

Prenatal Oral Health Interprofessional Experience Guide



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Prenatal Oral Health Interprofessional Experience

The Prenatal Oral Health Interprofessional (IP) Experience brings together students for a collaborative clinical experience. This guide is a model used by NYU College of Dentistry and NYU College of Nursing. For our program, NYU Dental (DDS) students and NYU Nurse Midwifery (CNM) or NYU Family Nurse Practitioner (FNP) students collaborate to develop a management plan to meet the oral health needs of pregnant persons in the Bellevue Prenatal Clinic through oral health screening, education and referral.

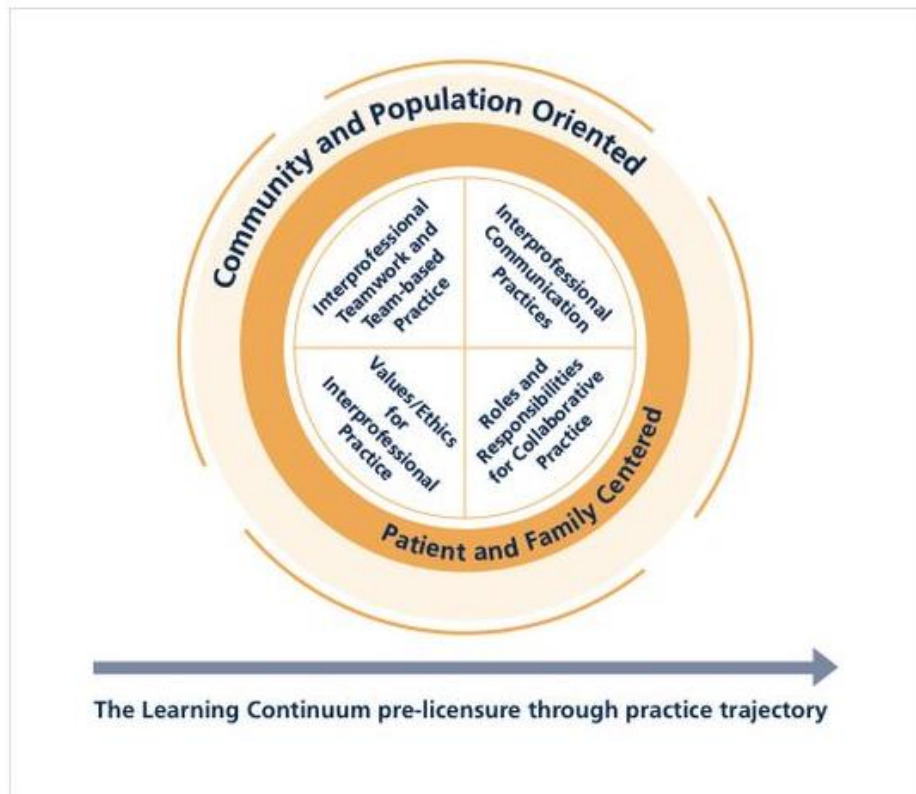
Outcomes:

- CNM/FNP develop oral health competencies to conduct an oral health assessment, history and intra- and extra-oral exam (HEENOT) of pregnant persons.
- DDS students develop oral health competencies to offer oral health literacy anticipatory guidance to educate pregnant persons about the importance of home oral hygiene.
- All students develop interprofessional competencies to understand each other's role, values and ethics, and communicate and collaborate with each other.

IPEC Competencies

[View and download the full IPEC Report](#)

CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPEC)



Competency Domains

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

Student Assignment Example

To be completed by all students prior to clinic:

The Interprofessional Prenatal Oral Health experience combines NYU Dental Residents, NYU Dental Students and NYU Nurse Practitioner/Nurse Midwifery students in a collaborative clinical experience. Students will develop a collaborative plan to meet the oral health needs of pregnant women in the Bellevue prenatal clinic through oral health screening, education and referral.

Student Instructions

Prior to the event:

- Review the Prenatal IPE Schedule and sign up for one session. Only sign up for a date if you are certain you will be available that day. A maximum of two people can sign up per session.
- Complete [Smiles for Life Course: Pregnancy and Women's Oral Health](#) (Please email certificates of completion to Jessamin Cipollina at jessamin.cipollina@nyu.edu).
- Watch video on [Interprofessional Education](#)
- Review the [IPEC Competencies](#)
- If for any reason you will be absent, please notify Jessamin Cipollina at jessamin.cipollina@nyu.edu as far in advance as possible.

