Connecticut Health
FOUNDATION

Issue Brief

Promoting Oral Health In Pregnancy

January 2013

IN SUMMARY

- **Despite the importance to both the pregnant woman and her developing child of maintaining good oral health during pregnancy, only about 20-50% of pregnant women report going to the dentist when pregnant[5] and only about 29% of pregnant women on Medicaid in Connecticut obtained any dental care during pregnancy in 2005,[8] the last year for which figures are available.**

- **Women report a number of reasons for not obtaining dental care during pregnancy — some having to do with personal circumstances, but the majority with systemic barriers.**

- **Improving utilization of dental care by pregnant women should include a combination of:**
  - reducing barriers to access – lack of dental care providers, cost, transportation, time and child care;
  - focusing on patient education, such as addressing women's concerns about dental procedures during pregnancy;
  - improving communication strategies on the part of both obstetrician and dental care clinicians; and
  - integrating dental care as part of a total approach to health, including structured referrals and case management.

Little research has been done to understand the factors that affect the ability and inclination of low-income pregnant women to seek oral health care. In order to better understand these factors — those which encourage this group of women to seek care and those which discourage them from doing so — the researchers wanted to hear directly from women themselves. This brief offers information obtained both from the literature that does exist on this topic, and from direct conversations that provided input from those directly affected.

OVERVIEW

Good oral health, which is critical to overall health at every stage of life, has particular importance during pregnancy.[1] A mother's oral health influences her overall quality of life, and is linked to the health of her children.[2]

Pregnant women with gum disease are more likely to be at risk for preterm births.[3] Mothers with high rates of tooth decay and without good preventive dental care are more likely to have children who develop cavities, while mothers who do not receive regular dental care are less likely to seek such care for their children.[4]

Despite the importance of good oral health during pregnancy, only about 20-50 percent of pregnant women report going to the dentist when pregnant.[5] Use of dental services declines during pregnancy even among women with commercial dental insurance compared to pre-pregnancy utilization rates.[6] Women provide many reasons for not going to the dentist when pregnant, including problems paying for dental care, fear of dentists, and not being able to find dentists who treat pregnant women.[7] In Connecticut, only about 29 percent of women on Medicaid obtained any dental care during pregnancy in 2005,[8] the last year for which figures are available.

SCOPE OF STUDY

Connecticut Health Foundation, in collaboration with the University of Connecticut School of Dental Medicine, and four community grantees,* worked with low-income pregnant women to better understand their opinions about obtaining dental care. A total of 101 pregnant women participated in 11 focus groups and 23 in-depth interviews during 2011. Three groups and two interviews were conducted in Spanish. One focus group consisted exclusively of black women.

REASONS FOR SEEKING DENTAL CARE

Findings from our focus groups and interviews showed that, for pregnant women who did seek care, the primary reasons for doing so were esthetics, hygiene, and being role models for their children. Women did not want missing or false teeth, which they perceived as unattractive. They felt that dental care would prevent bad breath and loss of teeth, and would improve feelings of cleanliness.

Children and childhood experiences were also factors in motivating participants to seek dental care. Some participants grew up observing and seeing the consequences of poor dental care habits among family members. They now wanted to model good dental hygiene and habits for their own children.

"It's just that (my teeth are) stained," said one participant, "but I think that I should actually start getting in the habit of taking better care of my teeth because my daughter is going to see...it's all lead by example. So I have to start getting into good habits again...."

BARRIERS TO CARE OVERALL

Barriers to prenatal dental care uncovered through the study fall into several, often overlapping, categories. Many of the barriers discussed by the women are the same as those experienced by low-income women trying to access any type of dental care. These include:

- **Problems with transportation.** For those relying on public transportation, taking buses can involve an entire day to keep one appointment.
- **Concerns about safety.** Women living in unsafe neighborhoods may be concerned about walking through dangerous areas to get to appointments.
- **Lack of appointment times that accommodate work schedules.** Available appointment times often conflict with work schedules, a problem which is compounded by low-income women's reliance on public transportation to get to work.
- **Lack of accommodation for children or child care.** Women who are not in the paid labor force, or whose work schedules do allow them to get to dental appointments, also experience access problems, often in relation to child care. Frequently, offices are not child-friendly and women cannot find child care.

Children and childhood experiences were factors in motivating participants to seek dental care.

BARRIERS SPECIFIC TO PREGNANT WOMEN'S OBTAINING DENTAL CARE

Cost and access barriers

"If I knew I could call one dentist and not have to call 25 to try to find a provider, then there would be no reason for me not to go."

While many of the women interviewed had Medicaid insurance that technically enabled them to access dental care, they indicated that many dentists did not accept Medicaid. Women without insurance and who could not afford to pay for care sought care only when serious problems occurred. Some women without insurance reported that they would have to reduce food budgets or delay payment of utility and other bills to pay for needed dental care.

Aside from finances, transportation was the greatest barrier, as indicated above. Pregnant women may well have other small children, and are often negotiating taking them on public transportation as well, or walking long distances with them.

"I take the bus everywhere," said one woman," so I guess my schedule has to go by the schedule of the bus. So I'd have to go before work but I usually don't even have time then to go, so I just end up not going."

The need for education about oral health

The most frequently discussed issue was the need for education about oral health and dental care during pregnancy. While some women knew the basics about the effects of pregnancy on oral health, most did not know the consequences of poor oral health for their own health or that of the baby.

