Yes No / I don't know	67%
3	Frequency of flossing	Daily	33%
4	Frequency of cariogenic snacks between meals times per day	1-2 times More than 2 times	55% 29%

WHAT THEY KNOW

	Question	Correct %
1	A tooth cavity in a tooth should be filled only when it hurts	71%
2	My tooth cavity cannot harm my baby's teeth	50%
3	Fluoride is safe and prevents cavities if I use the right amount	52%
4	Tooth cavities can cause infections that can spread to the face and other parts of the body.	71%
5	It is safe to get cleanings and dental treatments during pregnancy	86%
6	It's ok to have cavities in my baby's mouth because they will fall out anyway	76%
7	Juice is a healthy drink, and I can put it in sippy cups and bottles.	52%

WHAT THEY DO

Question		
Know where to go for a dental check-up during your pregnancy	Yes	71%
	No	29%
Know where to go for your baby's first dental visit	Yes	43%
	No	57%
Dental visit in the last 6 months	Yes	48%
	No	52%

BARRIERS

- Fear, safety issues
- Told to wait
- Told to bring medical clearance from OB/GYN
- Didn't know how to schedule
- NOT financial, NOT geographic location

SOLUTIONS

- Institute-wide policy
 - No medical clearance for initial exam
- Provider/front desk staff education based on the guideline
- Myths (safety of radiograph and dental treatments)
 - Group discussions
 - Individual consultation and support for navigation

AFTER 8 MONTHS

- Dental visits
- Dental home (mother and babies)
 - “We didn’t know, and now we know, and this is great for my baby”
- Removed the barrier of medical clearance for initial exam
- Everybody on the same page (providers and front desk staff)

FIRST OUTCOMES (AFTER 8 MONTHS)

- Intervention group
 - Increased oral health knowledge
 - Increased frequency of flossing
 - Decreased frequency of between-meal-snacks
 - Learned where to go for dental visit for babies in the future.

SMILE FOR TWO! OR OTHER FORMS OF INTEGRATION OF ORAL HEALTH EDUCATION AND CARE COORDINATION INTO A PRIMARY CARE MODEL

- Identify specific barriers
- Create “systems of care” – ***so good people can do good works in a meaningful way***
 - Policy level: medical clearance
 - Training level: dental providers, front desk staff
 - Education level: group discussion, individual care coordination and navigation
- Role of health educators

THANK YOU

Hyewon Lee: hylee@jhsph.edu

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- Dr. Sara Baird
- Dr. Christina Shenko



Oral Health Knowledge Questionnaire

3 level categories (0-2 Low level, 3-5 Moderate level, 6-7 High level)

	Pre survey	Post survey	Difference in score
Intervention 1	6 (High)	7 (High)	+1
Intervention 2	1 (Low)	5 (Moderate)	+4
Intervention 3	5 (Moderate)	7 (High)	+2
Intervention 4	7 (high)	7 (High)	+0
Control 1	7 (High)	7 (High)	0
Control 2	3 (Moderate)	4 (Moderate)	+1
Control 3	2 (Low)	3 (Moderate)	+1
Control 4	5 (Moderate)	6 (High)	+1