



Resources

A variety of information resources and practice tools are available for use by both oral care and prenatal care providers to promote oral health during pregnancy and early childhood. Please visit www.skprevention.ca/oral-health or contact the Saskatchewan Prevention Institute at info@skprevention.ca or (306) 651-4300 for more information on the resources available and on accessing these resources.

The following guidelines and consensus statements developed in the United States regarding oral care during pregnancy for oral care and prenatal care providers strongly informed this document and are recommended as resources for both oral care and prenatal care providers regarding oral care during pregnancy:

- Oral Health Care during Pregnancy and Early Childhood: Practice Guidelines by the New York State Department of Health (www.health.ny.gov/publications/0824.pdf)
- Oral Health During Pregnancy and Early Childhood: Evidence Based Guidelines for Health Professionals by the California Dental Association Foundation (www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf)
- Oral Health Care During Pregnancy: A National Consensus Statement by the federal Maternal and Child Health Bureau, the American Dental Association and the American College of Obstetrics and Gynecology (<http://www.mchoralhealth.org/pdfs/OralHealthPregnancyConsensus.pdf>)
- Guideline on Perinatal Oral Health (www.aapd.org/media/Policies_Guidelines/G_PerinatalOralHealthCare.pdf) and Guideline on Infant Oral Health Care (www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf) by the American Academy of Pediatric Dentistry
- Committee Opinion on Oral Health Care during Pregnancy and through the Lifespan by the American College of Obstetricians and Gynecologists (www.acog.org/~media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/co569.pdf?dmc=1&ts=20140325T1205478452).

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- Saskatchewan Dental Hygienists Association
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- University of Saskatchewan College of Nursing

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References are available in the full document available at www.skprevention.ca/oral-health.



Improving the Oral Health of Pregnant Women and Young Children: Opportunities for Oral Care and Prenatal Care Providers



Summary of a Saskatchewan Consensus Document

This summary is based on information presented in the document *Improving the Oral Health of Pregnant Women and Young Children: Opportunities for Oral Care and Prenatal Care Providers*. The full document (along with references) is available at www.skprevention.ca/oral-health.

Document Purpose:

Influence oral and prenatal care providers in Saskatchewan toward a better understanding of the importance and safety of oral care during pregnancy so oral care becomes part of routine prenatal care, contributing to the overall health of pregnant women and their children.

Target Audiences:

Oral care providers, prenatal care providers (OB-GYNs, family physicians, midwives, nurse practitioners, public health nurses, dietitians & nutritionists, prenatal educators), professional bodies, Ministry of Health, and primary care managers.



Importance of Oral Health during Pregnancy – For Women and Children

Good oral health is an important part of good overall health. Oral health care is particularly important during pregnancy as hormonal changes and changes in eating patterns increase the risk for oral disease. Oral disease during pregnancy may affect not only the health of a pregnant woman but may also affect the health of her pregnancy and, potentially, the health of her infant.

Oral health is not only important to one's appearance and sense of well-being, but also to overall health. Cavities and gum disease may contribute to many serious conditions, such as diabetes and respiratory diseases, as well as, potentially, heart disease. Additionally, untreated cavities can be painful and lead to serious infections.

Studies are also examining whether pregnant women with poor oral health may be at a higher risk of delivering pre-term, low birth weight babies than women with good oral health. Babies who are pre-term or low birth weight have a higher risk of a variety of developmental and health complications, and even infant death. Even though this research is ongoing, it is still important for pregnant women to take care of their gums and teeth.

The period following pregnancy is also an important time, particularly with respect to the transmission of bacteria that causes cavities. There is well-established evidence that caregivers (primarily mothers) with high levels of caries-causing bacteria, mutans streptococci (MS), have a high likelihood of infecting the child before the second birthday. Early colonization in an infant's mouth by MS is a major risk factor for early childhood caries as well as future dental caries. Early childhood caries can have serious consequences for the functional, psychological, and social dimensions of a child's wellbeing.

