Policy Statement:
Perinatal Oral Health

Association of State and Territorial Dental Directors
National Maternal and Child Oral Health Resource Center

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Summary

The perinatal period begins at conception and ends 2 months after delivery. However, many health professionals believe the perinatal period should be extended to a year after the child is born for the associated benefits that would result. This period is a unique time in a woman's life, characterized by complex physiological changes that may affect oral health.

Many women, particularly those with low incomes, face barriers to receiving oral health care during pregnancy. These include limited dental insurance coverage, high out-of-pocket costs, and a lack of oral health professionals willing to provide care for them. Medicaid coverage for oral health care during the perinatal period has improved during the last decade. As of 2022, all states and Washington, DC offer some dental coverage for women during pregnancy and postpartum who are enrolled in Medicaid through at least 60 days after the pregnancy ends; yet only 46.9 percent of women reported having had their teeth cleaned during pregnancy in 2022.

Poor maternal oral health can negatively impact child health. Mothers with untreated tooth decay can transmit cariogenic bacteria to their child, increasing the child's risk for tooth decay. Timely oral health care during pregnancy can reduce this risk; therefore, care is particularly important during this critical period.

Across all demographic groups there is a general lack of awareness among women about the importance and safety of oral health care during pregnancy. At the same time, many oral health professionals remain reluctant to provide care to pregnant women despite established guidelines affirming the importance and safety of such care. Low Medicaid reimbursement, administrative burdens, and lack of health professional training also contribute to this reluctance.

Oral health is not clearly included in definitions of pregnancy-related services under Medicaid, and dental insurance coverage varies by state. In addition, although the dental safety net provides care to millions of people, including pregnant women, who would otherwise be without access to oral health care, it does not have sufficient capacity to provide care to fully meet the needs of pregnant women.

To improve perinatal oral health, a comprehensive strategic framework outlines seven core activities: (1) monitor perinatal oral health status; (2) educate and engage women of reproductive age, prenatal health professionals, and community providers; (3) promote partnerships; (4) develop policies and plans; (5) promote high-quality care; (6) ensure a competent and adequate workforce; and (7) support, conduct, and promote research. Public health agencies and professional organizations can work together to use this

framework to promote integrated preventive oral health care during the perinatal period.

The Association of State and Territorial Dental Directors (ASTDD) fully supports a strategic framework for promoting best practices for state and community oral health programs to optimize the oral health of pregnant women and new mothers and their children. Improving perinatal oral health requires multi-sector collaboration, enhanced education and training for health professionals, policy reforms, and targeted initiatives to ensure better outcomes for all mothers and their children.

Problem

The perinatal period begins at conception and ends 2 months after delivery. However, many health professionals believe the perinatal period should be extended to a year after the child is born for the associated benefits that would result. This period is a unique time in a woman's life, characterized by complex physiological changes that may affect oral health.[1] Factors playing a part in the oral health of women during this period include their knowledge, attitudes, and behaviors related to health and oral health; their ability to access and use oral health care; financing of oral health care; and oral health professionals' preparedness and willingness to serve this population.[2]

Many women face challenges in accessing and receiving high-quality, affordable oral health care during pregnancy and postpartum.[3] These challenges (e.g., high out-of-pocket costs for care, some dentists unwilling to provide care during all pregnancy trimesters) can contribute to negative outcomes for them and for their child. For example, a mother with tooth decay can transmit tooth-decay-causing bacteria to her child, which increases the child's risk for tooth decay. Research shows that if women receive oral health care during the prenatal period, which can reduce or prevent early colonization of cariogenic bacteria, their young child may be less likely to experience tooth decay.[4] Despite heightened oral health needs and the benefits of receiving oral health care during the perinatal period, many women do not receive it.

Policies and considerable variation among states in dental coverage eligibility guidelines and scope of dental coverage for women with low incomes during the perinatal period have changed in the past decade. As of 2022 all 50 states and Washington, DC offer some dental coverage for women during pregnancy and postpartum who are enrolled in Medicaid through at least 60 days after the pregnancy ends.[5] As of April 2023, 31 states and the District of Columbia offered extended postpartum eligibility up to 12 months after delivery via Medicaid state plan amendments or approved 1115 demonstrations.[6]

Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) indicate that in 2022 only 46 percent of women had their teeth cleaned during pregnancy. Data also indicate that in the month preceding pregnancy, 62 percent had private health insurance, 26 percent had coverage from Medicaid or the State Children's Insurance Program (CHIP), and 10 percent had no dental insurance. For prenatal care insurance coverage, 63 percent had private insurance, 35 percent had Medicaid or CHIP, and 2 percent had no insurance. Data on specific dental insurance may have been collected but were not reported.[7]

Lack of knowledge and understanding about perinatal oral health among women appears to cross demographic boundaries and is not limited to a single population group. All women need to receive education about (1) oral health changes during pregnancy, (2) the importance and safety of receiving oral health care while pregnant, (3) how their oral health is connected to that of their child's, and (4) oral health

care coverage available in their state. They can also benefit from receiving education about how eating healthy foods and practicing good oral hygiene and other healthy behaviors helps them and their child stay healthy.[8] Women may also need help to overcome their fears about receiving oral health care in general as well as their concerns about the safety of receiving oral health care during pregnancy.[3]

Despite the benefits of oral health care during pregnancy, oral health professionals historically have been hesitant to provide care and often postpone it until after delivery. The American Dental Education Association's patient care competencies for general dentists do not include a competency for care of pregnant women.[9] However, in follow up to the release of *Oral Health Care During Pregnancy: A National Consensus Statement*,[8] the American Dental Association's (ADA's) Council on Advocacy for Access and Prevention fostered efforts to make the profession aware of the importance and safety of providing oral health care throughout pregnancy. The council submitted two resolutions to the 2014 ADA House of Delegates that were approved and remain ADA policy; they read as follows:

