

Pregnancy and Oral Health: CTDHP Efforts – Past, Present, and Future

MAPOC Women & Children's Health Committee

3.10.25

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CT Dental Health Partnership – HUSKY Dental

- Dental Benefits for Adults and Children
- 7th in Country for Children's Preventive Utilization
- 23 Average Days to Next Available Appointment

BeneCare Dental Plans is the contracted ASO to administer the Connecticut Dental Health Partnership:

- Local bi-lingual call center - Speed to Answer under 30 secs.
- Community Engagement Specialists - Over 2,000 Actions
- Oral Health Navigation - Avg. LOS 90 Days
- Provider Education, Recruitment, Retention - 30+ Visits a Month
- Oral Health Equity Officer - CLAS/ADA Compliance
- Direct to Member Engagement - ~500k contact annually
- Medical Dental Integration - Nationally Recognized Model



Policy Statements on Oral Health Care During Pregnancy

Oral Health Care During Pregnancy: A National Consensus Statement

Pregnancy is a unique period during a woman's life and is characterized by complex physiological changes, which may adversely affect oral health. At the same time, oral health is key to overall health and well-being. Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health.

American College of Obstetricians and Gynecologists

Regular dental care is a key component to good oral and general health. Despite the lack of evidence that prenatal oral health care improves pregnancy outcomes, ample evidence shows that oral health care during pregnancy is safe and should be recommended to improve the oral and general health of the woman. Improved oral health of the woman may decrease transmission of potentially cariogenic bacteria to infants and reduce children's future risk of caries. For many women, obstetrician–gynecologists are the most frequently accessed health care professional, which creates a unique opportunity to educate women throughout their lifespan, including during pregnancy, about the importance of dental care and good oral hygiene.

Association of State and Territorial Dental Directors

The Association of State and Territorial Dental Directors fully supports and endorses a strategic framework for promoting best practices for state and community oral health programs to optimize the oral health of pregnant women, new mothers, and their infants. State and territorial oral health programs and their partners should address the following seven essential public health services for improving perinatal oral health: 1) monitor perinatal oral health status; 2) educate and engage women of reproductive age, prenatal health professionals and community providers; 3) promote partnerships; 4) develop policies and plans; 5) promote quality care; 6) ensure a competent and adequate workforce; and 7) support, conduct and promote research

American Dental Association

The ADA urge all pregnant persons and persons of child-bearing age to have a regular dental examination. the ADA acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and child.

American Academy of Pediatric Dentistry

The American Academy of Pediatric Dentistry (AAPD) recognizes that perinatal oral health, along with infant oral health, is one of the foundations upon which preventive education and dental care must be built to enhance the opportunity for a child to have a lifetime free from preventable oral disease. Aware that dentists, physicians, allied health professionals, and community organizations must be involved as partners to achieve this goal, the AAPD proposes recommendations for perinatal oral health care, including caries risk assessment, anticipatory guidance, preventive strategies, and appropriate therapeutic interventions, to be followed by the stakeholders in perinatal and pediatric oral health.



Common Oral Health Problems in Pregnancy

- **Gingivitis:** Inflammation of gum tissue. Gingivitis is aggravated by fluctuation in estrogen and progesterone.
- **Tooth Enamel Erosion:** Oral cavity exposed to gastric acid that can erode dental enamel, particularly with 'morning sickness'.
- **Loose Teeth:** Temporary due to changes in increased levels of progesterone and estrogen affecting the ligaments and bone that support teeth (periodontium).
- **Pregnancy Oral Tumor:** Occurs in up to 5% of pregnancy lesion located at the gum line. Typically recede after delivery.
- **Caries (Cavities):** Pregnant Women/Birthing persons are at higher risk of tooth decay due to increased acidity in oral cavity, sugary dietary cravings, and likely limited attention to oral health.
- **Periodontitis/Gum Disease:** Destructive inflammation of periodontium, with bacterial infiltration. Toxins produced by the bacteria stimulate a chronic inflammatory response creating pockets that become infected.

