Oral Health Care During Pregnancy: A National Consensus Statement

Irene V. Hilton DDS, MPH, FACD
San Francisco Department Public Health
UCSF Schools of Medicine & Dentistry
National Primary Oral Health Conference
October 3, 2012
Objectives

• List 3 questions a perinatal provider should ask a pregnant woman regarding her oral health
• Distinguish which medical conditions in pregnant women are indications for a medical consult
• Recognize which drugs are to be avoided during pregnancy
• Describe the importance of positioning with the pregnant patient
Maternal Influence

- Diet
- Level of home care
- Importance of primary teeth & oral health
- Genetic & transmissibility components
Opportunity…

• At risk populations in contact with health care delivery system more frequently than usual
• Pregnant women may be interested in their oral health & open to health education messages
• May be only time have any type of dental insurance coverage
Statements for Improving Oral Health During Pregnancy

- American Academy of Pediatric Dentistry
- American Academy of Pediatrics
- American Academy of Periodontology
- American Academy of Physician Assistants
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American Dental Association
Dental Care Utilization

• Pregnant women receive dental care less frequently than the general female population (Jiang et al, 2008)

• Women with both private dental insurance and Medicaid coverage utilize dental care more frequently when they are not pregnant than when they are pregnant (Iida 2009, Thoele 2008)
Need For Guidelines- Patient

• Concerns regarding dental care not verbalized to perinatal providers
• Belief poor oral health status during pregnancy is normal
• Low awareness of importance of maternal oral health and relationship to infant’s long-term oral health
Need For Guidelines - Perinatal Providers

• Lack knowledge about the importance of oral health status
• Not performing routine assessment and referral of pregnant women into dental care
• Not enough information to provide rationale why attending dental visits is important & respond to concerns
Need For Guidelines - Dental Providers

• Insufficient training combined with lack of experience treating pregnant women in dental school
• Concerns about the safety of procedures
• Addressing patient perceptions of risk
• Fear of malpractice suit if something goes wrong with a patient’s pregnancy
Malpractice Myth

• TDIC- ten states & 17,000 insured dentists
• Reports one claim in the past 15 years blaming adverse birth outcome on dental treatment
  – No evidence for claim
Guidelines:
NY, CA, WA, SC, AAPD
Consensus Statement

- 2008- HRSA/MCH convene expert panel on perinatal oral health
- Several recommendations on increasing access to oral health care for pregnant women
- One key recommendation was to convene ADA and ACOG to develop one set of national guidelines, instead of individual state & organizational guidelines
Consensus Development Expert Workgroup Meeting

  - Health Resources and Services Administration/MCH/OHRC
  - American College of Obstetricians and Gynecologists
  - American Dental Association

- Reviewed policies, recent literature, and existing guidelines
- Identified common ground in the evidence base which resulted in the consensus statement
National Consensus Statement Purpose

• Help professionals respond to the need for improvements in the provision of oral health services to women during pregnancy
• Bring about changes in the health-care-delivery system
• Improve the overall standard of care
Guidance for Prenatal Care
Health Professionals
Assess Oral Health Status

• Ask about oral health status- *Pain?  Bleeding?*
• Ask if patient has a dental home
• Ask about last visit to dentist
• Check mouth for problems
• Document findings in medical record
Advise About Oral Health Care

- Facilitate oral health examination by identifying dental provider
- Provide written medical clearance
- Ask if any concerns & address. Reassure women that oral health care is safe throughout pregnancy
- Encourage seeking oral health care, good oral hygiene, eating healthy foods
Collaborate with Oral Health Care Professionals

• Establish relationships with oral health professionals in the community and develop a formal referral process
• Share pertinent information about pregnant women, and coordinate care
• Integrate oral health topics into prenatal classes
# San Francisco General Hospital and Trauma Center

## Community Health Network

### PRE/PERINATAL ORAL HEALTH REFERRAL

**Date:**

- Referral to Dental Clinic: [ ] Silver [ ] Chinatown [ ] Potrero [ ] S.E. [ ] SMHC [ ] Native American [ ] UOP

