

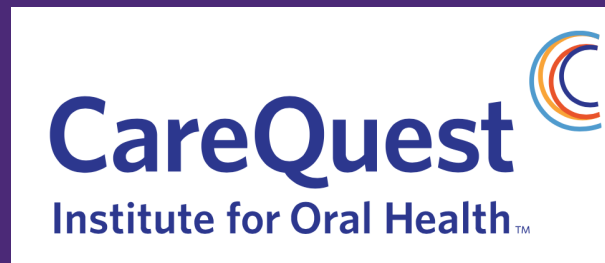
Teeth for Two: Oral Health & Pregnancy

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Oral Health Nursing Education and Practice (OHNEP)



The screenshot shows the OHNEP website homepage. At the top left is the OHNEP logo with the text "Oral Health Nursing Education and Practice". To the right are social media icons for Facebook, LinkedIn, Twitter, YouTube, and WordPress, along with a search bar. Below this is a purple navigation menu with links for Home, About, Education, Faculty Toolkit, Resources, Practice, News, Events, and Contact Us. The main banner features a photograph of a smiling young girl and a male dentist, with the text "Reducing Oral Health Disparities Across The Lifespan". Below the banner is a "News" section with a list of articles and a featured article titled "OHNEP LEADS THE WAY".

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Oral Health Nursing
Education and Practice

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Reducing Oral Health Disparities Across The Lifespan

News

- Interprofessional Education and Practice- Future of Nursing Summit 2017
- The Midwifery Profession: Frontline Providers of Oral Health Care for Women and Newborns- ACNM 2017 Presentation
- OHNEP Program Director, Erin Hartnett, DNP, APRN-BC, CPNP, received the Georgetown University Outstanding Alumna Award!
- OHNEP Executive Director, Judith Haber, PhD, APRN-BC, FAAN, named Health Equity Hero by DentaQuest!


OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet, few health professionals integrate oral health in their clinical practice.

OHNEP is changing that.

As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.



www.ohnep.org

Improving Oral Health During Pregnancy: A Call to Action

Judith Haber¹, PhD, APRN, Maria C. Dolce², PhD, RN, Erin Hartnett¹, DNP, PPCNP-BC, CPNP, Susan Altman³, CNM, DNP, Hugh Silk⁴, MD, MPH

INTRODUCTION

Improving the health and wellness of all children begins with comprehensive prenatal care and optimal oral health during pregnancy.¹ Associations between oral health, pregnancy outcomes, and children's oral health are compelling. Evidence supports the standpoint that the parents' oral health status is a predictor of their child's oral health.² Furthermore, poor oral health in childhood can lead to poor educational and social outcomes for the child, as well as long-term overall health effects into adulthood.³ Poor oral health during pregnancy is also associated with more immediate negative birth outcomes including low birth weight and prematurity.⁴ Equally important, people deserve to have their oral health preserved, as poor oral health can lead to pain, loss of employment, poor quality of life, and worsening of chronic health conditions such as diabetes and heart disease. Common oral health conditions affected by hormonal changes especially during pregnancy include gingivitis, oral lesions, loose teeth, tooth erosion, periodontitis, and dental caries.⁵ With these important health issues at stake for parent and child, increased attention to oral health is warranted throughout the life span and particularly during the prenatal period.⁶

The purpose of this commentary is to inform clinicians, educators, and policy makers about the imperative for expanded dental benefit coverage during pregnancy and the role midwives can play to improve oral health care for pregnant individuals, particularly for people of color and those who are poor and/or underserved.

PROBLEM STATEMENT

In 2000, the Surgeon General's report, *Oral Health in America*, highlighted the relationship of oral health to pregnancy outcomes and recommended the provision of dental health benefits for all Americans.⁷ Two decades later, pregnant individuals continue to face barriers that prevent access to oral health care despite evidence supporting the importance of prenatal oral health during pregnancy.⁸ For example, according to data from 2017, only 46% of women in the United States report having an oral health prophylaxis (tooth cleaning) during pregnancy; these numbers are even lower for women of color.⁹

A major barrier is the cost and affordability of dental care.⁹ Moreover, Medicaid oral health coverage during pregnancy is significantly lacking in many states (Tables 1,2).⁹ States are required to provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program (CHIP). However, states can decide whether or not to provide dental benefits for adults, and there are no minimum requirements for adult dental coverage.

