Prioritizing Oral Health During Pregnancy

A Facilitated Conversation

November 15, 2018

children’s dental health project
In 1997, Children’s Dental Health Project was conceived to advance innovative policy solutions so no child suffers from tooth decay. We advocate for systems that nourish families...

- Remove oral health as barrier to success
- Configure communities to help families manage their health
- Support those trusted in communities
- Champion solutions to end inequities
Oral health community seems to agree that perinatal oral health is a priority.

Why haven’t we made more progress in breaking down barriers?

What questions have we left unanswered?
CDHP Brief: Oral Health’s Unanswered Questions

- How is their oral health?
- Do they have coverage?
- Are they able to access the care they need?
- What is the potential impact of non-dental interventions and professionals beyond the dental office?

Executive Summary

The oral health community broadly agrees that obtaining dental care during pregnancy is a priority. A strong body of evidence attests that supporting pregnant women’s oral health is important to both maternal and child health. When women have good oral health, it benefits their families’ long-term success. However, we have collectively struggled to break down barriers to pregnant women’s oral health needs.

The Children’s Dental Health Project urges oral health stakeholders to take an honest look at what has slowed our success. In this brief, we outline some key challenges and shining points to improve pregnant women’s and families’ health and stability.

- Insufficient data collection and reporting exists at both the state and federal levels. Consequently, we do not have a complete understanding of pregnant women’s oral health status, their opportunities for coverage, and their access to care. Several factors hamper our collection of quality, comprehensive data.

We must develop reliable and consistent mechanisms for collecting and publishing data on pregnant women’s oral health status, their access to dental care and coverage, and how many have coverage today.

- Pregnant women’s oral health coverage is inconsistent from state to state.

Inadequate data aside, what we know about the landscape of Medicaid dental coverage during pregnancy is troubling. Whether coverage is available, its duration, benefits, and enrollment processes all vary by state. This patchwork system places women’s and families’ oral health and economic security at risk.

We must develop a benchmark model of dental insurance for pregnant women, regardless of the source of coverage, and ensure it is designed to improve women’s and infants’ health. Improving Medicaid managed care organizations to cover oral health for pregnant women and new mothers may be an incremental step forward.

- Too many pregnant women can’t access the care they need.

Oral health care access for pregnant women is inconsistent. Affiliated barriers among organized dentistry and lack of consumer education on the safety of care during pregnancy are among the obstacles that push care out of reach of many pregnant women.

Providers, insurers, consumers, and Medicaid and dental schools have different yet important roles to play in making oral health a routine part of pregnancy care. We must ensure they have the tools they need to do so. It’s also vital to test new models of care delivery and coordination, to better meet pregnant women and families where they are.

Oral health care isn’t set up to meet pregnant women where they live.

For pregnant women and other adults, oral health care and education are largely confined to a dental office, which overlooks other opportunities to access such care. Yet, many community stakeholders could play a role in supporting oral health during pregnancy.

We must do more to meet pregnant women and families where they are by leveraging community touchpoints and strengthening relationships beyond the clinical setting.

For more information about oral health during pregnancy, please contact Debbie Vanwedsva, CDHP policy analyst, at dvanwerth@cdhp.org.

Given the barriers to care for pregnant women, it is important to leverage touchpoints outside of dental offices to support their oral health.

September 2016
CDHP Brief: Oral Health’s Unanswered Questions

Produced for the Children's Dental Health Project. For more info, visit cdhp.org
Panelists

Dr. Rocio Quinonez
Professor, Assoc. Dean
UNC-Chapel Hill, Schools of Dentistry and Medicine

Ms. Lindsay Sailor
Integrated Health Program Manager
Michigan Primary Care Assn.
Compelling Reason...
• Can we find upstream solutions to the biggest problems facing Americans?

• What are the gains to be had by investing early in “human potential”?
Heckman Equation:
Return to a Unit Dollar Invested

Source: Heckman (2008)
http://heckmanequation.org/content/resource/presenting-heckman-equation
What we have seen...
Patients Presenting for Dental Appointment (N=172 / 314 referred)

- Average age = 29.37 years
- Gestational age = 25.86 weeks
- Medicaid insurance = 26%

Dental Treatment Needs of Pregnant Patients at UNC - School of Dentistry

N=172
Dental Treatment Needs of Pregnant Patients at UNC- School of Dentistry

N=172

42% of women had their treatment completed
Role prenatal providers can play...
Oral Health Care During Pregnancy: A National Consensus Statement

Summary of an Expert Workgroup Meeting
What *Prenatal* Providers Should Do?

Assess oral health status

Advise about oral health care

Screen, Counsel, and Refer
What **Oral Health** Providers Should Do?

Assess oral health status: Comprehensive exam

Advise about oral health care: Safety

Oral disease: Management and Txt
Resources
Panelists

Dr. Rocio Quinonez
Professor, Assoc. Dean
UNC-Chapel Hill, Schools of Dentistry and Medicine

Ms. Lindsay Sailor
Integrated Health Program Manager
Michigan Primary Care Assn.
Michigan Primary Care Association

Michigan Initiative for Maternal Infant Oral Health

Resources


• UNC Chapel Hill: Prenatal Oral Health Program (pOHP)

• Michigan Primary Care Association: Video on Michigan Initiative for Maternal Infant Oral Health

• American College of Obstetricians and Gynecologists: Committee Statement

• American Academy of Pediatric Dentistry: Guidelines

• American Academy of Pediatrics: Oral Health Toolkit
Thank You!

Colin Reusch
Director of Policy
Children’s Dental Health Project
202-417-3595
creusch@cdhp.org

Follow us on social media:
Twitter: @Teeth_Matter
Facebook: @childrensdentalhealth