Oral Health Care During Pregnancy: **North Carolina Collaborative Practice Framework**

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Introduction

Pregnancy is a unique period during a woman's life and is characterized by complex physiological changes, which may adversely affect oral health. At the same time, oral health is key to overall health and well-being. Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health.

However, health professionals often do not provide oral health care to pregnant women. At the same time, pregnant women, including some with obvious signs of oral disease, often do not seek or receive care. In many cases, neither pregnant women nor health professionals understand that oral health care is an important component of a healthy pregnancy.

In addition to providing pregnant women with oral health care, educating them about preventing and treating dental caries is critical, both for women's own oral health and for the future oral health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers. Providing pregnant women with counseling to promote healthy oral health behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying or preventing the onset of caries.

For these reasons, it is essential for health professionals (e.g., dentists, dental hygienists, physicians, nurses, midwives, nurse practitioners, physician assistants) to provide pregnant women with appropriate and timely oral health care, which includes oral health education.

This national consensus statement was developed to help health professionals, program administrators and staff, policymakers, advocates, and other stakeholders respond to the need for improvements in the provision of oral health services to women during pregnancy. Ultimately, the implementation of the guidance within this consensus statement should bring about changes in the health-care-delivery system and improve the overall standard of care.

This consensus statement resulted from the Oral Health Care During Pregnancy Consensus Development Expert Workgroup Meeting convened by the Health Resources and Services Administration's Maternal and Child Health Bureau in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association and coordinated by the National Maternal and Child Oral Health Resource Center. The meeting was held on October 18, 2011, at Georgetown University in Washington, DC. A companion document, Oral Health Care During Pregnancy: A National Consensus Statement — Summary of an Expert Workgroup Meeting, which includes information about the meeting, resources, the meeting agenda, and a participant list, is available.

- http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf.

National Consensus Statement: Guidance for Health Professionals

Guidance for Prenatal Care Health Professionals

Prenatal care health professionals may be the "first line" in assessing pregnant women's oral health and can provide referrals to oral health professionals and reinforce preventive messages.

ASSESS PREGNANT WOMEN'S ORAL HEALTH STATUS

During the initial prenatal evaluation

- Take an oral health history. Following are examples of questions that prenatal care health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
  - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
  - Since becoming pregnant, have you been vomiting? If so, how often?
  - Do you have any questions or concerns about getting oral health care while you are pregnant?
  - When was your last dental visit? Do you need help finding a dentist?
- Check the mouth for problems such as swollen or bleeding gums, untreated dental decay (tooth with a cavity), mucosal lesions, signs of infection (e.g., a draining fistula), or trauma.
- Document your findings in the woman's medical record.

ADVISE PREGNANT WOMEN ABOUT ORAL HEALTH CARE

- Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy.
- If the last dental visit took place more than 6 months ago or if any oral health problems were identified during the assessment, advise women to schedule an appointment with a dentist as soon as possible. If urgent care is needed, write and facilitate a formal referral to a dentist who maintains a collaborative relationship with the prenatal care health professional.
- Encourage women to seek oral health care, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See Guidance for Health Professionals to Share with Pregnant Women at www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf.)
- Counsel women to follow oral health professionals' recommendations for achieving and maintaining optimal oral health.

WORK IN COLLABORATION WITH ORAL HEALTH PROFESSIONALS

- Establish relationships with oral health professionals in the community. Develop a formal referral process whereby the oral health professional agrees to see the referred individual in a timely manner (e.g., that day, the following day) and to provide subsequent care.
- Share pertinent information about pregnant women with oral health professionals, and coordinate care with oral health professionals as appropriate.

PROVIDE SUPPORT SERVICES (CASE MANAGEMENT) TO PREGNANT WOMEN

- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g., domestic violence services), or other needs (e.g., transportation, translation).

- If the woman does not have a dental home, explain the importance of optimal oral health during pregnancy. Help her obtain care by facilitating referrals to oral health professionals in the community, including those who serve pregnant women enrolled in Medicaid and other public insurance programs, or by contacting a dental office to schedule care.

IMPROVE HEALTH SERVICES IN THE COMMUNITY

- On the patient-intake form, include questions about oral health (e.g., name and contact information of oral health professional, reason for and date of last dental visit, previous dental procedures).
- Establish partnerships with community-based programs (e.g., Special Supplemental Nutrition Program for Women, Infants and Children [WIC], Early Head Start) that serve pregnant women with low incomes.
- Provide a referral to a nutrition professional if counseling (e.g., guidance on food choices or nutrition-related health problems) would be beneficial.
- Integrate oral health topics into prenatal classes.
- Provide culturally and linguistically appropriate care. Take the time to ensure that women understand the information shared with them.

Guidance for Oral Health Professionals

ASSESS PREGNANT WOMEN'S ORAL HEALTH STATUS

- Take an oral health history. Following are examples of questions that oral health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
  - When and where was your last dental visit?
  - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
  - How many weeks pregnant are you? (When is your due date?)
  - Do you have any questions or concerns about getting oral health care while you are pregnant?
  - Since becoming pregnant, have you been vomiting? If so, how often?
  - Have you received prenatal care? If not, do you need help making an appointment for prenatal care?
- In addition to reviewing the dental history, review medical and dietary histories, including use of tobacco, alcohol, and recreational drugs.
- Perform a comprehensive oral examination, which includes a risk assessment for dental caries and periodontal disease.
- Take radiographs to evaluate and definitively diagnose oral diseases and conditions when clinically indicated.