BACKGROUND

The importance of oral health during pregnancy has gained increased global attention and recognition during the past decade on the part of educators, clinicians, policy makers, and national organizations that address whole-person care needs.^{2,8-9} Oral health and its links to overall health are regarded as key factors that contribute to the health of pregnant parents, their infants, and young children.¹⁰ In 2012, a landmark report, *Oral Health During Pregnancy: A National Consensus Statement*, identified the importance of integrating oral health into prenatal care including oral health

Integrating Oral Health Care into Primary Care

A Resource Guide



Prepared by
Ruth Barzel, M.A.
Katrina Holt, M.PH., M.S., R.D., FAND

Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research

Date: Oct 24 2020 | Policy Number: 20203

Key Words: Pregnancy, Dental Health, Oral Health, Insurance Coverage

Abstract

Oral health is integral to overall health and a healthy pregnancy. Periodontal disease (gum disease) during pregnancy increases the risk for delivering a preterm and/or low birth weight infant. Only 46% of U.S. women have an oral prophylaxis (dental cleaning) during pregnancy. Routine prophylaxes reduce the potential for periodontal disease. In addition,

...with untreated decay, the pregnancy is safer. Improving access to dental care for pregnant women should be a priority for public health officials. Oral health is essential for children.

Oral Health in America



Advances and Challenges



Integrating Oral Health Curricula into Midwifery Graduate Programs: Results of a US Survey

Judith Haber¹, PhD, APRN, Maria C. Dolce², PhD, RN, CNJE, Erin Hartnett¹, DNP, PPCNP-BC, CPNP, Judith A. Savageau³, MPH, Susan Altman^{4,5}, CNM, DNP, Julia Lange-Kessler⁴, CM, DNP, Hugh Silk^{3,5}, MD, MPH

Introduction: Midwives are a significant segment of the US maternal and primary health care workforce and play a pivotal role in addressing women's oral health care needs during pregnancy and throughout their life span. The purpose of this research was to assess oral health curricular integration in midwifery programs and examine factors that influence integration and satisfaction with graduates' level of oral health competence.

Methods: A cross-sectional, national survey of midwifery programs was conducted using an electronically distributed 19-item, self-administered questionnaire completed by the Directors of Midwifery Education. Data analysis included univariate and bivariate statistics.

Results: All of the responding midwifery programs (N = 33) were educating their graduates about oral health; however, less than a quarter (22.6%) of program directors were satisfied with their graduates' competency. Significant factors promoting integration were routine teaching by a dental professional and a formal relationship with a dental school, dental residency, or dental hygiene program. Programs with 4 or more hours of oral health curriculum were more likely to have a faculty oral health champion, use simulation in evaluation of their learners, and include interprofessional oral health education.

Discussion: With adequate oral health education, midwives are ideally positioned to integrate oral health in pregnancy care as well as women's oral health care throughout the life span, thereby expanding access to oral health care.

J Midwifery Womens Health 2019;64(6):462-471 © 2019 by the American College of Nurse-Midwives.

