



Promoting Oral Health During Pregnancy: Update on Activities February 2016

Since the release of the landmark publication *Oral Health Care During Pregnancy: A National Consensus Statement* in 2012, federal agencies and national, state, and local organizations have continued to launch programs, advance policy, produce resources, and provide education and training to ensure that health professionals as well as pregnant women are aware of the importance and safety of receiving oral health care during pregnancy.

The ultimate goal of these efforts is to improve

oral health for pregnant women and their children. This document is the fourth in a series of updates to highlight national, state, and local activities to promote oral health during pregnancy. Past issues of *Promoting Oral Health During Pregnancy: Update on Activities* are available [online](#).

Programs and Policy

In 2015, the Maternal and Child Health Bureau revised the process states use for the [Title V MCH Block Grant](#) needs assessment, application, and reporting. As part of this process, states and jurisdictions developed 5-year [state action plans](#) to identify their priority needs, national performance measures (NPMs), program objectives, and key strategies. In the new guidance, there are no mandatory NPMs, but there is an NPM focused on oral health for pregnant women, specifically [NPM 13A](#), the percentage of women who had a dental visit during pregnancy.





The following 29 states and jurisdictions selected NPM 13A: Alabama, American Samoa, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Marshall Islands, Maryland, Massachusetts, Michigan, Montana, New Jersey, New York, North Dakota, Northern Mariana Islands, Oregon, Puerto Rico, Rhode Island, South Dakota, Utah, Vermont, Virgin Islands, and West Virginia.

Following are key strategies that states and jurisdictions have proposed for addressing NPM 13A:

Partnership and Collaboration

- Partner with professional organizations, state programs, and other entities to address oral health needs, provide training and education, develop educational messages, and improve access to oral health care for pregnant women.
- Partner with the state agency implementing the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grant.
- Maintain and strengthen partnerships with dental clinics to develop comprehensive systems of care for pregnant women.
- Promote oral health guidelines through professional oral health and obstetrical organizations.

Education and Training

- Educate health professionals (e.g., obstetricians, gynecologists, midwives) about the importance of oral health during pregnancy and risks associated with poor oral health during pregnancy.
- Partner with federally qualified health centers to provide education and training to prenatal care health professionals.
- Train oral health professionals on how to incorporate evidence-based practices in the delivery of oral health care to pregnant women.
- Provide obstetricians and dentists with information about the expanded Medicaid benefit for pregnant women and about Bright Futures guidelines on oral health care for pregnant women.

Access to Care

- Ensure access to and availability of oral health care, including dental homes, for pregnant women.
- Promote referrals to dentists and dental homes for pregnant women.
- Offer incentives for pregnant women to attend at least one dental visit.



- Ensure that all pregnant women identify their dental homes, are referred for oral health care, and receive an oral health screening and cleaning before giving birth.
- Support the promotion of obstetricians providing oral health screenings, education, and referrals for pregnant women who need oral health care.

NPM 13A aligns with *Oral Health Care During Pregnancy: A National Consensus Statement*. The consensus statement was developed as a result of an expert workgroup meeting convened by the Health Resources and Services Administration in collaboration with the American College of Obstetricians and Gynecologists, the American Dental Association, and the National Maternal and Child Oral Health Resource Center and held on October 18, 2011, in Washington, DC. The consensus statement provides guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women.

NPM 13A also aligns with MCHB's multiyear, multi-phase **PIOHQI** Initiative, to reduce the prevalence of oral disease in pregnant women and infants at high risk for oral disease through improved access to high-quality oral health care. The expected outcomes of the initiative are enhanced state perinatal oral health infrastructures, increased use of oral health services, and improved oral health. The PIOHQI pilot grant program has funded projects in three states (New York, Connecticut, and West Virginia), and the expansion grant program has funded projects in eight states (California, Colorado, Maine, Maryland, New Mexico, Rhode Island, Virginia, and Wisconsin). The initiative also funded the National Learning Network, led by a team of national experts whose function is to help the projects effectively achieve their goals through guided participation in an oral health learning collaborative.

Resources

- *Best Practice Approach: Perinatal Oral Health*
This resource provides information to help state, territorial, and community oral health programs develop best practices within the context of their environments. Contents include reports on public health strategies that are supported by evidence for their impact and effectiveness. The resource also provides access to state and community practice examples that illustrate successful implementation of best practice approaches. The resource was produced by the Association of State and Territorial Dental Directors.
- *Federally Available Data (FAD) Resource Document*
This document provides detailed data notes, federally available data (FAD), U.S. data, stratifier information, and Statistical Analysis System (SAS) code available for each national performance measure and national outcome measure. The document also provides information about the new measures and FAD, clarifications, and information to enable states to make comparisons to U.S. data and statistical code to examine state indicators. Information in the document will be updated as new data notes or clarifications become available. See pages 211–214 for information about FAD for NPM 13A. The document was produced by the Maternal and Child Health Bureau.



Tips for Good Oral Health During Pregnancy



Arabic

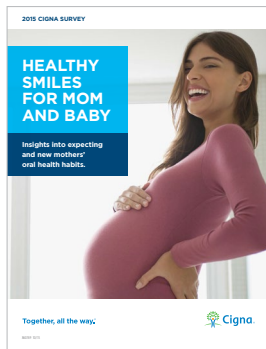


Korean



Portuguese

- Healthy Smiles for Mom and Baby: Insights into Expecting and New Mothers' Oral Health Habits**
 This report summarizes findings from a survey to explore the oral health attitudes and behaviors of expectant and new mothers. Topics include women's self-rating of oral health before and during pregnancy and oral health problems reported during pregnancy; dental checkup participation and coverage, frequency, and cost concerns; routines impacting oral health; participation in healthy pregnancy programs; and the impact of pediatricians' and other health professionals' discussions of oral health on dental hygiene habits. The report was produced by Cigna.



- Tips for Good Oral Health During Pregnancy**
 This tip sheet provides information to help women take care of their oral health during pregnancy. Topics include getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors. The tip sheet is available in Arabic, Chinese, English, Korean, Portuguese, Russian, Spanish, and Vietnamese. The tip sheet was produced by the National Maternal and Child Oral Health Resource Center.
- Title V MCH Block Grant Oral Health Toolkit**
 This toolkit provides an overview of the Title V MCH Block Grant needs assessment, application, and reporting requirements. It describes NPMs, national outcome measures, and state-initiated evidence-based or evidence-informed strategy measures. It also identifies resources to support implementation of strategies. Resources include materials, links to address access-to-care issues, and links to national organizations that can provide further assistance. The toolkit was produced by the National Maternal and Child Oral Health Resource Center.

Cite as
 National Maternal and Child Oral Health Resource Center. 2016. *Promoting Oral Health During Pregnancy: Update on Activities—February 2016*. Washington, DC: National Maternal and Child Oral Health Resource Center.

Promoting Oral Health During Pregnancy: Update on Activities—February 2016 © by National Maternal and Child Oral Health Resource Center, Georgetown University

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS) under grant #H47MC00048 in the amount of \$3,000,000 over 5 years. This information or content and conclusions are those of the author and should not be construed as the official position or policy of HRSA, DHHS, or the U.S. government, nor should any endorsements be inferred.

Permission is given to photocopy this publication or to forward it, in its entirety, to others. Requests for permission to use all or part of the information contained in this publication in other ways should be sent to the address below.

National Maternal and Child Oral Health Resource Center
 Georgetown University
 Box 571272
 Washington, DC 20057-1272
 (202) 784-9771 • (202) 784-9777 fax
 E-mail: OHRInfo@georgetown.edu
 Website: <http://www.mchoralhealth.org>

