

# Addressing Oral Health Among Pregnant Women with Apple Health



**Scope:** About 69,000 pregnant women are covered by Apple Health, but only about one-quarter access dental care.

## Opportunity:

**Women who get regular dental care during their pregnancy can improve their baby's oral health as well as their own.**

Getting decay treated prior to giving birth can decrease the baby's risk for developing cavities, as mothers pass cavity causing bacteria to their babies through saliva. The more active the decay in the mother's mouth, the more likely that her baby will suffer from early childhood decay. The healthier the mother's mouth and the longer the transmission of cavity causing bacteria is delayed, the more likely children are to establish and maintain good oral health.

**Pregnancy is an opportune time to address oral health.**

- Pregnant women are more likely to develop oral health problems due to biological changes in their bodies.
- Mothers are highly receptive to health messages that encourage them to protect their babies' health, including oral health, through improved health behaviors and better nutrition.

**Dental disease may cause complications during pregnancy that are expensive to treat and put babies at risk.**

- Pre-Eclampsia: Gum disease may contribute to pre-eclampsia (i.e, dangerous high blood pressure) during pregnancy and put babies at risk.
- Gestational diabetes: Pregnant women who develop gestational diabetes face an increased risk for developing gum disease. Gum disease, in turn, makes controlling gestational diabetes more difficult. Rates of congenital defects increase with uncontrolled diabetes.

## Proposal:

**Modeled after the nationally recognized Access to Baby and Child Dentistry program:**

- Enhance the Apple Health reimbursement rate for dental providers seeing pregnant women to increase the chances that these women will receive oral health care. Currently, even though dental care is safe during pregnancy, dentists often hesitate to treat pregnant women because of liability concerns. In reality, however, these concerns are unfounded.
- To qualify for the enhanced rates, require dentists to complete Washington Dental Service Foundation's continuing education course Oral Health from Birth: Using Evidence-Based Care to Manage and Treat Your Pregnant Patients.
- Provide case management services to pregnant women to address barriers that make it difficult for them to access care and provide education on the importance of oral health and how to prevent oral disease at home.

## References

---

Improving Access to Oral Health Care for Vulnerable and Underserved Populations: Institute of Medicine 2011.

Oral Health Care During Pregnancy: A National Consensus Statement 2012 by the National Maternal and Child Oral Health Resource Center, Georgetown University.

Guidelines for Oral Health Care in Pregnancy. Northwest Center to Reduce Oral Health Disparities 2009. Seattle WA: University of Washington School of Dentistry.

Systematic review of the association between mutans streptococci in primary caregivers and mutans streptococci and dental caries in their children. Douglas JM, Li Y, Tinanoff N. *Pediatric Dentistry* 2008, 30(5):375-387. [http://depts.washington.edu/nacrohd/sites/default/files/oral\\_health\\_pregnancy\\_0.pdf](http://depts.washington.edu/nacrohd/sites/default/files/oral_health_pregnancy_0.pdf).

American Academy of Pediatric Dentistry. Guideline on perinatal oral health care. Reference Manual 33(6):118-123. [http://www.aapd.org/media/policies\\_guidelines/G\\_perinataloralhealthcare.pdf](http://www.aapd.org/media/policies_guidelines/G_perinataloralhealthcare.pdf).

Risk factors related to periodontal disease before and during pregnancy. Bluch J & Giorgio S: *Compendium of Continuing Education in Oral Hygiene* 2001;5:3-10.