On the day of the event, students will meet the Preceptor in the **Bellevue Lobby** at the start time that has been provided to you via email.

- Dress Code: scrubs. PLEASE REMEMBER TO WEAR YOUR STUDENT ID.
- You will need eye protection and your N95 mask.
- In case an emergency arises on the day of the rotation or if you will be late for any reason, please notify the Bellevue Prenatal Clinic.

Protocol

Assignment – DDS and CNM/ FNP students receive the Student Assignment which includes the pre-clinic assignment and a description of meeting location.

BRIEF –DDS and CNM/FNP students meet Preceptor in the Bellevue Lobby at 8:15 AM to review [Oral Health in Pregnancy: A National Consensus Statement](#). Students complete online ICCAS surveys before and after prenatal clinic experience.

In Prenatal Clinic – Students learn from, with and about each other while meeting the oral and overall health needs of pregnant persons.

Patient 1	Patient 2
DDS/CNM/FNP students review screening form together	DDS/CNM/FNP students review screening form together
CNM/FNP student review prenatal chart in EPIC	DDS student review prenatal chart in EPIC
DDS student performs HEENOT exam and demonstrates with CNM/FNP student	CNM/FNP student performs HEENOT exam with DDS student mentoring
Huddle: DDS and CNM/FNP students discuss plan	Huddle: DDS and CNM/FNP students discuss plan
CNM/FNP student provides patient education, prevention, anticipatory guidance, handouts, referral and follow-up	DDS student provides patient education, prevention, anticipatory guidance, handouts, referral and follow-up

DEBRIEF – Meet together at end of session. Informal information exchange session designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors.

Educational Resources



[View and download the following resources](#)

Guidance for Oral Health Professionals

This guidance has been excerpted from *Oral Health Care During Pregnancy: A National Consensus Statement*. The consensus statement was developed by an expert workgroup convened in 2011 by the Maternal and Child Health Bureau in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association and coordinated by the National Maternal and Child Oral Health Resource Center.

Activities described below are performed by oral health professionals as allowed by state practice acts.

Assess Pregnant Women's Oral Health Status

- Take an oral health history. Following are examples of questions that oral health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
 - When and where was your last dental visit?
 - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
 - How many weeks pregnant are you? (When is your due date?)
 - Do you have any questions or concerns about getting oral health care while you are pregnant?
 - Since becoming pregnant, have you been vomiting? If so, how often?
 - Have you received prenatal care? If not, do you need help making an appointment for prenatal care?
- In addition to reviewing the dental history, review medical and dietary histories, including use of tobacco, alcohol, and recreational drugs.
- Perform a comprehensive oral examination, which includes a risk assessment for dental caries and periodontal disease.
- Take radiographs to evaluate and definitively diagnose oral diseases and conditions when clinically indicated.



Advise Pregnant Women About Oral Health Care

- Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy.
- Encourage women to continue to seek oral health care, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See *Guidance for Health Professionals to Share with Pregnant Women*.)

Work in Collaboration with Prenatal Care Health Professionals

- Establish relationships with prenatal care health professionals in the community. Develop a formal referral process whereby the prenatal care health professional agrees to see the referred individual in a timely manner (e.g., that day, the following day) and to provide subsequent care.

- Share pertinent information about pregnant women with prenatal care health professionals, and coordinate care with prenatal care health professionals as appropriate.
- Consult with prenatal care health professionals, as necessary—for example, when considering the following:
 - Co-morbid conditions that may affect management of oral problems (e.g., diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders).
 - The use of intravenous sedation or general anesthesia.
 - The use of nitrous oxide as an adjunctive analgesic to local anesthetics.

Provide Oral Disease Management and Treatment to Pregnant Women

- Provide emergency or acute care at any time during the pregnancy, as indicated by the oral condition.
- Develop, discuss with women, and provide a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy. Discuss benefits and risks of treatment and alternatives to treatments.
- Use standard practice when placing restorative materials such as amalgam and composite.
- Use a rubber dam during endodontic procedures and restorative procedures.
- Position pregnant women appropriately during care:
 - Keep the woman's head at a higher level than her feet.
 - Place woman in a semi-reclining position, as tolerated, and allow frequent position changes.
 - Place a small pillow under the right hip, or have the woman turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.
- Follow up with pregnant women to determine whether preventive and restorative treatment has been effective.



