Oral Health in Pregnancy & Children



Oral health <u>IS</u> health, yet oral health is either absent or underrepresented in conversations about overall health.

Oral Health is Essential in the Prenatal Period

- 1. Nearly 60 to 75% of pregnant women have gingivitis, which occurs when gums become inflamed due to changing hormones during pregnancy.¹
- Periodontitis (gum disease) has been associated with poor pregnancy outcomes, including preterm birth and low birth weight. ¹
- 2. Improved oral health of pregnant women can reduce children's future risk of tooth decay. Children are 3x as likely to have tooth decay if their mothers have high levels of untreated tooth decay.
- 3. Dental checkups and cleanings can reduce oral health problems in pregnancy.²
 - In 2018, fewer than 50% had a dental cleaning during their pregnancy. This number drops considerably for pregnant women of color and those with incomes below \$32,000/yr.
 - Only 35% of black pregnant women had their teeth cleaned.³

The Effects of Untreated Tooth Decay

- 1. Every year, thousands of patients visit a hospital Emergency Department (ED) for preventable dental conditions. These visits cost taxpayers, hospitals, and the government about \$2 billion each year.⁴
- 2. These patients are often treated with antibiotics and pain medications, which do not address the underlying dental condition and are an inefficient use of resources.
- 3. 4,158 children with Medicaid visited the ED for non-traumatic dental conditions in 2019.⁵
 - 48% had a follow-up visit in 7 days.
 - 57 % had a follow up visit in 30 days.
 - 68% had a follow-up visit in 180 days.
 - 32% had NO follow-up visit.

Oral Health is Essential to Children's Overall Health

- 1. Primary (baby) teeth are necessary to chew, smile, speak, and hold space for adult teeth.
- 2. Cavities in baby teeth need to be checked by a dentist.
- 3. Untreated tooth decay impacts childhood success, including academic readiness, absenteeism, career readiness, mental health and well-being.
- 4. Untreated tooth decay can lead to chronic pain and sleep and eating disorders.
- 5. Exposure to Adverse Childhood Experiences (ACEs) may be an important predictive factor for poor oral health. Early research shows exposure to 4+ ACEs was associated with a higher level of tooth loss and restorations at any age.

Oral Disease is a Burden for Children with Disabilities & Children in Poverty

- 1. Many children with disabilities are unable to cooperate with dental treatment and take medications which cause dry mouth (xerostomia), reducing saliva and increasing the risk of tooth decay.
- 2. Home health/personal care aides may not be trained in oral health, and there is a shortage of dentists trained to work with children with disabilities.
- 3. Low socioeconomic status is one of the strongest determinants of tooth decay in children.
 - **30%** of Ohio Appalachian children (ages 0-5) live in poverty.
 - **54%** of Ohio black children (ages 0-5) live in poverty. ⁶

Sources:

Primary care providers are critical players in oral health prevention.

- The well-child visit is an ideal time for applying fluoride varnish to children's teeth beginning at the age of primary tooth eruption through age 5. Fluoride varnish is crucial to tooth decay prevention.
- > Prenatal visits can be used as an opportunity to encourage pregnant women to seek preventive oral health care during pregnancy.

Improving the economic security and well-being of infants, children, & families with low income

Supportive Medicaid Policies in Ohio:

12-month postpartum coverage	YES
Adult dental benefit in the Medicaid Program	YES
Two dental hygiene cleanings for pregnant women	YES
Application of fluoride varnish twice a year by medical providers	YES
Age 1 dental visit	YES
Dental examination every 6 months for children from birth through age 20	YES essary)

