

Dental Public Health Activity Descriptive Summary

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Virginia's Experience: Improving Oral Health Outcomes for Pregnant Women and Infants

In an effort to increase the number of families with a dental home, women getting prenatal dental care, and children getting age one dental visits, the Virginia Department of Health (VDH), Dental Health Program (DHP), through the Perinatal and Infant Oral Health Quality Improvement Expansion (PIOHQIE) grant, provides oral health trainings to improve access and enhance partner skills to create a sustainable environment for connecting pregnant women and infants to oral health services.

The DHP provides information and tools to home visitors (HVs), family support workers, family educators, and nurses. These non-traditional partners in turn provide oral health education to families they serve. Tools include the "Bright Futures-Oral Health Pocket Guide" that gives information on anticipatory guidance, proper nutrition, eruption of teeth, and the dental visit experience, as well as the effects of allowing children to sleep with a bottle, the importance of wiping an infant's gums after each feeding, and how to practice good oral hygiene. In addition to education, community health nurses are taught how to perform oral health screenings, provide referrals, and apply fluoride varnish. Families receive links or referrals to available community services that meet their individual needs, including information on dental benefits available through Medicaid, and participate in a number of community meetings to increase knowledge on the importance of oral health during pregnancy and caring for an infant's teeth throughout childhood.

Lessons Learned:

It is important to acknowledge the workload of the community providers and to communicate that you understand that providing oral health education and instruction to their clients is just one more thing added to their already enormous list of duties. After acknowledging their workload, it is important to help them understand how improved oral health can benefit them in many different ways, including improving emotional health and overall wellness. It is also important to look at existing duties and find ways to incorporate oral health messages into other mandated messages like hygiene and nutrition.

It was important for the DHP to survey workers and use feedback to make changes to programs. Since no one program "fits all," continuing to use Quality Improvement tools to evaluate and make changes, as necessary, was important. The original HV trainings started with the instructor shadowing someone while actually providing a home visit and gathering her input for the course. Course evaluation comments also helped to tailor the course for this audience. After multiple courses, a more interactive course proved to be the best approach to keeping audiences with various levels of education interested in the topics.

There are ongoing challenges in Virginia regarding the willingness of dentists to provide clinical care to pregnant women and infants. Obstetricians and pediatricians express a lot of frustration about not having local dental providers willing to treat pregnant women and provide the age-one dental visit, not to mention the overwhelming need for restorative care for young children. Progress has been made in this area but there are still mixed messages about when pregnant women can receive care, the safety of dental procedures during pregnancy, and when children should start going to the dentist. Identifying a dentist with subject-matter expertise in pregnancy and infant care to provide trainings targeting Medicaid dental providers is an important strategy to increase knowledge and overcome

fears and other barriers for dental professionals. Additionally, a concerted statewide effort to promote consistent messaging by the Virginia Dental Association is also crucial.

Even with Medicaid coverage, low-income pregnant women and very young children may have dental care access issues due to gaps in networks of participating dental providers in certain parts of the state. The state Medicaid office continues to work to improve provider participation rates in underserved areas of the commonwealth. There are many barriers to care that currently prevent some women and infants from accessing oral health care during the perinatal period and in the first year of life. These include factors such as lack of insurance or financial means, lack of a primary care or dental home, transportation issues, lack of health information and literacy, and even fear of dental treatment. DentaQuest outreach staff continue to promote the Smiles for Children Medicaid program to increase awareness of the dental benefit for pregnant women. They have also conducted outreach activities within Healthy Families organizations, across the Commonwealth, and collaborated with Managed Care Organizations.

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