Caries-causing bacteria are typically transferred from the mother or caregiver to child by behaviours that directly pass saliva, such as sharing a spoon when tasting baby food or cleaning a dropped pacifier by mouth. Good oral health during and after pregnancy may decrease the amount of caries-producing oral bacteria transmitted to the infant during these common parenting behaviours. The earlier an infant is infected with these bacteria, the more at risk the infant is for early childhood caries, which can have many health and developmental consequences for a child.

Barriers to Oral Care during Pregnancy

Most women are unaware of the potential consequences of their poor oral health for themselves or their infants. Although dental care during pregnancy is both safe and can prevent long-term health problems for both mother and child, many women do not seek dental care during pregnancy. Primary reasons for women not seeking dental care are lack of perceived need for care and financial barriers.

Health care system-related barriers to oral health services for pregnant women and their children include lack of understanding of the impact and safety of oral care during pregnancy by some prenatal care providers who may, therefore, not provide anticipatory guidance on oral health or refer patients for dental care. As well, some oral care providers may be needlessly reluctant to see pregnant patients due to concerns regarding the safety of the woman and/or fetus. Further, a lack of coordination between the oral care, prenatal and pediatric care communities is a barrier to improving maternal and child oral health outcomes.

Dental Treatment during Pregnancy

According to the Public Health Agency of Canada, regular dental checkups and cleanings by a dental professional, including during pregnancy, are the best ways to detect and prevent oral disease.



Efforts to Promote Oral Health during Pregnancy

Currently, there are no Canadian (national or provincial) guidelines that focus on dental treatment during pregnancy. However, there are a variety of guidelines and evidence summaries developed in the United States regarding oral care during pregnancy for both oral care and prenatal care providers. These documents provide up-to-date evidence on the safety and efficacy of dental care during pregnancy, including: the safety of X-rays and medications; strategies for reducing the MS bacteria load in new mothers; and guidance on the appropriate positioning of pregnant women in the dental chair in later pregnancy.

The Public Health Agency of Canada highlights the importance of oral health during pregnancy in The Sensible Guide to a Healthy Pregnancy resource (available at <http://www.phac-aspc.gc.ca/hp-gs/guide/assets/pdf/hpguide-eng.pdf>).



The benefits of providing dental care during pregnancy are significant and far outweigh very minimal potential risks, particularly for a pregnant woman who has oral pain, an emergency oral condition, or infection. Prevention, diagnosis, and treatment of oral diseases, including needed dental X-rays and use of appropriate local anesthesia, are highly beneficial and can be safely undertaken during pregnancy and are advised to avoid more complex problems that may result from delayed treatment, both for the woman and her infant.

Treatment for dental caries is recommended to reduce the level of caries-causing bacteria in the pregnant woman's mouth. If the woman does not receive treatment by the time of delivery, her infant's chance of early acquisition of bacteria from the mother's saliva could be increased.

Practice Opportunities for Oral Care and Prenatal Care Providers

The California Dental Association Foundation's guidelines, Oral Health During Pregnancy and Early Childhood, provide detailed opportunities for both oral care and prenatal care providers to enhance the oral health of pregnant women and their children. The full guidelines are available at http://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf.

The following is a brief summary of the roles of oral care and prenatal care providers suggested by the California Dental Association:

- Oral Care Providers: Provide preventive services and restorative treatment along with anticipatory guidance for pregnant women and their children. Oral care providers are encouraged to render all needed dental services to pregnant women. Pregnancy is not a reason to defer routine dental care or treatment of oral health problems.
- Prenatal Care Providers: Oral health should be a core component of routine prenatal care for all pregnant women including providing education about the importance of oral health, providing dental referrals for oral care, and conducting and documenting an oral health assessment.

A Coordinated Effort

A coordinated effort between the oral care and prenatal care communities can benefit maternal and child health outcomes. With increased awareness and understanding of the importance of oral health guidance and screening, as well as knowledge of oral care providers to whom pregnant women can be referred, prenatal care providers can play a key role in preventing oral disease, especially among minority and underserved populations who have limited access to dental services and poorer oral health status. In addition, emerging data on the important connection between oral health and systemic health concerns suggest an increasing need for dental-medical collaboration and cross-training.