

## Pregnancy and Oral Health

Oral health is important for both pregnant women and their infants. Maintaining good oral health during pregnancy is a critical part of prenatal care. Studies show poor oral health during pregnancy is associated with negative health outcomes for women and infants.<sup>[1]</sup> During pregnancy women are at higher risk of periodontal disease, an estimated 60-75% of pregnant women have gingivitis – a form of periodontal disease.<sup>[2]</sup> Periodontal disease may be associated with adverse birth outcomes, such as preterm birth and low birth weight.<sup>[1,2]</sup>

Research indicates a mother’s oral health status is a strong predictor of her children’s oral health status. Women who have a lot of cavity-causing bacteria during pregnancy and after delivery could transmit these harmful bacteria from their mouth to the mouth of their baby.<sup>[1]</sup> Children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.<sup>[1]</sup> Dental care is safe during pregnancy; pregnant women are encouraged to practice good daily oral hygiene and discuss any concerns with their dentist.<sup>[3]</sup>

### Routine Dental Care

35% of Georgia women had their **teeth cleaned** by a dentist or dental hygienist **before their last pregnancy**



36% of Georgia women had their **teeth cleaned** by a dentist or dental hygienist **during their pregnancy**



76% of Georgia women had **insurance to cover dental care** during their pregnancy



### Oral Health Problems

18% of Georgia women **needed to see a dentist for a problem** during their most recent **pregnancy**



63% of the women who needed care for a problem **saw a dentist or dental clinic about a problem** during pregnancy

### Oral Health Beliefs & Education

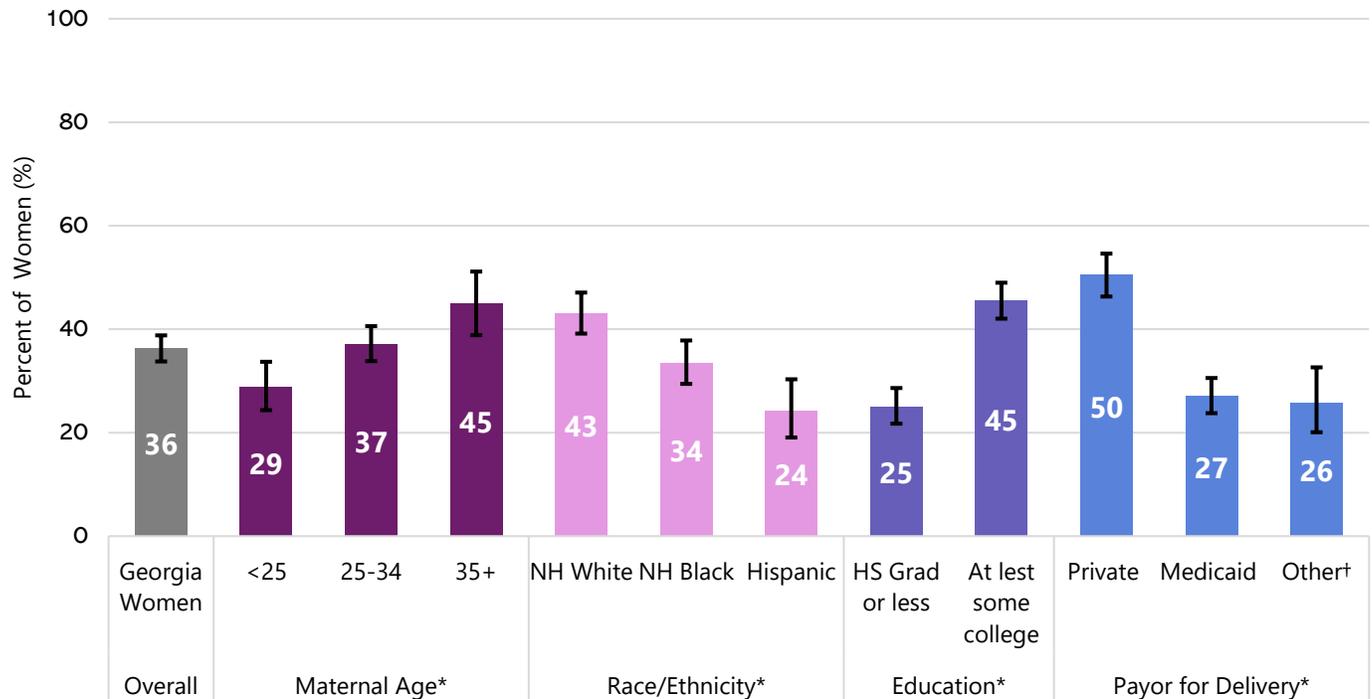


87% of Georgia women knew it was important to **care for teeth and gums** during pregnancy,