Provide Support Services (Case Management) to Pregnant Women

- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g., domestic violence services), or other needs (e.g., transportation, translation).
- If the woman does not have a prenatal care health professional, explain the importance of care. Facilitate referrals to prenatal care health professionals in the community, especially those who accept Medicaid and other public insurance programs.

Improve Health Services in the Community

- On the patient-intake form, record the name and contact information of the prenatal care health professional.
- Accept women enrolled in Medicaid and other public insurance programs.
- Establish partnerships with community-based programs (e.g., WIC, Early Head Start) that serve pregnant women with low incomes.
- Provide a referral to a nutrition professional if counseling (e.g., guidance on food choices or nutrition-related health problems) would be beneficial.
- Provide culturally and linguistically appropriate care. Take the time to ensure that women understand information shared with them.

From Oral Health Care During Pregnancy Expert Workgroup. 2012. Oral Health Care During Pregnancy: A National Consensus Statement. Washington, DC: National Maternal and Child Oral Health Resource Center. Permission is given to photocopy this publication or to forward it, in its entirety, to others.

Guidance for Prenatal Care Health Professionals

Prenatal care health professionals may be the “first line” in assessing pregnant women’s oral health and can provide referrals to oral health professionals and reinforce preventive messages.

Assess Pregnant Women’s Oral Health Status

During the initial prenatal evaluation

- Take an oral health history. Following are examples of questions that prenatal care health professionals may ask pregnant women. This information may be gathered through a conversation or a questionnaire.
 - Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
 - Since becoming pregnant, have you been vomiting? If so, how often?
 - Do you have any questions or concerns about getting oral health care while you are pregnant?
 - When was your last dental visit? Do you need help finding a dentist?
- Check the mouth for problems such as swollen or bleeding gums, untreated dental decay (tooth with a cavity), mucosal lesions, signs of infection (e.g., a draining fistula), or trauma.
- Document your findings in the woman’s medical record.

Advise Pregnant Women About Oral Health Care

- Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy.
- If the last dental visit took place more than 6 months ago or if any oral health problems were identified during the assessment, advise women to schedule an appointment with a dentist as soon as possible. If urgent care is needed, write and facilitate a formal referral to a dentist who maintains a collaborative relationship with the prenatal care health professional.



- Encourage women to seek oral health care, practice good oral hygiene, eat healthy foods, and attend prenatal classes during pregnancy. (See *Guidance for Health Professionals to Share with Pregnant Women.*)
- Counsel women to follow oral health professionals’ recommendations for achieving and maintaining optimal oral health.

Work in Collaboration with Oral Health Professionals

- Establish relationships with oral health professionals in the community. Develop a formal referral process whereby the oral health professional agrees to see the referred individual in a timely manner (e.g., that day, the following day) and to provide subsequent care.

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	

Table updated 2017.

Tips for Good Oral Health During Pregnancy

Below are tips for taking care of your oral health while you are pregnant. Getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors will help keep you and your baby healthy. Delaying necessary treatment for dental problems could result in significant risk to you and your baby (for example, a bad tooth infection in your mouth could spread throughout your body).

Get Oral Health Care

- Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can make them bleed. This problem is called *gingivitis* (inflammation of the gums). If gingivitis is not treated, it may lead to more serious periodontal (gum) disease. This disease can lead to tooth loss.
- Oral health care, including use of X-rays, pain medication, and local anesthesia, is safe throughout pregnancy.
- Get oral health treatment, as recommended by an oral health professional, before delivery.
- If your last dental visit took place more than 6 months ago or if you have any oral health problems or concerns, schedule a dental appointment as soon as possible.



- Tell the dental office that you are pregnant and your due date. This information will help the dental team provide the best care for you.

Practice Good Oral Hygiene

- Brush your teeth with fluoridated toothpaste twice a day. Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed. Do not share your toothbrush. Clean between teeth daily with floss or an interdental cleaner.
- Rinse every night with an over-the-counter fluoridated, alcohol-free mouthrinse.
- After eating, chew xylitol-containing gum or use other xylitol-containing products, such as mints, which can help reduce bacteria that can cause tooth decay.
- If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth.