INTRODUCTION

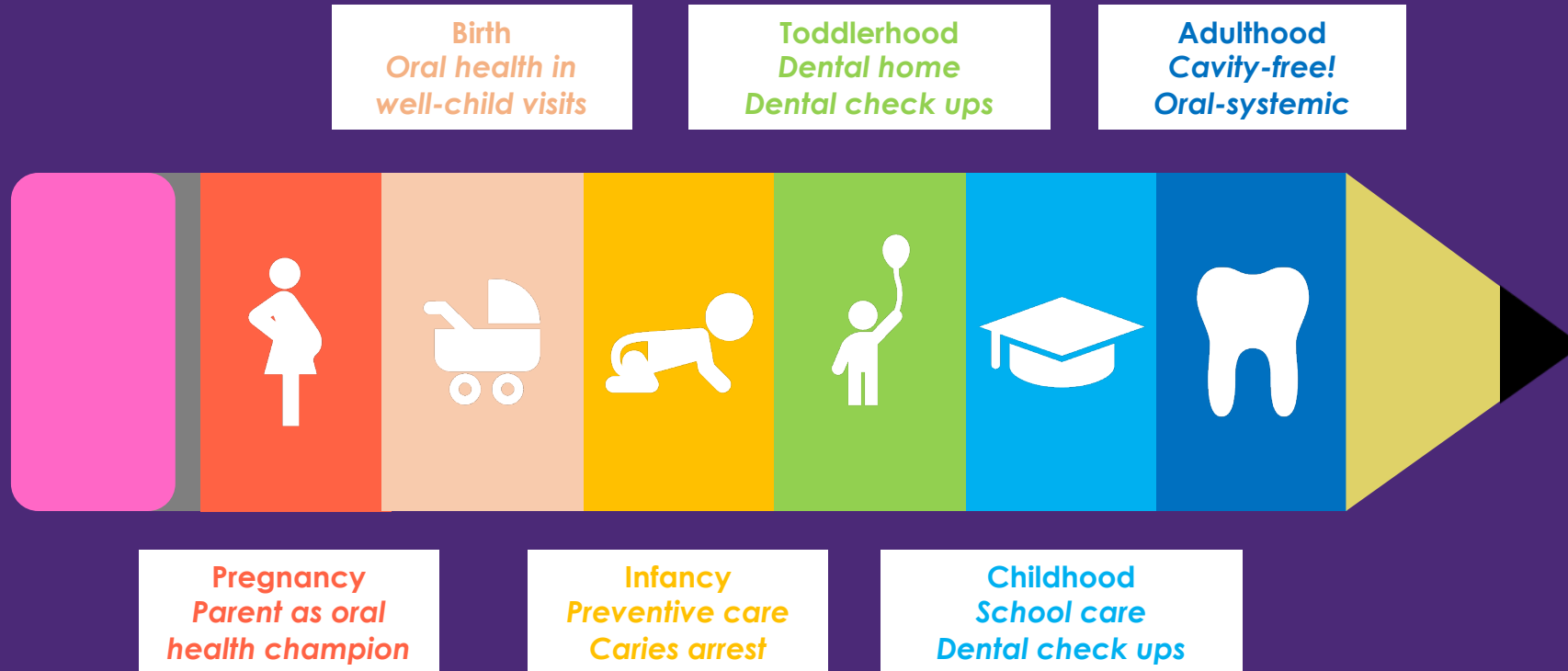
In 2000, the US Surgeon General's report, *Oral Health in America*,¹ was the first national policy report to call attention to the association between oral health and adverse pregnancy outcomes. A decade later, publications from the Institute of Medicine (IOM) and the American Dental Association (ADA) reinforced the importance of oral health care for pregnant women.

A subsequent report, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*,² focused on the barriers pregnant women experience in accessing dental care, namely, lack of insurance coverage and the fact that many dentists are unwilling to treat patients during pregnancy.

Oral Health Care During Pregnancy: A National Consensus Statement



Oral Health Across the Lifespan



Healthy People 2030

Leading Health Indicators

- Addiction
- Arthritis
- Blood Disorders
- Cancer
- Chronic Kidney Disease
- Chronic Pain
- Dementias
- Diabetes
- Foodborne Illness
- Health Care-Associated Infections
- Heart Disease & Stroke
- Infectious Disease
- Mental Health & Mental Disorders
- **Oral Conditions**
- Osteoporosis
- Overweight & Obesity
- **Pregnancy & Childbirth**
- Respiratory Disease
- Sensory or Communication Disorders
- Sexually Transmitted Infections