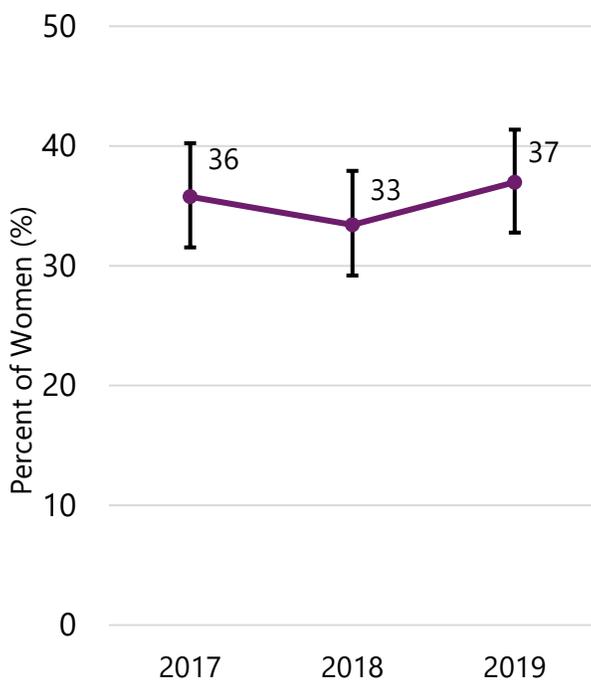
52% of Georgia women were told by a health care worker **how to care for their teeth and gums** during pregnancy

**Figure 1.** The percent of women<sup>^</sup> who reported having their teeth cleaned during pregnancy, Georgia PRAMS, 2017-2019



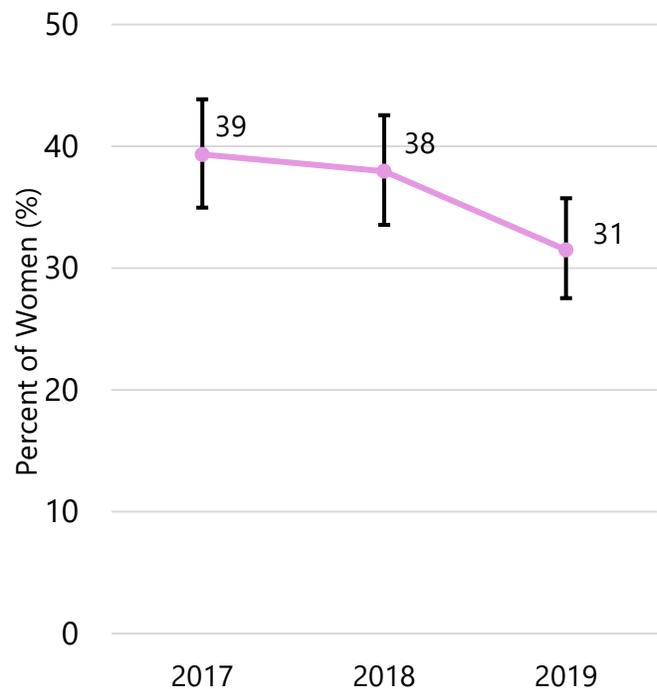
Notes: Percents are weighted. NH: Non-Hispanic; HS: High School. <sup>^</sup>Results are among women with a recent live birth in Georgia. \*P-value < 0.05; †Other category for payment for delivery includes self-pay, CHAMPUS/TRICARE, other government insurance, and "other" categories.

**Figure 2a:** The percent of women<sup>^</sup> who reported having their teeth cleaned **before** pregnancy, Georgia PRAMS, 2017-2019



