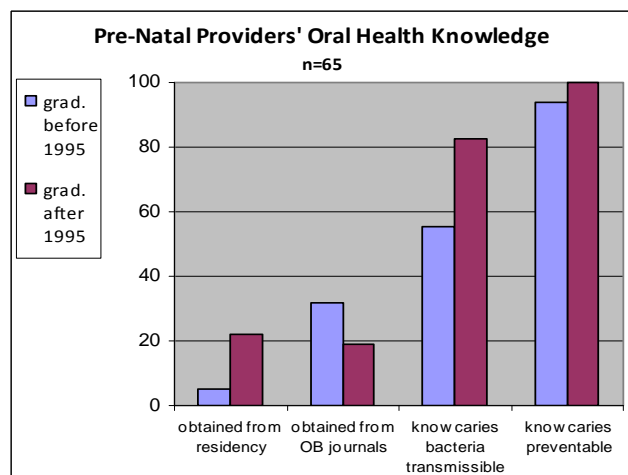
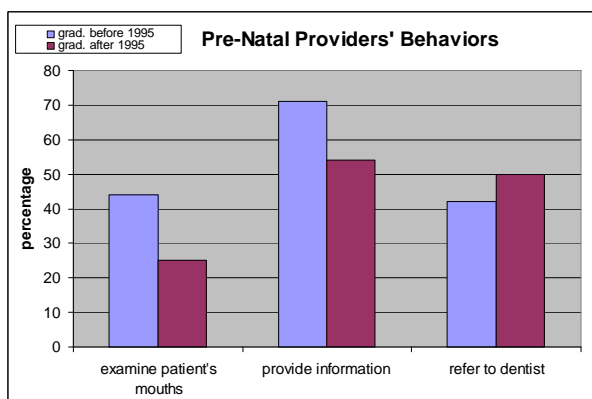


Pre-Natal Providers' Oral Health Knowledge Doesn't Equal Behavior

Although more recently graduating prenatal providers (ob/gyn physicians and certified nurse midwives) are likely to be more knowledgeable and feel more qualified to *recognize* oral health (OH) problems, they are no more likely than more seasoned practitioners to *act* on that knowledge. Prenatal providers should ask patients if they have been seen by a dentist since becoming pregnant and refer them to a dentist if they do not already have a dental home. They also should know how to recognize the presence of oral disease, and ensure patients receive treatment immediately if urgent needs are noted.

Background

Research has linked poor oral health during pregnancy to preterm deliveries, low birth weight and preeclampsia. Additionally, mothers with high levels of the bacteria that cause cavities (most likely resulting from poor oral hygiene practices and/or untreated decay) are at greater risk for infecting their children with the bacteria and increasing the children's risk for developing early childhood caries (ECC). Many women, as well as providers, are unaware that the bacteria that cause caries are an infectious disease, typically transferred from mother to child. Timely delivery of educational information and preventive therapies to these parents can help prevent ECC in their children. Prevention of ECC is important because treatment is expensive; cavities left untreated can result in abscess and systemic infection and disease; and early tooth loss can affect eruption and spacing of permanent teeth. Educational and referral interventions can be provided by physicians, nurses and other healthcare professionals who see expectant and new mothers and their infants.



Research

In a study funded by Rady Children's Anderson Center for Dental Care*, UCLA pediatric dental resident Dr. Deepa Naik surveyed providers to compare the behaviors, attitudes and knowledge of recent graduates (post-1995) vs. earlier graduates (pre-1995) of ob/gyn and nurse-midwifery programs regarding oral health as part of prenatal care. Surveys were mailed to 350 ob/gyns and certified nurse midwives in San Diego and Riverside Counties; 111 were returned, of which 65 were usable. Responses are shown on the graphs.

Conclusion

Recent ob/gyn and certified nurse midwife graduates receive more training in oral healthcare during residency, are more knowledgeable about and feel more qualified to recognize oral health problems in pregnant women than do earlier graduates. However, knowledge has not translated into differences in behavior and attitudes, such as examining patients' mouths, asking questions about oral health and/or referring patients for dental treatment. Barriers include lack of time and reimbursement.

It is vital that practitioners treating pregnant women not only recognize the importance of patients' oral health to the health of their baby, but also act on that knowledge. Further study is needed to determine how best to incorporate these behaviors into daily practice.

*Role of prenatal provider in addressing oral health, Naik D, Kritz-Silverstein D. , UCLA, UCSD