

PRAMS POINTS

PREGNANCY AND ORAL HEALTH



PRAMS

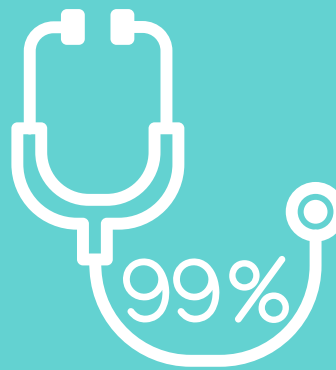
Pregnancy Risk Assessment Monitoring System (PRAMS) collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. This document was produced with data from the 2017 and 2018 North Dakota PRAMS surveys.

BACKGROUND

Oral health care and education during pregnancy is important, not only for the oral health of pregnant women, but also for their babies' health. Pregnant women may be more at risk for oral health problems like cavities or gingivitis due to things such as changing hormones and eating habits. If left untreated, poor oral health during pregnancy can lead to poor pregnancy outcomes such as preterm birth and low birth rate, in addition to poor outcomes for mothers' and babies' oral health after pregnancy (1).

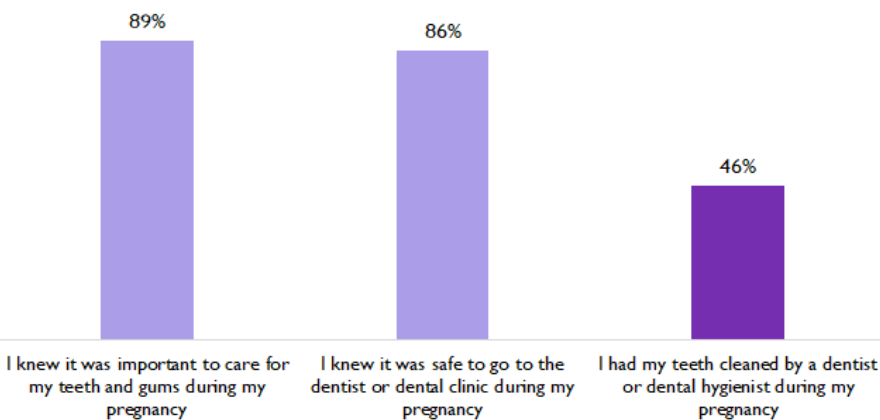


Percent of pregnant women in North Dakota who had their teeth cleaned by a dentist or dental hygienist during their last pregnancy. A similar percentage of women had their teeth cleaned by a dentist or dental hygienist in the 12 months before getting pregnant (45%).



Percent of pregnant women in North Dakota who visited a doctor, nurse, or other health care worker for prenatal care to get checkups and advice about pregnancy before their baby was born.

BRUSHING FOR TWO: KNOWLEDGE VS ACTION

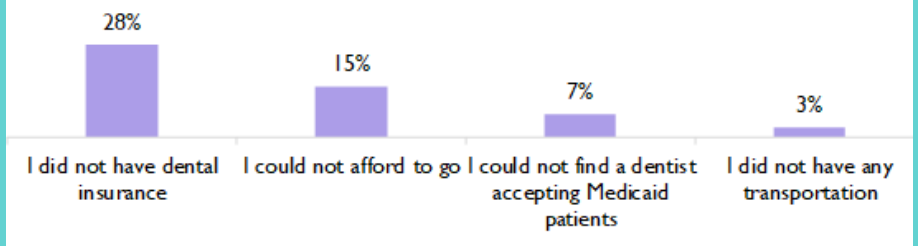


A large majority of pregnant women in North Dakota were aware of the importance of good oral hygiene (89%) and that it is safe to go to the dentist during pregnancy (86%). However, this knowledge is not translating into action as less than half of women had their teeth cleaned by a dentist or dental hygienist during their last pregnancy (46%).

BARRIERS

Pregnant women in North Dakota had few barriers (e.g., could not afford, lack of transportation or insurance) that made it hard for them to go to a dentist or dental clinic. The largest barrier for women to go to a dentist or dental clinic during their last pregnancy was not having dental insurance (28%), followed by could not afford to go (15%).

Barriers to Oral Health Care During Their Most Recent Pregnancy (North Dakota, 2017–18)



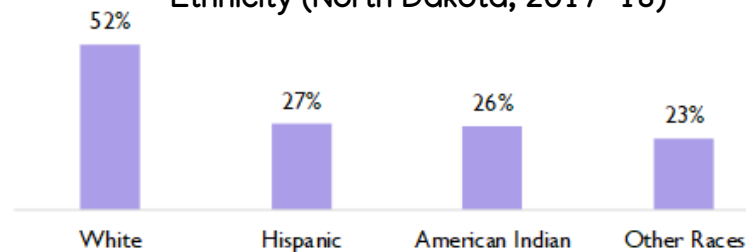
ROOM FOR IMPROVEMENT

Sizeable health care gaps stand out when examining the data associated with oral health care while pregnant by age, income, education, and race/ethnicity in North Dakota.

Twice the percentage of white women compared to that of minority women had their teeth cleaned by a dentist or dental hygienist during their pregnancy (52% compared to 23–27%).

