



Perinatal Period, Infants, and Oral Health

Tooth decay is the number one childhood disease that is largely preventable

The American Academy of Pediatric Dentistry (AAPD) recognizes that perinatal and infant oral health are the foundations upon which preventive education and dental care can enhance the opportunity for a child to have a lifetime free from preventable oral disease.

Recognizing that dentists, physicians, allied health professionals, and community organizations must be involved as partners to achieve this goal, the AAPD proposes guidelines for perinatal and infant oral health care, including caries risk assessment, anticipatory guidance, preventive strategies, and therapeutic interventions, to be followed by the stakeholders in pediatric oral health.

What is the perinatal period?

- Per the AAPD, the perinatal period begins at the 20th-28th week of gestation at the 20th to 28th week of gestation and ends 1 to 4 weeks after delivery. It is characterized by complex physiological changes that may adversely affect oral health.

Oral health care barriers for pregnant women include:

- An ability to access care because of a lack of transportation or a lack of dental providers.
 - Affordability of oral health care.
 - Knowledge, attitudes, and behaviors regarding oral health.
 - Workforce preparedness and willingness to serve this population of women.
- Racial or ethnic minorities are less likely to obtain oral health care when pregnant compared to women who are non-Hispanic white.

Why is good oral health for pregnant women and new mom's so critical?

- Hormonal and immunologic changes during the prenatal period make pregnant women susceptible to oral health problems.
- Maternal periodontal disease is associated with preterm or low birthweight babies.
- Salivary quality, amount, and increases in cariogenic bacteria occur during pregnancy, elevating the risk for development and progression of tooth decay.
- Tooth decay during pregnancy can cause pain, nutritional deficiencies, lost workdays, and reduced employability.
- Providing preventive services and education to expecting mothers can lead to improved oral health in women, their young children, and the family unit, according to the American Dental Association.
- Children born to mothers with poor oral health and high levels of cavity-causing bacteria are at higher risk for developing tooth decay.

How can medical providers help?

- Medical providers see pregnant women and preschool-aged children frequently and are in a position to assess, triage, and refer to an oral health provider who can complete an oral health assessment and, if necessary, provide treatment for urgent issues and disease.
- Pregnancy is an opportune time for health interventions and serves as a “teachable” moment. These activities include education on:
 - Dental disease processes, primarily dental caries and periodontal (gum) disease.
 - Self-care for prevention.
 - Dental cleanings (promote health and treat inflammation of gingiva/periodontium).
 - Professional services, such as fluoride varnish application (dental caries prevention).
- How can fluoride varnish applications for mom help her infant?
 - Cavity causing bacteria primarily pass from mother to child soon after birth, so it makes sense that reducing the concentration of these bacteria in the mother’s mouth before birth leads to less being transferred and a reduced or delayed potential for the development of cavities in children.

Improving access to dental care for the maternal population is a considerable task, one that requires an interdisciplinary approach. Sadly, dental visits occur in fewer than 50% of pregnant women.

It is proven that oral health services can be provided safely during pregnancy.

Resources

American Academy of Pediatric Dentistry

<https://www.aapd.org/research/oral-health-policies--recommendations/perinatal-and-infant-oral-health-care/>

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https://www.chcs.org/media/NH-State-WIC-Profile_041316.pdf

The American Dental Association (Revised 2016). “Perinatal and Infant Oral Health Care.”

https://www.aapd.org/globalassets/media/policies_guidelines/bp_perinataloralhealthcare.pdf

American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women. 2013. Oral Health Care During Pregnancy and Through the Lifespan. Washington, DC.

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Oral-Health-Care-During-Pregnancy-and-Through-the-Lifespan>

Centers for Medicare and Medicaid Services (2018). “Annual EPSDT Participation Report: Form CMS-416 (National), Fiscal Year 2018.”

<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>