**Reason for referral:**
- [ ] Routine
- [ ] Bleeding gums
- [ ] Pain
- [ ] Other:

**Weeks gestation (at time of referral):**

**Estimated delivery date:**

**Patient Phone #**

- [ ] This patient is cleared for routine evaluation and dental care, which may include but not be limited to:
  - Dental x-rays as needed for diagnosis (with abdominal and neck lead shield)
  - Oral health examination
  - Dental prophylaxis
  - Scaling and root planing
  - Restoration of untreated caries
  - Extraction
  - Standard local anesthetic (lidocaine with or without epinephrine)
  - Analgesics (if needed): Acetaminophen and/or Acetaminophen with codeine
  - Nonsteroidal anti-inflammatory drugs are not recommended during pregnancy.
  - Antibiotics (if needed and no known allergies): Penicillin, Amoxicillin, Cephalosporin, Clindamycin, Erythromycin-not estolate form (Clindamycin are not recommended during pregnancy)

**Significant Medical Conditions:**
- [ ] NONE
- [ ] YES, (e.g., heart condition, liver disease, kidney disease, etc.)

**Known Allergies:**
- [ ] NONE
- [ ] YES

**Drug(s)/Reactions:**

**Current Medications:**
- [ ] NONE
- [ ] Prenatal Vitamins
- [ ] Iron
- [ ] Calcium
- [ ] OTHERS (PCP to attach updated list of active Rx with referral)

**Any Precautions:**
- [ ] NONE
- [ ] SPECIFY (List if any comments or instructions):

**Perinatal Care Provider (PCP) (print name):**

**Phone/ pager:**

**PCP Clinic:**

**Perinatal Care Provider:**
1. Clerk or patient to call Dental Clinic for appointment
2. Fax referral form to Dentist/Dental Clinic
3. Give copy of referral form to patient to bring to dentist
4. Place one copy in patient’s chart

**Dental Clinics:**
- **Silver Ave** 657-1785 FAX (657-1730 phone)
- **Chinatown** 291-8794 FAX (364-7636 phone)
- **Potrero Hill** 550-1639 FAX (468-7609 phone)
- **Southeast** 822-3620 FAX (671-7066 phone)
- **SMHC** 863-0900 FAX (626-2380 phone)
- **Native American** 621-1429 FAX (621-8056 phone)
- **UOP** 351-7187 FAX (929-6501 phone)

**Dentist:** Please fax back information (to PCP Fax # above) after initial dental visit:

- [ ] Exam Date
- [ ] Normal exam/recall
- [ ] Missed Appt.
- [ ] Needs additional treatment visits for:
  - [ ] Caries
  - [ ] Periodontitis
  - [ ] Referral to OMFS/ Oral Surgery

**Comments:**
Guidance for Oral Health Professionals
Assess Oral Health Status

- Same as any comprehensive care patient
- Oral health history
- Medical and dietary histories - use of tobacco, alcohol, and recreational drugs
- Perform comprehensive oral exam
- Take radiographs as clinically indicated
Advise About Oral Health Care

• Reassure women that oral health care is safe during pregnancy
• Encourage women to complete treatment, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy
Collaborate with Perinatal Providers

• Establish relationships with prenatal care health professionals in the community and develop a formal referral process

• Share pertinent information about pregnant women, and coordinate care

• Consult with prenatal health care professionals, as necessary
Consult Indicated

- Co-morbidities that may affect management - diabetes, pulmonary issues, heart or valvular disease, hypertension, bleeding disorders, or heparin-treated thrombophilia
- Nitrous oxide needed for dental treatment
- Intravenous sedation or general anesthesia needed
Provide Disease Management & Treatment

- Provide emergency or acute care at any time during pregnancy, as indicated by condition
- Develop, discuss with women, and provide comprehensive care plan
- Discuss benefits and risks of treatment and alternatives
Provide Disease Management & Treatment

- Use **standard practice** when placing restorative materials
- Use rubber dam during endodontic procedures and restorative procedures
- Position pregnant women appropriately during care
Pharmacological Considerations

• Analgesics
• Antibiotics
• Anesthetics
• Over-the-Counter Antimicrobials

• All can be used
Clinical Guidelines
Dentist’s Concerns for Surgical Intervention/treatment

- X-rays
- Nitrous oxide
- Local anesthesia
- Restorative materials
- Medications
- Patient discomfort
Adverse Pregnancy Outcomes