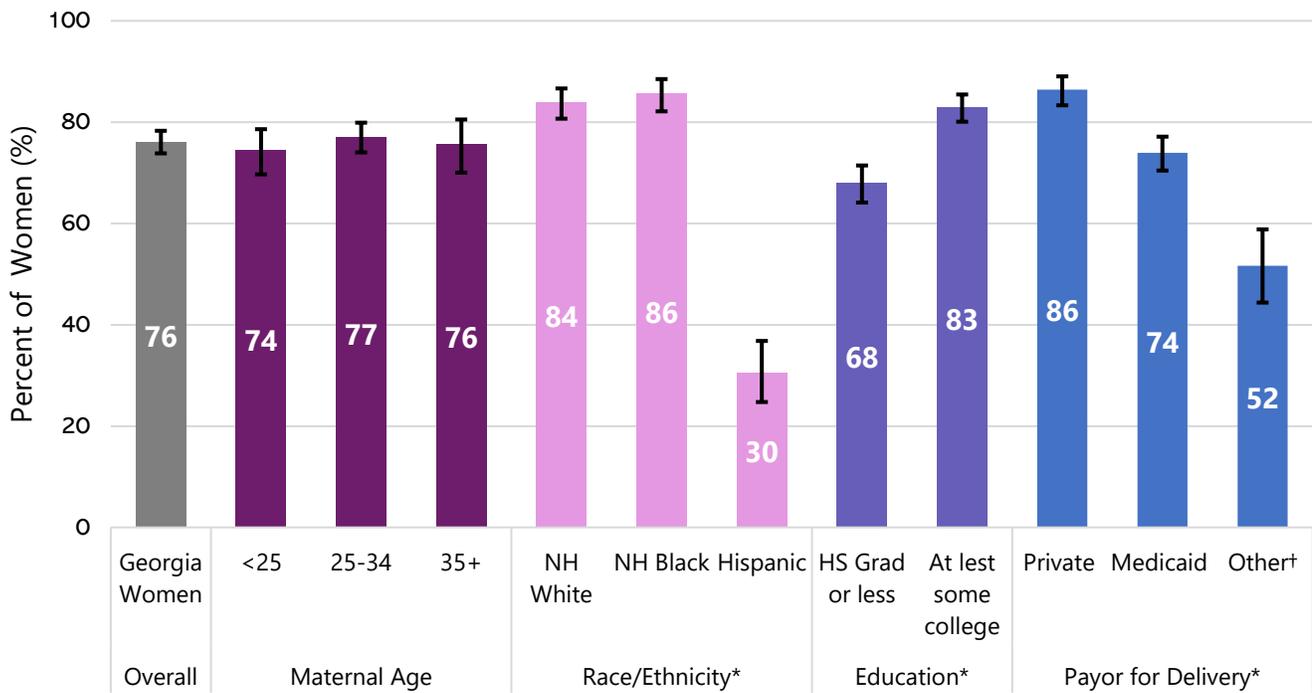
Note: <sup>^</sup>Results are among women with a recent live birth in Georgia. Yearly trend for teeth cleaning before pregnancy is not statistically significant, p= 0.705.

**Figure 2b:** The percent of women<sup>^</sup> who reported having their teeth cleaned **during** pregnancy\*, Georgia PRAMS, 2017-2019



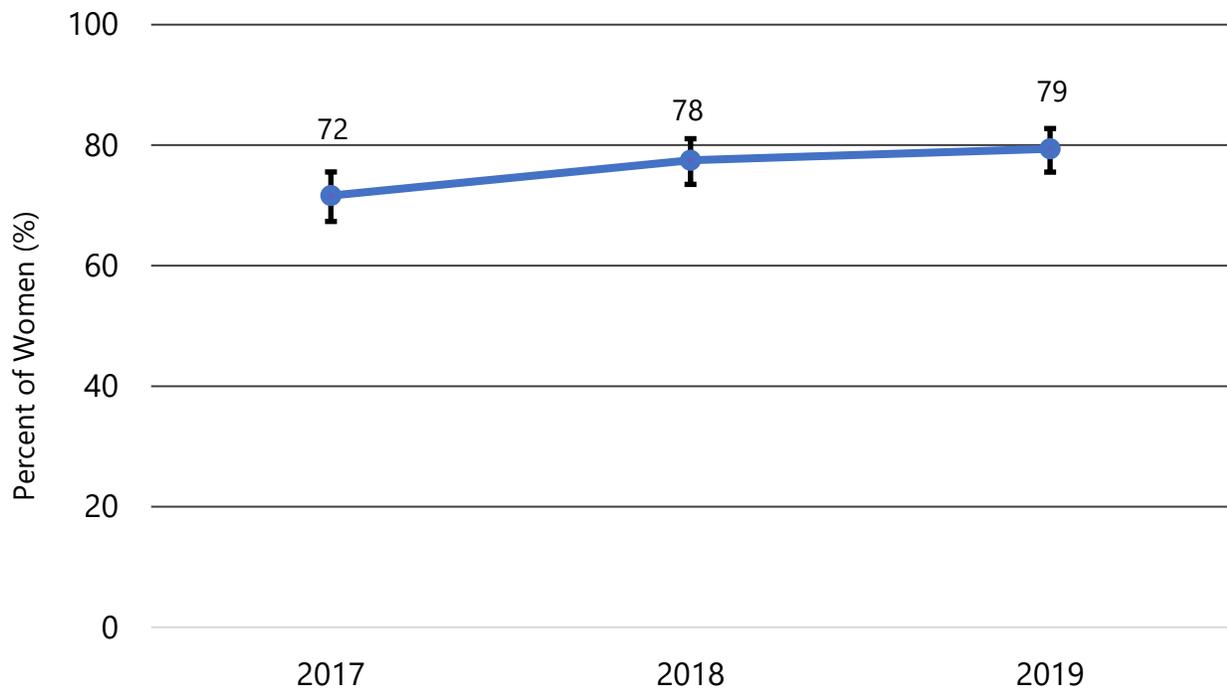
Note: <sup>^</sup>Results are among women with a recent live birth in Georgia. \*Yearly trend for teeth cleaning during pregnancy is statistically significant, p= 0.0117