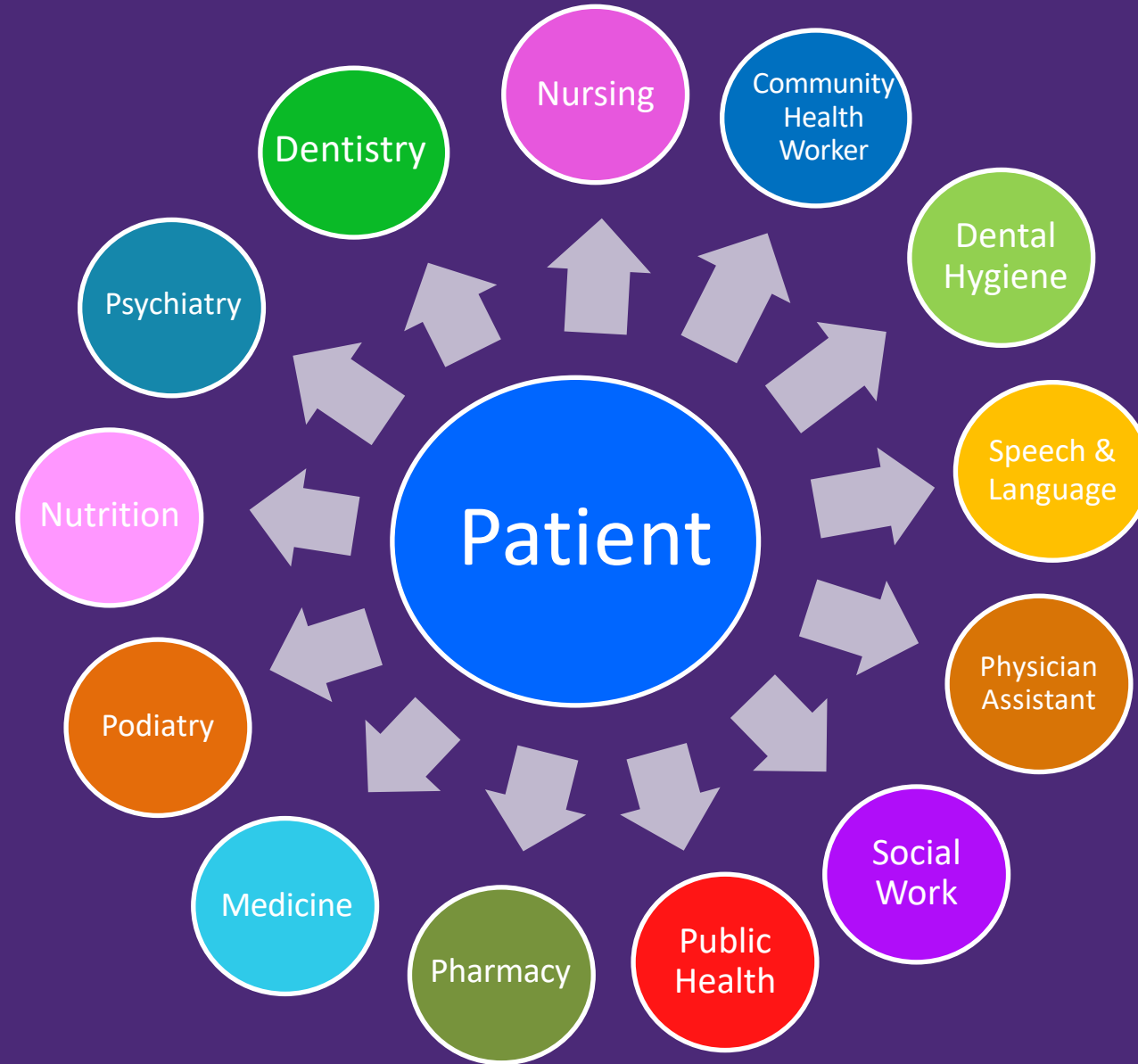
Prevention and Management of Pregnancy & Oral Health Calls for an *Interprofessional* Team



- 4.2 million RNs
- 355,000 NPs
- 13,000 MWs
- 1 million MD/DO
- 149,000 PAs
- 201,000 DDS/DMD
- 195,000 dental hygienists
- 150 dental therapists



