

Lack of Oral Health Care and Infant/Child Oral Health Education in Prenatal Care for Expectant Mothers

INTRODUCTION & BACKGROUND

Pregnancy predisposes expectant mothers to gum disease due to elevated levels of hormones. Expectant mothers may experience gum inflammation, gingival overgrowth, gum lesions and salivary changes. Pregnancy gingivitis irritates the gingiva and makes tooth brushing and flossing uncomfortable for the mother, which may further worsen the periodontal health of mom. Consequently, this contributes to a higher caries risk due to the poorer oral hygiene. However, good oral hygiene can help to prevent or reduce the severity of pregnancy gingivitis (1).

Due to the increased incidence of vomiting, dental erosion may also be a problem. Increased levels of progesterone slows gastric emptying, resulting in acid erosion that can cause tooth sensitivity for mothers. This increases stress on the mother's body during pregnancy.

According to the Journal of Periodontology (2013), periodontal bacteria may reach the placenta. Research has shown an association between periodontal disease with premature delivery and low birth weight infants, both of which contribute significantly to infant mortality and long term health complications (2). In addition, it was discovered that premature infants are at a higher risk for dental problems, such as delayed tooth eruption, lingual groove, and enamel hypoplasia. The anomalies in dental development increases the caries risk of the patient.

Tooth decay is a bacterial disease that can be transmitted from mother to child (3). Mothers with poor oral health and high levels of Streptococcus Mutans will increase their children's risk for developing dental caries. Untreated dental caries will result in children experiencing acute and chronic pain, contributing to dental anxiety and potentially higher dental costs in the long run. Dental caries is the most common chronic infectious disease of childhood, yet it is largely preventable. Children with dental caries experience more problems with school, emotional trauma, and the consequences can have immediate and long term impacts on the child and family.

ISSUE

Studies have shown that most women in California do not receive dental care during pregnancy. Sixty five percent of women had no dental visit during pregnancy while 52% reported a dental problem prenatally (4).

Prenatal providers (obstetricians, family physicians, nurses, midwives) are often the first to care for pregnant women, which places them in a unique position to connect women to dental care and address oral health. The American College of Obstetricians and Gynecologists recommends that prenatal care providers discuss oral health with all pregnant and postpartum women; reassure patients that prevention, diagnosis, and treatment of oral conditions, including X-rays and local anesthesia, are safe during pregnancy; be aware of patients' dental insurance during pregnancy; and refer patients for dental care (5). If an expectant mother was provided with tools to enact the steps involved in infant and child oral health care, dental caries and poor oral health outcomes may be entirely preventable.

It is crucial that dental and medical professionals should work together to ensure pregnant women oral health education, diet counselling and access to dental services.

IMPORTANCE & IMPACT

We advocate for increased professional collaboration so that expectant mothers can have an oral health screening during their first trimester. This includes increasing dental education for medical professionals, and simplifying referral systems.

Given the overwhelming evidence that a link exists between pregnancy and adverse dental outcomes, interprofessional collaboration should be strengthened so that OB GYN can refer expectant mothers to general and pediatric dentists. This would lower the number of expectant mothers without dental care.

A dental screening should also be provided for all expectant mothers at their initial prenatal care visit. This should be provided early on in their pregnancy, so that expectant mothers can be provided with anticipatory guidance regarding their own dental health and how it can affect their child. This can increase awareness of oral health importance and ensure mothers seek dental care.

RECOMMENDATION

1. To increase interprofessional collaboration between OBGYN, family medicine practitioners, and oral health care providers by establishing strong referral networks in communities and with grassroots advocacy and outreach between organized dentistry and organized medicine.
2. A dental screening with recommendations should be provided when expectant mothers are at their prenatal care visit. In order to achieve this, more education

should be provided for medical professionals so that they are comfortable to perform a simple dental screening.

3. To establish a mechanism for OBGYN to refer to general dentists/pediatric dentists for expectant mothers.
4. Oral health screening and education should be provided during their first trimester.

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