

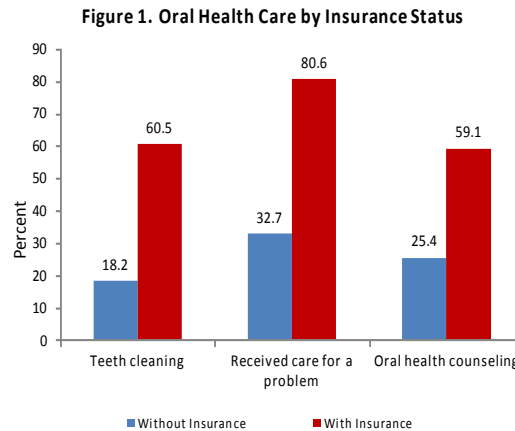
Oral Health During Pregnancy

Research shows that good oral health protects a woman’s well-being and quality of life before and during pregnancy. Good oral health also has the potential to reduce the transmission of pathogenic bacteria from mothers to their children.¹ In addition, studies have linked dental infection and inflammation to preterm birth.² Yet barriers to dental care during pregnancy continue to exist.

For this report, 2012-2013 Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) data were used to gauge dental care access and practices of Oklahoma mothers during pregnancy.

Dental insurance coverage is an important predictor of dental care utilization. Overall during pregnancy, three-fourths (75%) of Oklahoma mothers reported having some form of dental insurance and half (50%) of mothers reported getting their teeth cleaned.

Figure 1 reveals that a significantly higher percentage of mothers sought dental care when they had dental insurance. In fact, over 80% of mothers with dental problems sought care when they had dental insurance

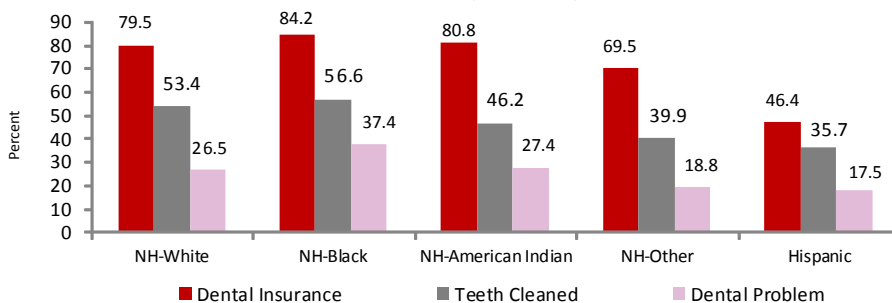


compared to 32.7% that sought care with no insurance.

Among racial and ethnic groups, Non-Hispanic (NH) Black mothers reported the highest rates of dental insurance (84.2%), teeth cleaning (56.5%), and dental problems (37.4%). Hispanic mothers reported the lowest rates in these same three indicators (46.4%, 35.7%, and 17.5% respectively; Figure 2).

Overall, one fourth of mothers reported a dental problem, of which 71.4% visited a dentist to take care of the problem. There were no significant associations with accessing dental care related to age, race, Hispanic origin, or educational status of mothers with dental problems (data not shown).

Figure 2. Oral Health by Insurance Status and Maternal Race/Hispanic Origin



OKLAHOMA FACTS

- 75% of mothers in Oklahoma reported having dental insurance during pregnancy
- Half of the mothers reported receiving a dental cleaning during pregnancy
- One in four of the mothers had a dental problem that needed to be seen by a dentist
- 71% of mothers with a dental problem sought care for the problem
- Non-Hispanic Black mothers reported the:
 - highest rate of dental insurance (84%)
 - highest rate of dental cleaning (57%)
 - highest rate of dental problems (37%)
 - highest rate of oral health counseling (71%)
- Nearly 80% of mothers who received oral health counseling had a dental cleaning compared to 19% that did not receive oral health counseling
- 89% of mothers reported knowing the importance of oral health

There was a significant association ($P < 0.05$) between oral health counseling and teeth cleaning. Mothers who reported oral health counseling had a higher rate of teeth cleaning compared to those who did not receive counseling (79.7% vs 19.1%). Overall, 51% of Oklahoma mothers reported receiving oral health counseling and, consistent to previous results, NH Black mothers reported the highest rate (data not shown).