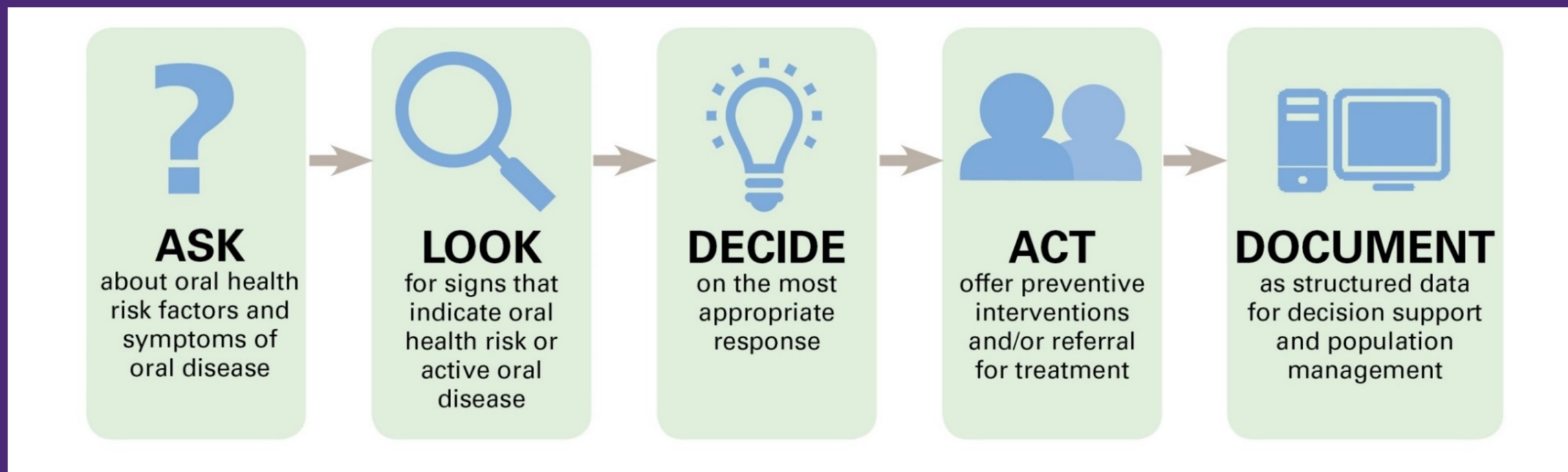
Whole Person Care



Social Determinants of Health (SDOH)

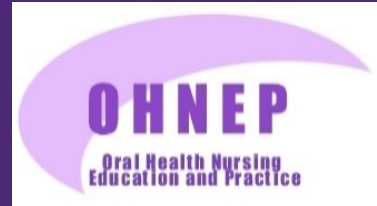


Oral Health Delivery Framework (2015)



Available at: www.QualisHealth.org/white-paper

HEENT to HEENOT – Putting the Mouth Back in the Head



COMMENTARIES

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Putting the Mouth Back in the Head: HEENT to HEENOT

Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences. We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral-systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classrooms, simulation, and clinical experiences. This was associated with increased dental-primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral-systemic health across the lifespan. (*Am J Public Health*. 2015;105:K32-K31. doi:10.2196/AJPH.2014.300499)

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DURING THE DECADE FOLLOWING publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse-midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."¹ The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Bodies for Life: A National Oral Health Curriculum"² represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high

incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.^{3,4} Data from the 2009–2012 National Health and Nutrition Examination Survey⁵ reveal that approximately one in four children (1.9%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 20% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (1.1%) and 6 to 9 years (1.4%).⁶ Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.⁷

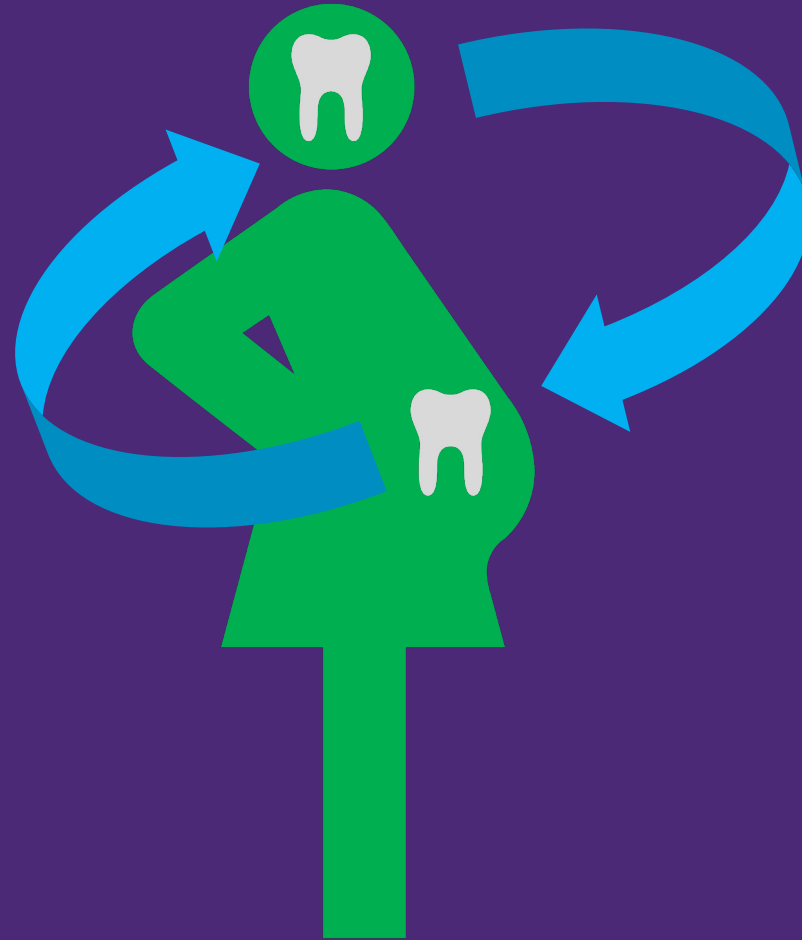
In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,⁸ and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.⁹ Among adults aged 65 years and older, only 30% have a dental benefit.¹⁰ Primary care providers have been

challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.¹¹

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.¹² Similarly, NPs and NMs have also not had a defined oral health curriculum knowledge base nor a set of oral health clinical competencies.^{13,14} The PA programs have generally followed medical school curricula and have not required dental or health content or competencies.¹⁵

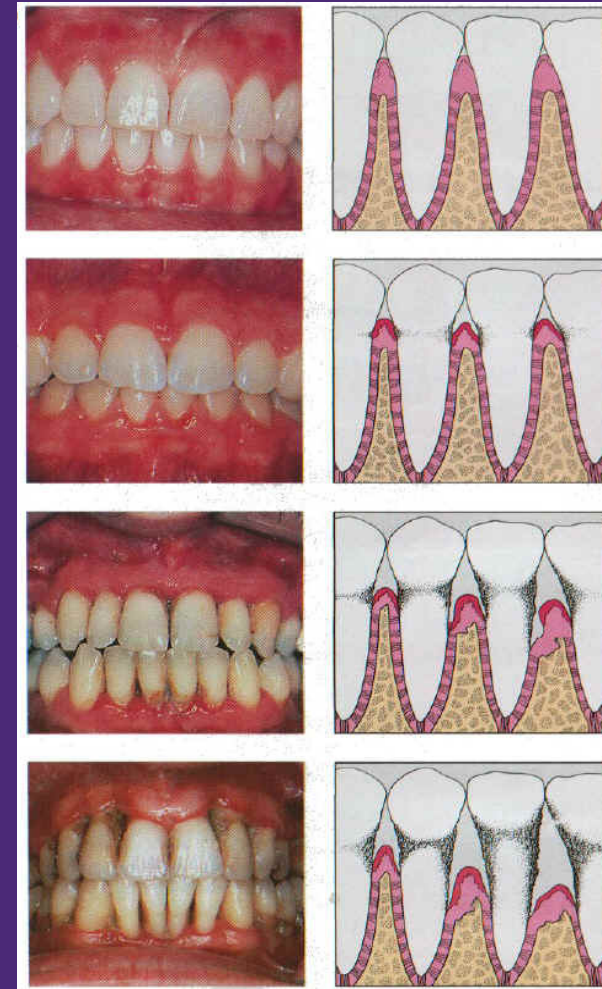
The recent publication of several important national reports, two oral health reports by the Institute of Medicine,^{16,17} the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,¹⁸ the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"¹⁹ and the dissemination of "Oral Health Care During Pregnancy: A

Oral Health & Pregnancy: The Oral-Systemic Connection



Pregnancy & Oral Health

- 56% did not visit a dentist during pregnancy
- 60% did not have their teeth professionally cleaned during their last pregnancy
- 41% of pregnant persons experience cavities
- 60-75% of pregnant persons are affected by gingivitis
- 30% of people of child-bearing age have periodontitis
- Even when an oral problem occurs, only 50% seek treatment

