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# Preventive Oral Health for Infants and Pregnant Women

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## Outreach Resources for Medical and Dental Providers

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### Contents:

- Perinatal Infant Oral Health Overview
- Preventive Oral Health Standards for Infants and Pregnant Women
- Overview of the Oral Health Integration Training for Medical and Dental Providers
- Provider Interest Form
- Sample/Fillable Flier to promote the training or community meeting





# Perinatal and Infant Oral Health

## SC Department of Health and Environmental Control Division of Oral Health

**Overview:** Dental care is one of the most prevalent, unmet health needs in children in the United States with a wide range of disparities existing in oral health and access to care. In addition to studies identifying the association of maternal oral health status with Early Childhood Caries experience in infants, numerous studies suggest the possibility that maternal periodontal disease is associated with preterm birth and delivery of a small gestational age baby. South Carolina has an obligation to define and address the needs and barriers to access oral health for pregnant women and infants most at risk for dental diseases and conditions.

In response to the need, the SC Department of Health and Environmental Control's Division of Oral Health applied for and received a HRSA funded Perinatal and Infant Oral Health Quality Improvement Expansion Grant. The broad purpose of this initiative is to adopt a statewide evidence-based framework for the integration of oral health assessment and services into existing early childhood and perinatal care systems. This includes the development and revision of practice and policy guidelines for inter-professional dental disease prevention, dental treatment, and population-based surveillance.

The five main objectives of the oral health integration include:

1. Development of state-level practice guidelines;
2. Establishment of primary care-dental practice network development in communities experiencing challenges in access to timely, culturally and linguistically appropriate dental services;
3. Replication of Quality through Technology and Innovation in Pediatrics (QTIP) oral health integration principles in family medicine and OB/GYN practices through targeted technical assistance for application of the Institute for Healthcare Improvement (IHI) Model of Improvement;
4. Improved Maternal and Child Health (MCH) oral health surveillance; and
5. Linkage of successful oral health integration practices identified by the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program with a network of medical and dental providers.

**Priority Areas:** The integration project is working across South Carolina's 4 Public Health regions. Two counties within each region have been identified high need based on multiple criteria. In the Upstate Region, the two target counties are **McCormick** and **Greenwood**. The two counties for the Midlands Region are **Richland** and **Fairfield**. The two counties for the Pee Dee Region are **Darlington** and **Lee**. The final two counties are from the Lowcountry Region, **Orangeburg** and **Bamberg**. Each of the selected counties has one or more of the highest urgent needs among the scoring criteria.

This project will leverage existing partnerships that are experiencing success with oral health integration models and develop a statewide strategic plan for ensuring that quality oral health care is diffused throughout SC's perinatal and early childhood systems. A statewide coordination and referral framework to support access to oral health care for pregnant women and infants will be developed resulting in an overall reduction in dental diseases and conditions among pregnant women and infants. By increasing oral health provider confidence in treating pregnant women and infants the oral health of women, infants, children, and high-risk populations will be positively impacted and improved.

For more information on the Perinatal Infant Oral Health Quality Improvement Grant, contact Lois Garba ([garbali@dhec.sc.gov](mailto:garbali@dhec.sc.gov), (803)-898-7442)



# Preventative Oral Health for Infants and Pregnant Women

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## Key Strategies to Address Perinatal Infant Oral Health:

- Strategy #1: Increase oral health messages delivered to pregnant women and infants.
- Strategy #2: Improve state or systems level policies and practices.
- Strategy #3: Improve access to and utilization of preventive oral health care.

## Oral Health Standards:

The oral health standards below have been identified as recommendations to help achieve optimal oral health for infants and pregnant women.