Table 1. Unadjusted and adjusted risk ratio for preterm births among mothers who had a dental cleaning during pregnancy

Indicator	Risk Ratio	95% Confidence Interval
Unadjusted	0.09	0.07 - 0.11
Adjusted	0.82	0.62 - 1.08

Adjusted for maternal age, race, Hispanic origin, education, marital status, and income

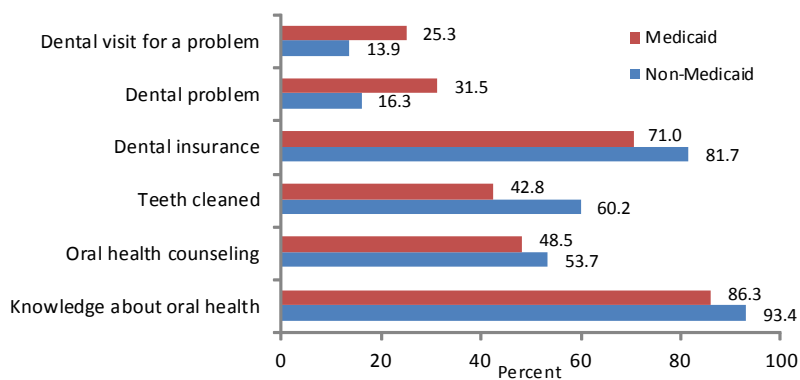
A bivariate analysis indicated that there was a slightly higher risk for preterm births among Oklahoma mothers who did not seek preventive dental care (12.1% vs 9.1%), but the same association was not evident when the model was adjusted for maternal age, race, Hispanic origin, marital status and income (Table 1).

Since over half of Oklahoma births are covered by Medicaid, the ability of women to access dental care through Medicaid is essential for maintaining good oral health of expectant mothers. Mothers on Medicaid reported significantly lower rates of visits for teeth cleaning compared to non-Medicaid mothers. Subsequently, Medicaid mothers also reported significantly higher rates of dental problems (Figure 3).

The Perinatal Dental Access Program administered by the State Medicaid agency was eliminated in July 2014 due to lack of funds and under utilization. As a result, some of the trends observed in this report may be different with more current data.

Studies show that oral health care during pregnancy is safe and should be recommended.³ Increasing awareness about the importance of oral health during pregnancy and improving oral health care access and utilization are key to improving the overall health of women.

Figure 3. Oral Health Experiences by Mother's Medicaid Status



References

1. The Association between Maternal Oral Health Experiences and Risk of Preterm Birth in 10 States, Pregnancy Risk Assessment Monitoring System, 2004–2006. *Matern Child Health J.* 2012 Nov; 16(8): 1688–1695
2. Periodontitis: A risk for delivery of premature labor and low-birth-weight infants. *J Nat Sci Biol Med.* 2010 Jul-Dec; 1(1): 40–42.
3. Oral health during pregnancy and early childhood: evidence-based guidelines for health professionals. California Dental Association Foundation, American College of Obstetricians and Gynecologists District IX. *J Calif Dent Assoc* 2010;38:391–403, 405–40.

“I did not realize that Sooner Care (Medicaid) covered dental.”

- PRAMS mom

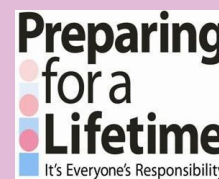
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PRAMS is a population-based surveillance system about maternal behaviors and experiences before, during, and after pregnancy. Approximately 250 mothers are selected to participate in Oklahoma each month. Mothers are sent as many as three mail questionnaires seeking their participation with follow-up phone interviews for non-respondents. Information included in the birth registry is used to develop analysis weights that adjust for probability of selection and non-response. Prevalence rates were calculated and the potential risk factors were identified using the Cochran-Mantel-Haenszel Chi-Square (χ^2) Test. PRAMS had 3,735 respondents for 2012-2013 for a response rate of 64.1%.

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