**Figure 3.** The percent of women<sup>^</sup> who reported having dental insurance during pregnancy, Georgia PRAMS, 2017-2019



Notes: Percents are weighted. NH: Non-Hispanic; HS: High School. <sup>^</sup>Results are among women with a recent live birth in Georgia. \*P-value < 0.05; †Other category for payment for delivery includes self-pay, CHAMPUS/TRICARE, other government insurance, and "other" categories.

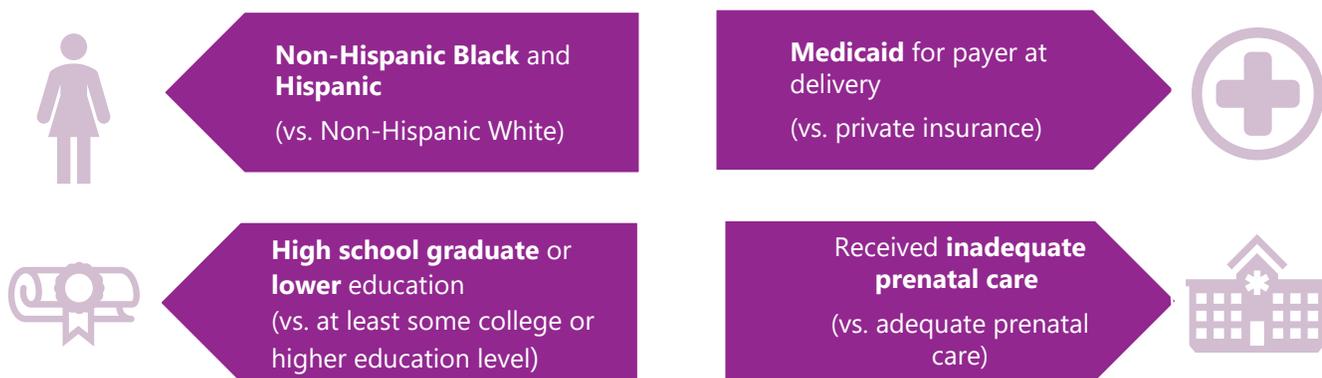
**Figure 4:** The percent of women<sup>^</sup> who reported having dental insurance during pregnancy\*, Georgia PRAMS, 2017-2019



Notes: <sup>^</sup>Results are among women with a recent live birth in Georgia. \*Yearly trend is statistically significant, p= 0.0057

## Disparities in Beliefs About Oral Health

Significantly **fewer** women with certain characteristics **knew it was important to care for teeth and gums during pregnancy**:



## Take Action: Recommendations and Resources

### MOTHERS CAN:

Perform oral health maintenance:

- Brush twice a day with fluoridated toothpaste, floss once daily, and limit sugary food and drinks
- Visit the dentist twice a year
- Stop use any use of tobacco products and recreational drugs and avoid secondhand smoke
- Drink fluoridated tap water
- Take your child to the dentist by their first birthday or within six months after their first tooth erupts

### HEALTH CARE PROVIDERS CAN:

- Conduct an oral health assessment during the first prenatal visit
- Review medical and dietary histories, including use of tobacco, alcohol, and recreational drugs
- Be aware of patients' health coverage for dental services during pregnancy to make referrals to the appropriate dental provider
- Counsel women to follow oral health professional's recommendations for achieving and maintaining optimal oral health

## RESOURCES

To find resources for oral health and pregnancy, visit:

<https://www.mchoralhealth.org/>

<https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>

<https://www.resourcehouse.com/hmhb/>

### References:

1. <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>
2. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>
3. <https://dph.georgia.gov/oralhealthprogramga>

**Data Source & Notes:** Georgia Pregnancy Risk Assessment Monitoring System (PRAMS); all percentages are weighted and represent women with a recent live birth in Georgia.

For more information on the Georgia PRAMS Project, please visit <https://dph.georgia.gov/PRAMS>