ADVISE PREGNANT WOMEN ABOUT ORAL HEALTH CARE

- Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy.
- Encourage women to continue to seek oral health care, practice of good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See Guidance for Health Professionals to Share with Pregnant Women at www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf.)

WORK IN COLLABORATION WITH PRENATAL CARE HEALTH PROFESSIONALS

- Establish relationships with prenatal care health professionals in the community. Develop a formal referral process whereby the prenatal care health professional agrees to see the referred individual in a timely manner (e.g. that day, the following day) and to provide subsequent care.
- Share pertinent information about pregnant women with prenatal care health professionals, and coordinate care with prenatal health professionals as appropriate.
- Consult with prenatal care health professionals, as necessary — for example, when considering the following:
  - Co-morbid conditions that may affect management of oral problems (e.g. diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders).
  - The use of intravenous sedation or general anesthesia.
  - The use of nitrous oxide as an adjunctive analgesic to local anesthetics.

PROVIDE ORAL DISEASE MANAGEMENT AND TREATMENT TO PREGNANT WOMEN

- Provide emergency or acute care at any time during the pregnancy, as indicated by the oral condition.
- Develop, discuss with women, and provide a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy. Discuss benefits and risks of treatment and alternatives to treatment.
- Use standard practice when placing restorative material such as amalgam and composite.
- Use a rubber dam during endodontic procedures and restorative procedures.
- Position pregnant women appropriately during care:
  - Keep the woman's head at a higher level than her feet.
  - Place a woman in a semi-reclining position, as tolerated, and allow for frequent position changes.
  - Place a small pillow under the right hip, or have the woman turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.
- Follow up with pregnant women to determine whether preventive and restorative treatment has been effective.

PROVIDE SUPPORT SERVICES (CASE MANAGEMENT) TO PREGNANT WOMEN

- Help pregnant women complete applications for insurance or other sources of coverage, social services, (e.g. domestic violence services), or other needs (e.g., transportation, translation).
- If the woman does not have a prenatal health professional, explain the importance of care. Facilitate referrals to prenatal care health professionals in the community, especially those who accept Medicaid and other public insurance programs.

IMPROVE HEALTH SERVICES IN THE COMMUNITY

- On the patient-intake form, record the name and contact information of the prenatal health care professional.
- Accept women enrolled in Medicaid and other public insurance programs.
- Establish partnerships with community-based programs (e.g., WIC, Early Head Start) that serve pregnant women with low incomes.
- Provide a referral to a nutrition professional if counseling (e.g., guidance on food choices or nutrition-related health problems) would be beneficial.
- Provide culturally and linguistically appropriate care. Take the time to ensure that women understand information shared with them.

Guidance for Postpartum Oral Health Care to Share with Pregnant Women

Guidance provided to women for postpartum oral health care should reinforce the importance of practicing good oral hygiene, continuing to seek oral health care, eating healthy foods and practicing other healthy behaviors after the baby is born. Women should also be encouraged to take care of the baby's teeth, feed the baby healthy foods (exclusive breastfeeding for at least 6 months), and to take the baby to the dentist by age 1.

Guidance for Health Professionals to Share with Pregnant Women

Guidance provided to pregnant women should be modified based on risk assessment. Creating opportunities for thoughtful dialogue between pregnant women and health professionals is one of the most effective ways to establish trust and build a partnership that promotes health and prevents disease.

Share the information found at https://www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf. In addition to discussing the information with pregnant women, health professionals may download and print them to serve as a handout.

Pharmacological Considerations for Pregnant Women

PHARMACEUTICAL AGENT	INDICATIONS, CONTRAINDICATIONS, AND SPECIAL CONSIDERATIONS
ANALGESICS	
Acetaminophen	May be used during pregnancy.
Aspirin	May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	
Acetaminophen with Codeine, Hydrocodone, or Oxycodone	May be used during pregnancy. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid issuing refills to reduce risk for dependency.
Codeine	
Meperidine	
Morphine	
ANTIBIOTICS	
Amoxicillin	May be used during pregnancy.
Cephalosporins	
Clindamycin	
Metronidazole	
Penicillin	
Ciprofloxacin	Avoid during pregnancy.
Clarithromycin	
Levofloxacin	
Moxifloxacin	
Tetracycline	Never use during pregnancy.
ANESTHETICS	Consult with a prenatal care health professional before using intravenous sedation or general anesthesia. Limit duration of exposure to less than 3 hours in pregnant women in the third trimester.
Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine)	May be used during pregnancy.
Nitrous oxide (30%)	May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional.
ANTIMICROBIALS	Use alcohol-free products during pregnancy.
Cetylpyridinium chloride mouth rinse	May be used during pregnancy.
Chlorhexidine mouth rinse	
Xylitol	

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

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