Eat Healthy Foods

- Eat a variety of healthy foods, such as fruits; vegetables; whole-grain products like cereals, bread, or crackers; and dairy products like milk, cheese, cottage cheese, or unsweetened yogurt. Meats, fish, chicken, eggs, beans, and nuts are also good choices.
- Eat fewer foods high in sugar like candy, cookies, cake, and dried fruit, and drink fewer beverages high in sugar like juice, fruit-flavored drinks, or pop (soda).
- For snacks, choose foods low in sugar, such as fruits, vegetables, cheese, and unsweetened yogurt.
- To help choose foods low in sugar, read food labels.
- If you have problems with nausea, try eating small amounts of healthy foods throughout the day.
- Drink water or milk instead of juice, fruit-flavored drinks, or pop (soda).

- Drink water throughout the day, especially between meals and snacks. Drink fluoridated water (via a community fluoridated water source) or, if you prefer bottled water, drink water that contains fluoride.
- To reduce the risk of birth defects, get 600 micrograms of folic acid each day throughout your pregnancy. Take a dietary supplement of folic acid and eat foods high in folate and foods fortified with folic acid. Examples of these foods include
 - Asparagus, broccoli, and green leafy vegetables, such as lettuce and spinach
 - Legumes (beans, peas, lentils)
 - Papaya, oranges, strawberries, cantaloupe, and bananas
 - Grain products fortified with folic acid (breads, cereals, cornmeal, flour, pasta, white rice)

Practice Other Healthy Behaviors

- Attend prenatal classes.
- Stop any use of tobacco products and recreational drugs. Avoid secondhand smoke.
- Stop any consumption of alcoholic beverages.

Resources

Cavity Keep Away (brochure and poster in English and Spanish) produced by the California Dental Association Foundation. <http://www.cdafoundation.org/Learn/Education/Training/PerinatalOralHealthEducation/PatientEducationMaterial.aspx>.

Dental Care Before, During, and After Pregnancy (handout) produced by the South Carolina Department of Health and Environmental Control, Division of Oral Health. <http://www.scdhec.gov/administration/library/CR-009602.pdf>.

For the Dental Patient: Oral Health During Pregnancy—What to Expect When Expecting (handout) produced by the American Dental Association. <http://www.ada.org/993.aspx>.

Good Oral Health for Two (handout) produced by the Northeast Center for Healthy Communities, Greater Lawrence Family Health Center. http://www.mchoralhealth.org/pdfs/goodoralhealthfortwo_eng.pdf (English), http://www.mchoralhealth.org/pdfs/goodoralhealthfortwo_sp.pdf (Spanish).

Healthy Smiles for Two (brochure) produced by the South Dakota Department of Health, Oral Health Program. https://apps.sd.gov/PH18Publications/secure/Publications/SmilesforTwo_brochure.pdf.

Nothing But the Tooth (video) produced by the Texas Department of State Health Services, Nutrition Services Section

and Texas Oral Health Coalition. <http://www.youtube.com/watch?v=4m41tR3s9sE> (English), <http://www.youtube.com/watch?v=vuYTLjXG-do> (Spanish).

Patient Education Tools (articles in Chinese, English, Hmong, Russian, Spanish, and Vietnamese) produced by the California Dental Association. http://www.cda.org/page/patient_education_tools.

Pregnancy and Dental Care (poster and wallet card) produced by the New York State Department of Health. <http://www.health.state.ny.us/prevention/dental/publications.htm>.

text4baby (mobile information service) produced by the National Healthy Mothers, Healthy Babies Coalition. <http://www.text4baby.org>.

Two Healthy Smiles: Tips to Keep You and Your Baby Healthy (brochures) produced by the National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/pregnancybrochure.pdf> (English) and http://www.mchoralhealth.org/PDFs/pregnancybrochure_sp.pdf (Spanish).

Finding a Dentist

- <http://www.ada.org/ada/findadentist/advancedsearch.aspx>
- <http://www.knowyourteeth.com/findadentist>

Finding Low-Cost Dental Care

- <http://www.nidcr.nih.gov/FindingDentalCare/ReducedCost/FLCDC.htm>

Finding Dental Insurance Coverage

- <https://www.healthcare.gov>

After Your Baby Is Born

- Continue taking care of your mouth after your baby is born. Keep getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors.
- Take care of your baby's gums and teeth, feed your baby healthy foods (exclusive breastfeeding for at least 4 months, but ideally for 6 months), and take your baby to the dentist by age 1.
- Ask your baby's pediatric health professional to check your baby's mouth (conduct an oral health risk assessment) starting at age 6 months, and to provide a referral to a dentist for urgent oral health care.