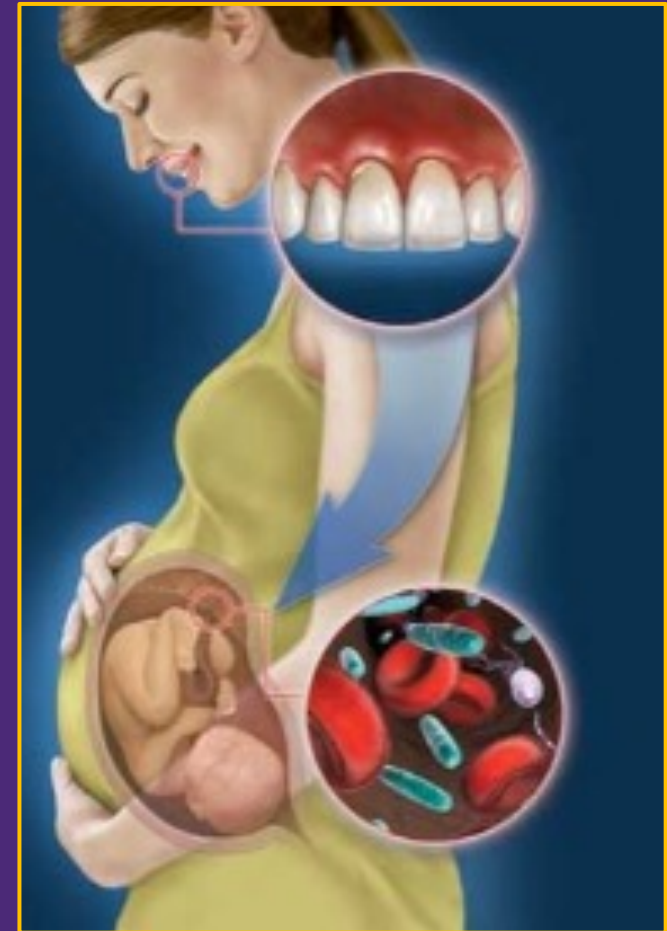


The Oral-Systemic Connection

Bacteria from the mouth can reach the blood stream, and consequently reach the baby.

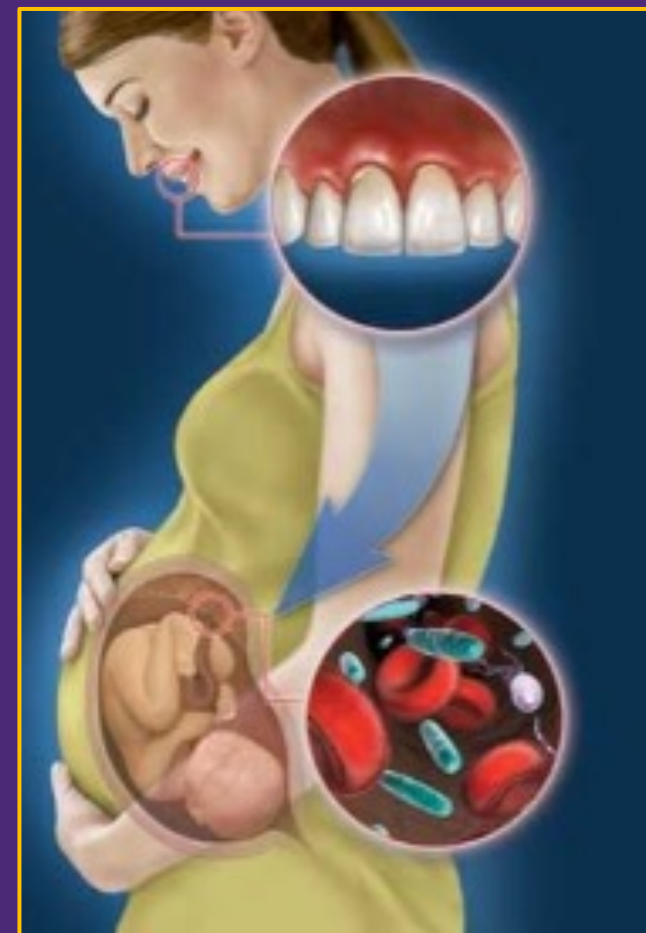
Oral health problems when left untreated may be associated with:

- Pre-Term Labor
- Pre-Term Birth
- Poor glycemic control



The Oral-Systemic Connection

- Optimal oral hygiene during the perinatal period may decrease the amount of cavity-producing oral bacteria transmitted to the baby
- NO research demonstrates negative effects of periodontal treatment, dental x-rays, or medications during pregnancy
- *You do not have to lose a tooth for every pregnancy!*



Parents as Oral Health Champions

To protect baby's health, parents need to...