- Resolved, that the ADA urges all pregnant women and women of child-bearing age to have a regular dental examination.
- Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.[10]

Lack of participation among primary care physicians (PCPs) in education and training for how to meet the oral health needs of pregnant women is a continuing challenge.[11] Data from 2013 indicate that approximately 60 percent of PCPs included oral health in prenatal care counseling.[12] While most PCPs agreed that preventive oral health care is important, only a small proportion recalled receiving oral health training during medical school or in a residency program, which suggests that most were not well prepared to address oral health issues with pregnant women.[12] A systematic review published in 2023 concludes that although most PCPs have "an adequate level of knowledge regarding the importance of oral health during pregnancy," they were not sufficiently translating their knowledge into clinical practice.[13]

In recent years there has been improvement in access to oral health care through the dental safety net.[14] The dental safety net refers to the structures supporting populations facing considerable challenges in accessing oral health care and typically involves people without private dental insurance and/or those who cannot afford to pay for care out of pocket. Examples of dental safety net facilities include federally qualified health centers and other community health centers, dental schools, mobile dental clinics, and free care clinics. If not for the dental safety net, millions of people, including pregnant women, would be without access to oral health care.[15] However, challenges persist because the dental safety net does not have sufficient capacity to provide care to fully meet the needs of all those who require care.

Method

To improve perinatal oral health**,** the strategic framework based on core public health activities set forth in the *Ten Essential Public Health Services*[16] and *Essential Public Health Services to Promote Oral Health in the United States* outlines seven core activities.[17] Public health agencies can use the framework to build support for monitoring health status, providing education, promoting partnerships, developing policies and plans, promoting quality care, ensuring an adequate workforce, and supporting and promoting research.

1. Monitor Perinatal Oral Health Status

Collecting, analyzing, and reporting data on perinatal oral health at the state, local, and individual program levels are essential for monitoring perinatal oral health status, disseminating findings in a timely manner, launching new and effective perinatal oral health programs, and evaluating existing perinatal oral health programs. Examples may be found *in The Maternal and Child Health Bureau–Funded Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Initiative 2013–2019: Final Report*.[18]

2. Educate and Engage Women of Reproductive Age, Prenatal Care Health Professionals, and Community Providers

To make perinatal oral health a priority and to reduce oral health differences among population groups of women of reproductive age, perinatal care health professionals and community health providers need to be aware of and understand the importance of oral health during the perinatal period and across the lifespan. Targeted interventions such as education and counseling during prenatal visits can increase women's knowledge about the importance and safety of receiving oral health care during pregnancy and encourage maintaining oral health and seeking care. Interdisciplinary continuing education opportunities, for example, are strongly associated with the likelihood that primary care health professionals will engage in perinatal oral health education.[19]

3. Promote Partnerships

The perinatal period offers pregnant women an opportunity to access oral health care unavailable to them during other periods of their lives. Promoting partnerships between oral health professionals and service and advocacy organizations, as well as perinatal care health professionals and community service providers, can expand and maximize these opportunities. (See examples in ASTDD's *Best Practice Approach: Perinatal Oral Health*[20] and discussion in ASTDD's *Best Practice Approach: State and Territorial Oral Health Programs and Collaborative Partnerships*.[21])

4. Develop Policies and Plans

Policies that prioritize the importance of oral health during the perinatal period are a foundation for seeking adequate funding to provide women with oral health care during the perinatal period.

5. Promote Quality Care

Promoting high-quality oral health care during the perinatal period is critical to ensuring that every woman and her child can achieve the best possible oral health during and after pregnancy.

6. Ensure a Competent and Adequate Oral Health Workforce

A competent and adequate oral health workforce is essential to facilitate positive oral health behaviors in women during the perinatal period. Collaborative efforts by academic institutions, professional health organizations, and state agencies are necessary to educate health professionals about how to provide the best perinatal oral health care.

7. Support, Conduct, and Promote Research

Data from research improves health professions education about how to deliver effective oral health care, promote oral health, and coordinate referrals and consultations during the perinatal period. Research focused on perinatal oral health is important to ensure that evidence-based and evidence-informed science is available to health professionals providing care to women during this period.

ASTDD's report, *Best Practice Approach: Perinatal Oral Health*[20] provides expanded descriptions for each of the seven core elements of the framework, including descriptions of and links to data sources, examples of actions, health professions training and education programs, notes on federal initiatives and guidelines, and recommendations from authoritative sources. State and territorial oral health programs can use the framework and the report as resources to encourage and participate in interdisciplinary collaborations with health professionals and community health providers.

Pregnancy is a promising time for oral health promotion and interventions. Pregnant women may be receptive to changing health behaviors to ultimately ensure their own oral health and the oral health of their infant. To improve the oral health of pregnant women and their children**,** oral health professionals, prenatal health professionals, primary care professionals, and community health providers should provide women considering pregnancy and pregnant women with timely and appropriate education and oral health care including preventive, diagnostic, and restorative treatment.

Policy Statement

The Association of State and Territorial Dental Directors fully supports and endorses a strategic framework for promoting best practices for state and community oral health programs to optimize the oral health of pregnant women and new mothers and their children. State and territorial oral health programs and their partners should address the following seven core activities for improving perinatal oral health: (1) monitor perinatal oral health status; (2) educate and engage women of reproductive age, prenatal health professionals, primary care professionals, and community health providers; (3) promote partnerships; (4) develop policies and plans; (5) promote high-quality care; (6) ensure a competent and adequate workforce; and (7) support, conduct, and promote research.

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Note: Links in the following references were correct at the time of publication. If a link does not work, the website location or document name may have changed. Searching for the document by name may be an alternative way to find it.

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