Resource

A Healthy Smile for Your Baby: Tips to Keep Your Baby Healthy (brochures in English and Spanish) produced by the National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/materials/consumerbrochures.html>.

Suggestions to Facilitate Student Discussion

BRIEF

Introductions

- 1) What is your name?
- 2) Tell us about your program (what program are you in? how many years is the program?)
- 3) Which specialty are you interested in pursuing?

Previous IPE experience

- 4) Have you previously worked with other health professionals on a team before? Where and when?
- 5) What did you like or not like about it? What could have been improved? Did you find the experience to be valuable?
- 6) Did you learn anything new about the roles and responsibilities of other health professions?
- 7) Did you find that other health professionals used language/terminology that you were unfamiliar with? If so, how did you overcome these language barriers?

DEBRIEF

Roles & Responsibilities

- 1) How did the different roles overlap?
- 2) Were there any role conflicts?
- 3) How did the different roles complement each other?
- 4) Do you think you are able to better understand the roles and responsibilities of the different health care professionals on the team after this experience?

Communication & Teamwork

- 5) How did the team members communicate with each other?
- 6) Did you find that anyone dominated the conversation? Did you feel that every team member was able to contribute?
- 7) Did you find anything surprising about another team member, for example, his or her knowledge or skills?

Values & Ethics

- 8) Were the values and ethics the same across all professions?
- 9) In what ways did you find this experience valuable?
- 10) Do you think that interprofessional education will have an effect on how you interact with other health professionals in your future clinical practice?

Oral Health Policy and Other Topics for Discussion

- 1) Water fluoridation
 - a. What are the benefits of water fluoridation?
 - b. Does your community fluoridate their water supply?
 - c. Have you ever encountered parents who were resistant to fluoridation? What were their concerns? How did you handle the situation?
 - d. How could you work together as an interprofessional team to promote the benefits of water fluoridation your community?
- 2) HPV vaccination
 - a. What are some oral implications of HPV?
 - b. Do you encounter patients and/or their parents who are hesitant about HPV vaccination? What are their concerns? How do you handle this situation?
 - c. How could you work together as an interprofessional team to explain the benefits of the HPV vaccination to a patient or a parent?
- 3) Dental Insurance
 - a. Do you encounter patients who do not have dental insurance?
 - b. How can you help such patients?
 - c. How could you work together as an interprofessional team to improve access to oral health care for patients who do not have dental insurance?
- 4) Nutrition
 - a. How is nutrition linked to oral health?
 - b. What are some food behaviors/habits that you have seen that can impact a pregnant patient's oral health?
 - c. How could you work together as an interprofessional team to overcome unhealthy feeding/eating habits and improve a child's oral health?
- 5) Oral injury/trauma
 - a. What are some common ways that women receive oral trauma?
 - b. When should you be concerned about intimate partner violence?
- 6) Pregnancy
 - a. How do you think that a person's oral health during pregnancy will affect their children?
 - b. How safe do you think it is for a pregnant person to receive dental treatment?
 - c. How could you work as an interprofessional team to ensure that pregnant persons have access to oral health care during pregnancy and that new parents are taught about good oral hygiene habits for their babies/children?

Ice Breakers

Misconceptions

Have participants share what is the biggest misconception the public has about their professions. Ask participants to answer these questions: “How would you educate the public about this misconception?”; “Do you have a one-minute elevator speech about your role?”; “What did you learn from speaking about these misconceptions or hearing these misconceptions?”; “How might this occur when working with patients or caregivers?”

Jargon

Ask everyone to write down 3 acronyms/jargons words that are common in their profession, but that may not be as familiar to other professions. Invite the group to search through the list looking for commonalities or differences in how words are used.

Commonalities

Ask the group to list as many things as possible that they have in common. (You may want to list some ground rules – e.g., cannot include body parts/clothing).

The Best Team

Have each person share a description of the best team they have ever been on and why. Debrief this exercise by having the team identify ways to achieve the best team characteristics.