### *Infants*

- Parents/caregivers of children age 0-3 **will value and understand the role that primary teeth** play in development. An unhealthy mouth can affect eating, speech development, and self-esteem.
- Children ages 0-3 will receive an **oral risk assessment** by 6 months of age from a medical or dental provider. Parents/caregivers of children age 0-3 will recognize the importance of **establishing a dental home** for a child by **age 1**.
- Parents/caregivers of children age 0-3 will have a basic understanding of how to **properly care for their child's mouth** before and after teeth arrive. This includes wiping the gums before teeth arrive and using a soft bristled toothbrush after teeth erupt.
- Parents/caregivers of children age 0-3 will be aware of the **impact of feeding habits** and nutrition on their child's oral health.
- Parents/caregivers of children age 0-3 will understand how **fluoride in water** and through **varnish application** can help protect their child's teeth from decay.
- Parents/caregivers of children age 0-3 will understand how to help **prevent injuries** to the mouth and how to **respond to basic injuries** to the mouth and teeth.

### *Pregnant Women*

- Pregnant women will value and understand the importance of **maintaining** their **oral health during pregnancy**. Maternal oral health can affect an unborn child including links to premature and low birth weight deliveries. When a mother has poor oral health, her child is at a greater risk to have dental problems.
- Pregnant women will have a basic understanding of how to **properly care for their mouth** including the need to brush their teeth twice a day with a fluoride toothpaste and floss daily.
- **Pregnant women** will understand the importance of **going to the dentist** every 6 months, even when pregnant and seek care when they have a problem.
- Pregnant women will be aware of the **impact of feeding habits** and **nutrition** on their overall health including their oral health.
- Pregnant women and the clinicians that treat them will recognize **oral health** as a **health priority** during **pregnancy**.



# Oral Health Integration Training for Medical and Dental Providers

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**The Goal:** to integrate preventive oral health information and resources into existing systems of care including medical and dental offices; to certify medical staff to apply fluoride varnish, and to facilitate a collaborative referral relationship between dentist and primary medical providers to support improved oral health for pregnant women and children in SC.

**The Target:** individuals and programs that directly impact pregnant women and infants 0-3 including medical and dental providers and staff, home visitation programs, and community outreach programs.

**The Approach:** provide basic oral health information and resources that can be utilized to support preventive oral health behaviors and connect communities with dental and medical providers. The onsite training lasts approximately 1 hour.

## **Main Training Objectives:**

At the conclusion of the oral health training, participants will:

- Comprehend the tooth decay process and how it affects a child's development as well as an unborn child;
- Understand how to assess a child's risk for decay;
- Describe how to implement a fluoride assessment in the primary care setting;
- Be able to demonstrate how to apply fluoride varnish;
- Describe key oral health hygiene and dietary counseling messages for the prevention of tooth decay in pregnant women and young children based on *Bright Futures in Practice: Oral Health*; and
- Discuss how to establish a dental referral network.

## **Provider Tool Kit Contents:**

- Risk Assessment Tools
- Dual language parent information sheets (topic and age specific)
- Gum cleaners, infant toothbrushes
- Oral health books for patient waiting rooms
- Access to video messages
- Bright Futures in Practice: Oral Health Pocket Guide
- Posters (English and Spanish)



# Connecting Smiles

Integrating Oral Health into Local Systems of Health Care for Pregnant Women and Young Children

Please complete the following:

Practice Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Additional Questions:

Rate your interest in being involved with the *Connecting Smiles* project on a scale of 1-5.

|                |                     |   |            |                 |
|----------------|---------------------|---|------------|-----------------|
| 1              | 2                   | 3 | 4          | 5               |
| Not Interested | Somewhat Interested |   | Interested | Very Interested |

Rate your interest in integrating oral health for children ages 0-3 into your dental/medical practice.

|                |                     |   |            |                 |
|----------------|---------------------|---|------------|-----------------|
| 1              | 2                   | 3 | 4          | 5               |
| Not Interested | Somewhat Interested |   | Interested | Very Interested |

Rate your familiarity with quality improvement.

|              |                   |   |          |               |
|--------------|-------------------|---|----------|---------------|
| 1            | 2                 | 3 | 4        | 5             |
| Not Familiar | Somewhat Familiar |   | Familiar | Very Familiar |

What can you gain by participating in the *Connecting Smiles* project?

- ❖ Heightened knowledge and support to meet the oral health needs of infants and pregnant women.
- ❖ Increased familiarity with quality improvement strategies.
- ❖ Strengthened connection with other providers.
- ❖ Certification to apply fluoride varnish.



Connecting  
Smiles