In North Dakota as age, educational attainment and income levels increase, so does the likelihood of pregnant women going to the dentist or dental hygienist to have their teeth cleaned during their pregnancy.

Women Who had Their Teeth Cleaned During Their Most Recent Pregnancy by Race and Ethnicity (North Dakota, 2017–18)

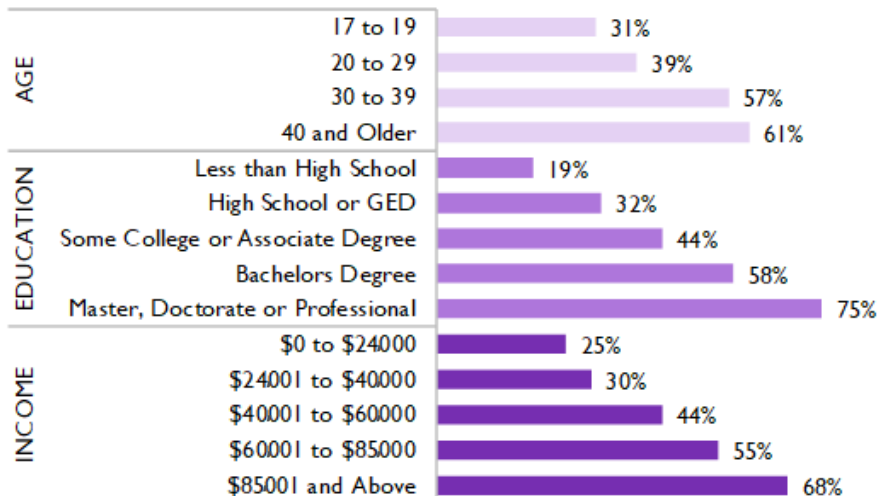


Twice as many women who are 40 and older compared to teenage women got their teeth cleaned while pregnant (61% compared to 31%, respectively).

Nearly 4 times the percentage of women with education higher than a bachelor's degree compared to those without a high school diploma got their teeth cleaned while pregnant (75% compared to 19%, respectively).

Nearly 3 times the percentage of women with incomes greater than \$85,000 compared to those with incomes of \$24,000 or less got their teeth cleaned while pregnant (68% compared to 25%, respectively).

Women Who had Their Teeth Cleaned During Their Most Recent Pregnancy (North Dakota, 2017–18)



CONCLUSIONS

Routine dental checkups and teeth cleanings during pregnancy are safe and important to women's oral health, which contributes to their and their babies' overall health during and after pregnancy (2). Other types of dental procedures, such as x-rays and cavity fillings, are also safe to have done during pregnancy and when necessary. Although North Dakota PRAMS survey results indicate that most women knew of the importance of good oral care during pregnancy, there appears to be a disconnect between knowledge and action.

These data do not offer insight into why pregnant women are not going to their dental providers for routine care, but these data illustrate that many pregnant women in fact are not seeking care even when there appears to be limited knowledge or financial barriers. Pregnant women may be avoiding the dentist for a number of reasons: visit is unnecessary or oral health problems were not that serious, no time to go, transportation, inconvenient clinic hours, cost, poor quality of care, wait times, or belief they have a 'healthy mouth' (3).



RECOMMENDATIONS

Analysis of the PRAMS 2017 and 2018 data set indicates that substantial health care disparities exist. There is a need for ongoing programming and outreach activities to address oral health care disparities.

Further discussion and educational campaigns on the importance of good oral hygiene practices and going to the dentist for regular and emergency care should be performed to encourage and remind women to seek dental care during pregnancy, in addition to education on potential risks during and after pregnancy of not maintaining good oral health.

Oral Health education cannot solely fall on the shoulders of dental professionals. According to these data, women before and during pregnancy are more likely to see other types of health care providers, which may suggest a more collaborative partnership approach across health care professions to support better oral health care education.

MORE ABOUT PRAMS

This document was produced with data from the 2017 and 2018 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) surveys. PRAMS is a collaborative surveillance project of the Centers for Disease Control and Prevention (CDC), the North Dakota Department of Health, and the Center for Social Research at North Dakota State University (NDSU). PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. More information about the PRAMS project and PRAMS data can be found at www.health.nd.gov/prams.

RESOURCES

-  American Academy of Pediatrics
aap.org
-  CDC Division of Oral Health
www.cdc.gov/oralhealth/
-  Office on Women's Health
womenshealth.gov/a-z-topics/oral-health
-  North Dakota Oral Health Program
oral.health.nd.gov/stay-healthy/
-  North Dakota Dental Association
smilenorthdakota.org/for-the-public/ada-mouth-healthy

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REFERENCES

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- (2) AMERICAN DENTAL ASSOCIATION IS IT SAFE TO GO TO THE DENTIST DURING PREGNANCY? AVAILABLE AT: [HTTP://WWW.MOUTHHEALTHY.ORG/EN/PREGNANCY/CONCERNS](http://www.mouthhealthy.org/en/pregnancy/concerns)
- (3) TABER, LEYVA, PERSOSKIE (2014). WHY DO PEOPLE AVOID MEDICAL CARE? A QUALITATIVE STUDY USING NATIONAL DATA. NATIONAL CANCER INSTITUTE, NATIONAL INSTITUTES OF HEALTH, MD, USA