One woman said, "I know your teeth can affect your health (with issues) like heart disease but I didn't know they can affect the baby's health. If I had known that I would have been at the dentist right away!"

Many women use the internet to obtain information about dental care through sites such as BabyCenter. Internet resources in English and Spanish were especially useful. Participants, particularly first time mothers, expected their obstetricians to take some responsibility for educating them about oral health during pregnancy.

As another woman asked, "Who's supposed to give us information about oral health? Our schools, our doctors, our obstetricians? Or are we supposed to just magically know it?"

Fear and mistrust of dentistry

Specifically in relation to their pregnancies, many women did not seek out dental care because they were unsure that dental treatment was safe during pregnancy. They worried about the effects on their babies of x-rays, injections, local anesthetics, fluoride, and other medications used in dental treatment. Several also mentioned the changing recommendations about dental care during pregnancy, and the fact that some dentists suggested waiting until after delivering their babies before treating dental problems.

One participant said: "I know I have the start of a cavity but I'm really cautious about any kind of medications. I'm waiting to have this baby before I go to the dentist. I don't want to take a chance because, it seems like you hear one minute that something's safe and then two or three years later you hear 'oh, you shouldn't have done that.' They change it completely."

Concerns were also raised that were not specific to pregnancy. Some women were fearful about dental care, especially pain during treatment, because of prior experiences. Women were also concerned that dentists might recommend unnecessary treatments for financial gain rather than for patient well-being.

Problems with the dental visit experience

Women who did receive dental services often found the experience unpleasant. They felt uncomfortable when touched or asked questions, and when staff was judgmental about their oral health and behaviors. Women also found long waiting times a problem, especially if they had other children with them. One woman described her experience:

"They had me wait in the office for an hour after my scheduled appointment time. It was really just unacceptable. The staff said 'oh, we overbooked because we didn't think you'd show up' because I was a new patient there. It was just a not good experience."

RECOMMENDATIONS

Pregnant women in Connecticut continue to find accessing care difficult despite the extensive outreach efforts of the Connecticut Dental Health Partnership, the administrator of Connecticut's Medicaid dental program.

To be successful at increasing access and utilization, any new programs must address issues such as:

- The proportion of dentists who do not treat pregnant women.
- Long waiting times for appointments.
- Lack of flexibility in offering appointment times that accommodate women's work schedules and child care availability.

Other issues that need to be addressed include:

- **Education.** Pregnant women and their medical and dental care providers lack knowledge about the importance and safety of oral health care during pregnancy. Education for women and health care providers should be an essential component of any program to increase use of dental care by pregnant women. Health care workers need to use proven behavior change strategies, such as motivational interviewing, to help women act on what they learn.
- **Structured referrals and case management.** Pregnant women look to the engagement of their obstetricians in dental referrals. Structured referrals are a successful strategy and should be included in new programs, along with effective case management.
- **Communication.** Pregnant women are often reticent about seeking dental care due to previous negative experiences that are rooted in poor provider-patient communication and lack of respect. Programs need to address communication and cultural competence skills among dental care providers.

Women in focus groups and conversations also made several other suggestions.

- Referrals directly from their obstetricians to dentists who take their insurance when they first discover that they are pregnant. This information is available through the Connecticut Dental Health Partnership. Women reported that if their obstetricians recommended seeking dental care, they would likely do so.
- Group meetings for pregnant women (for instance, a group made of patients of the same physician) specifically to address questions about oral health, including hands-on instruction about dental hygiene.
- Pleasant offices with paintings, soft music, and appropriate lighting.
- Offices with play areas for children so mothers would not be interrupted or worried about their children during treatments.

"I've brought my kids with me. I've actually gotten a cleaning with my two little ones. The dentist has a little setup in the room and they're drawing as I'm getting my cleaning. They're pretty well behaved anyway, but yeah....I didn't have someone to watch them that day, so...."

- Scheduling mothers' and children's appointments together or scheduling dental appointments together with prenatal visits as ways to avoid multiple trips.
- Reminders about appointments and the importance of dental services.

"The last thing on your mind is, okay, I got to make a dental appointment. But if you get a reminder then it's in the front of your mind."

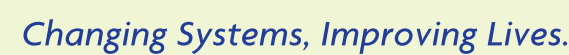
- Positive attitudes on the part of the staff and dentists, to reduce anxiety and help women feel cared about.

"I was 20 weeks pregnant when I went to the dentist. I told the hygienist I hadn't been to the dentist in probably a solid ten years. And she didn't judge me, she didn't yell at me, she didn't make me feel stupid, and it was great."

- Easier access to transportation that would take women directly to dental appointments.

Encouraging behavioral change through incentives

Achieving behavior change to encourage pregnant women to utilize dental care is challenging. Aesthetics is an important motivator, and should be considered when designing education programs. Use of financial incentives has been successful in smoking cessation programs among pregnant women. The use of inexpensive incentives, such as tote bags with tooth brushes, tooth paste, and lip gloss, also has shown promise in pilot programs promoting pregnant women's oral health in Connecticut. In the conversations, participants themselves indicated that they thought that these sorts of incentives could motivate women to go to the dentist.



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FOOTNOTES

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*Community grantees in the qualitative study included:

Community Health Center, Inc., New Britain, CT
Southwest Community Health Center, Inc., Bridgeport, CT
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