• Risk of pregnancy loss before 20 weeks: 15 - 25%. Most are not preventable

• Risk of teratogenicity - up to 10 weeks
  – Rate of malformations - 3 to 4%
X-rays

• Radiographic imaging not contraindicated
  – Very low levels of radiation
  – Thyroid collar and abdominal apron
• Should be utilized as required to complete full examination, diagnosis and treatment plan
• Standard of care
Nitrous Oxide

- Should be limited to situations where topical and local anesthetics are inadequate & care is essential
- Cost-benefit analysis
- Pregnant women require lower levels of nitrous oxide to achieve sedation
Local Anesthesia

• Local anesthetic with epinephrine when clinically indicated
Restorative Materials

• Amalgam
  – No evidence of harmful effect in population based studies and reviews *(FDA 2009, CDC, NCI)*
  – No additional risk if standard safe amalgam practices are used

• Resins
  – Short-term exposure associated with placement has not been shown to have health risk; data lacking on the effects of long-term exposures.
Drugs in Pregnancy - Physiological Considerations

- Changes in pulmonary, gastrointestinal and peripheral blood flow can alter drug absorption

- Hepatic changes can alter biotransformation of drugs by the liver and clearance
Drugs in Pregnancy

- Study of W. VA pregnant women (Glover et al. 2003)
  - Average 1.14 prescription drugs, excluding vitamins and iron
  - Average of 2.95 over-the-counter drugs
    - Tylenol, Tums, cough drops
  - Nearly half (45%) used herbal agents
    - Peppermint, cranberry
Drugs in Pregnancy

- **Category B** *(animal studies no risk & no adequate studies pregnant women OR animal studies adverse effect & well-controlled studies in pregnant women show no risk)*
  - Lidocaine
  - Acetaminophen
  - Pen, amox, clindamycin
  - Nystatin
  - Chlorhexidine rinse

- **Category C** *(adverse effect on animals & no studies on pregnant women)*
  - Chlorhexidine chip
  - Codeine
Drugs in Pregnancy- Avoid

- NSAIDS (1\textsuperscript{st} & 3\textsuperscript{rd})
- Erythromycin estolate
- Tetracycline
Patient Comfort

- Head higher than feet
- Upper arch treatment early in pregnancy before lower arch
- Morning or afternoon appointment preference
- Breaks
Postural Considerations

- 3rd trimester - Postural hypotensive syndrome
- IVC impingement by weight of fetus
- Turn on side to restore circulation
The Other Stuff

Prevention & Maintenance
Fluoride

- OTC & Rx options
Chlorhexidine

- Suppress *s. mutans* & periodontal pathogens
- Non-alcohol formulation
- Patients rinse prior to appointment
- After birth- 1 week of CHX followed by 3 weeks of OTC Fl rinse *(Spolsky et al. CDA Journal 2007)*
- Cost/insurance coverage
Xylitol

- Naturally occurring sugar derived from bark of birch tree
- Suppresses *s. mutans* (Hildebrandt 2000)
- Studies show decreases transmission *s. mutans* (Soderling et al, 2000)
- Only way to insure therapeutic dose is dispense
Self Management Goals Based on Risk Assessment

• Increasing & maintaining protective factors
• Reducing risk factors
Patient Education Materials

- Review for reading level and cultural appropriateness
- Keep materials brief
- Include larger print
Motivational Interviewing

- Mothers talk...you listen
- Give choices
- Acceptance facilitates change
- Pressure to change facilitates resistance
- Small steps
SELECT TWO GOALS

- Quit bad habits
- Brush twice a day with fluoride toothpaste
- No soda
- Rinse after morning sickness
- Less/no candy & junk food
- Floss nightly
- Complete dental treatment
- Chew Xylitol Gum/mints
- Use fluoride rinse/gel regularly
- Take Pre-Natal Vitamins daily
- Eat better
- Drink tap water
Resources Perinatal Oral Health

- http://cda.org/publications/journal_of_the_california_dental_association/archive_search
  – September 2010 issue
Conclusion

• Pregnant women are experiencing a normal biological state and ethically deserve the same level of care as any other patient
• Lack of knowledge and anecdotal concerns influenced dental practice
• Evidence base shows appropriate dental care is necessary and safe
Our Goal