- ❑ Implement positive oral health practices
- ❑ Eat and drink healthy foods & beverages
- ❑ Get dental check-ups
- ❑ Wipe infant's gums & teeth with damp washcloth/xylitol wipes
- ❑ Brush 2x per day with fluoride toothpaste

*A smear when they appear and
at 3 the size of a pea!*



How an Interprofessional Health Team Can Make a Difference

- **Think** about how oral health affects the oral and overall health of parent and child
- **Screen** patients for dental and oral hygiene needs
- **Educate** patients on the importance of good oral health practices
- **Manage** oral bacteria levels and inflammation by providing coaching about good oral hygiene behaviors
- **Document** oral health assessment findings and interventions, and provide referrals



Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

| Pharmaceutical Agent | Indications, Contraindications, and Special Considerations |
|--|--|
| Analgesics | |
| Acetaminophen | May be used during pregnancy. Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid issuing refills to reduce risk for dependency. |
| Acetaminophen with Codeine, Hydrocodone, or Oxycodone | |
| Codeine | |
| Meperidine | |
| Morphine | |
| Aspirin | May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters. |
| Ibuprofen | |
| Naproxen | |
| Antibiotics | |
| Amoxicillin | May be used during pregnancy. |
| Cephalosporins | |
| Clindamycin | |
| Metronidazole | |
| Penicillin | |
| Ciprofloxacin | Avoid during pregnancy. |
| Clarithromycin | |
| Levofloxacin | |
| Moxifloxacin | |
| Tetracycline | Never use during pregnancy. |
| Anesthetics | |
| | Consult with a prenatal care health professional before using intravenous sedation or general anesthesia. Limit duration of exposure to less than 3 hours in pregnant women in the third trimester. |
| Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine) | May be used during pregnancy. |
| Nitrous oxide (30%) | May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional. |
| Antimicrobials | |
| | Use alcohol-free products during pregnancy. |
| Cetylpyridinium chloride mouth rinse | May be used during pregnancy. |
| Chlorhexidine mouth rinse | |
| Xylitol | |

From *Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting* © 2012 by the National Maternal and Child Oral Health Resource Center, Georgetown University. Table updated 2017. Permission is given to photocopy this publication or to forward it, in its entirety, to others.

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Undergraduate Interprofessional Oral Health Faculty Tool Kit

- ✓ Microbiology
- ✓ Anatomy & Physiology
- ✓ Pathophysiology
- ✓ Research Methods
- ✓ Pharmacology
- ✓ Health Assessment & Promotion
- ✓ Fundamentals



- ✓ Nursing Care of Adults & Older Adults
- ✓ Nursing Care of Children
- ✓ Pregnancy
- ✓ Community
- ✓ Psychiatric-Mental Health
- ✓ Leadership in Nursing
- ✓ Professional Nursing



Available at <http://ohnep.org/faculty-toolkit>


Graduate Interprofessional Oral Health Faculty Tool Kits

The OHNEP Interprofessional Oral Health Faculty Toolkit

Pediatric Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Pediatric Health Promotion
- Pediatric Health Assessment
- Pediatric Primary Care
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Family Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment of Families
- Health Promotion of Families
- Primary Care
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Adult Gerontology Primary Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Adult Gerontology Health Assessment
- Adult Gerontology Health Promotion
- Adult Gerontology Primary Care
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Psychiatric-Mental Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment Across the Lifespan
- Health Promotion in Children & Adolescents
- Health Promotion in Adults & Older Adults
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Nurse Midwifery Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Midwifery Health Assessment of Women & Gynecology
- Midwifery Care During Pregnancy
- Midwifery Care of Women During Labor, Birth, Postpartum & Care of Newborns
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Adult Gerontology Acute Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Advanced Physical Assessment Across the Lifespan
- Principles of Adult Gerontology Acute Care I- II
- Principles of Adult Gerontology Acute Care III
- Resources




The OHNEP Interprofessional Oral Health Faculty Toolkit

Women's Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Introduction to Reproductive Healthcare of Women
- Ambulatory Care of Women
- Integrated Care of Women
- Resources



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Smiles for Life
A national oral health curriculum

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