Resource/Citation: [American Family Physician - Oral Health During Pregnancy](#)



Figure 3. Gingivitis.



Figure 4. Moderately severe periodontitis.

Oral Health and Pregnancy Associations & Interventions

Periodontitis May Contribute to Preterm Birth, Low Birth Weight

- Elevated levels of inflammatory markers have been found in the amniotic fluid of birthing persons and preterm birth compared to health control patients.

Caries Risk – Transmitting Bacteria to Infants in late pregnancy or post-partum period.

- Caries is transmittable. Passing streptococci mutans, the bacteria responsible for causing caries can be transmitted via saliva contact.
- One in four women of childbearing age have untreated cavities.
- Some evidence suggests babies born by caesarean delivery are more likely to have early acquisition of S. Mutans due to decreased exposure to maternal microorganisms during birth.
- Children of mothers who have high caries levels are more likely to get caries.

Recommended Interventions

- Dental treatment for management of disease and restoration of function can be provided throughout pregnancy. **Dental treatment should not be delayed particularly for infection.**
- Pharmacological treatment of oral pain and infection is **important**. There are considerations the dentists should deploy.
- **X-Ray imaging of the mouth is not contraindicated in pregnancy.** Use of lead shielding including apron and thyroid collar is recommended.
- **Homecare Routine** should include brushing twice a day and flossing daily.
- If **morning sickness**, rinse mouth with 1 tsp. of baking soda in a glass of water after sickness.
- **Xylitol gum and chlorhexidine rinse may lower maternal oral bacteria load** to reduce transmission to infants.

Resource: [American Dental Association](#)

Resource: [National Maternal and Child Oral Health Resource Center](#)

Resource: [American Academy of Pediatrics](#)

Barriers to Care

Lack of Knowledge and Integration Persists Among Providers

- Lack of knowledge on updated guidance that dental treatment is safe and recommended persists by dental providers.
- Lack of training on oral health within OB/GYN residency results in hesitancy to discuss with patients.
- Lack of knowledge by ancillary healthcare providers regarding oral health in general.
- Lack of integrated screening and anticipatory guidance within clinical decision support rules and EHRs.

Access and Appointment Availability

- % of adult practices not accepting HUSKY is increasing. (up 1% point in 2024 to 30%)
- Adult average wait times are increasing (up 15 days from 2017 to 23 days in 2024)
- Adult benefit and reimbursement cliff. (Adult rates have been lower than children's since inception of CHIP Program)

Unfavorable Beliefs Lead to Avoidance

- ***Dental Treatment is unsafe during pregnancy***
 - Tooth extraction causes miscarriage
 - Xray's cause miscarriage
 - Medication prescribed by dentists can be harmful
 - Dental treatment exposes harmful bacteria to fetus
 - Dental treatment should only be used in case of emergency
- ***Dental Problems are "normal" and therefore dental visits are not necessary***
 - Tooth loss is normal during pregnancy
 - Painful gums and bleeding gums are normal during pregnancy
 - Poor oral health is normal during pregnancy

Resource: [Awareness of Dental Interns to Treat Pregnant Patients](#)

Resource: [Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research](#)

Resource: [CTDHP Appointment Availability Survey Report 2024](#)

Resource: [Unfavorable beliefs about oral health and safety of dental care during pregnancy: a systematic review](#)

Past CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Perinatal and Infant Oral Health Quality Improvement Project (PIOHQI) HRSA Grant 2011–2018

Aim: Improve the oral health of perinatal women and very young children in HUSKY Health with a performance improvement and collaboration emphasis

- Recruit/train dental offices to provide services to perinatal women
- Provide outreach and education OB/GYNs to educate patients about oral health and make referrals
- Outreach to pediatricians to educate their patients about oral health
- Intensive outreach to targeted community partners to “champion” oral health and make referrals
- Developed methodology to measure dental utilization rates
 - PRAMS data
 - Crosswalk Birth Certificates to Dental Utilization
 - Prescribed Prenatal Vitamins matched with Dental Utilization

Outcomes

- Outreach to over 995 community contacts including 186 OB/GYN and 290 Pediatrician Offices
- 71,991 materials provided
- Increase in dental services for perinatal mothers by 27 Percentage Points



Keeping your Mouth Healthy during Pregnancy is important to the Health of your Baby.

Remember to schedule a dental exam during your pregnancy. Make daily oral hygiene a priority during your pregnancy.

Follow the simple steps on how to brush your teeth properly, printed on

Care for your baby's mouth from the start with the following dental tips:

- Caring for baby's mouth every day is important to prevent cavities.
- Baby teeth get cavities just like adult teeth.
- Cavities are painful and can lead to more serious health problems if not treated early.
- Find your child a dental home by **Age One** and take them two times/year to keep their mouth healthy.

Rx Prenatal Care Provider: _____

Phone: _____

Patient Name: _____

DOB: _____ Estimated Delivery Date: _____

This patient may have routine dental evaluation and care, including but not limited to:

- Oral health examination
- Root canal treatment
- Dental x-ray with abdominal and neck lead shield
- Local anesthetic with epinephrine
- Restoration (amalgam or composite) fillings
- Dental prophylaxis
- Extraction

Known Allergies: _____

Precautions: ☐ None ☐ Specify (If any): _____

Patient may have: (Check all that apply)

- ☐ Acetaminophen with codeine for pain control
- ☐ Alternative pain control medication: (Specify) _____

☐ Penicillin ☐ Amoxicillin

☐ Clindamycin ☐ Cephalosporins

☐ Erythromycin (Not estolate form)

DO NOT HESITATE TO CALL FOR QUESTIONS

Signature: _____ Date: _____

CONNECTICUT DENTAL HEALTH PARTNERSHIP
the dental plan for HUSKY Health

For help in finding a HUSKY Health Dentist call
1-855-CT-DENTAL
Monday-Friday 8:00 AM-5:00 PM

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Child Healthy & Cavity Free

For no candy, junk food or
to bed with a bottle of water
child's teeth when you see their
teeth two times every day: morning
bedtime.

Visit a good experience.

a dentist in your area please call:
CTDHP (855-283-3682)
Monday, 8 am – 5 pm
dial 711 for Relay Connecticut assistance
happy to help you! We will help you locate
transportation and appointment scheduling.

Current CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Standard Work @ CTDHP

- Continuous outreach to OB/GYN offices and Community Partners.
- Pregnancy related dental treatment questions embedded in annual survey.
- Direct to Member Engagement efforts (Phone, Email) to members in the CHNCT Healthy Beginnings Program
- The Access to Baby Care Program fully operational with strategic focus on increasing rates of oral health assessment and fluoride varnish to children up to age 7 at pediatric offices.
- Head Start MOU Process to access enrolled children's dental utilization history
- OEC Family Visiting Program - Assessment and education capacity building
- Oral Health Training Online Training for WIC Staff
- Oral Health Training Academy for Non-Dental Professionals



A flyer for an online course titled "The Social Worker's Role in Oral Health". The flyer is blue and white with a tooth icon. It lists 1.5 CECs (Continuing Education Credits) and is ideal for Connecticut LCSWs, LMSWs, LMFTs, LPCs, and Licensed Psychologists. The course content includes identifying how oral health intersects with social workers' roles, the connection of oral health to systemic medical and behavioral health conditions, and learning about social work tools and resources. It also states "NO FEE" and "1.5 Continuing Education Credits (CECs) eligible." and provides a "Sign Up Today" link. The footer mentions "Brought to you by: The Connecticut Dental Health Partnership" and "ACADEMY.CTDHP.ORG".



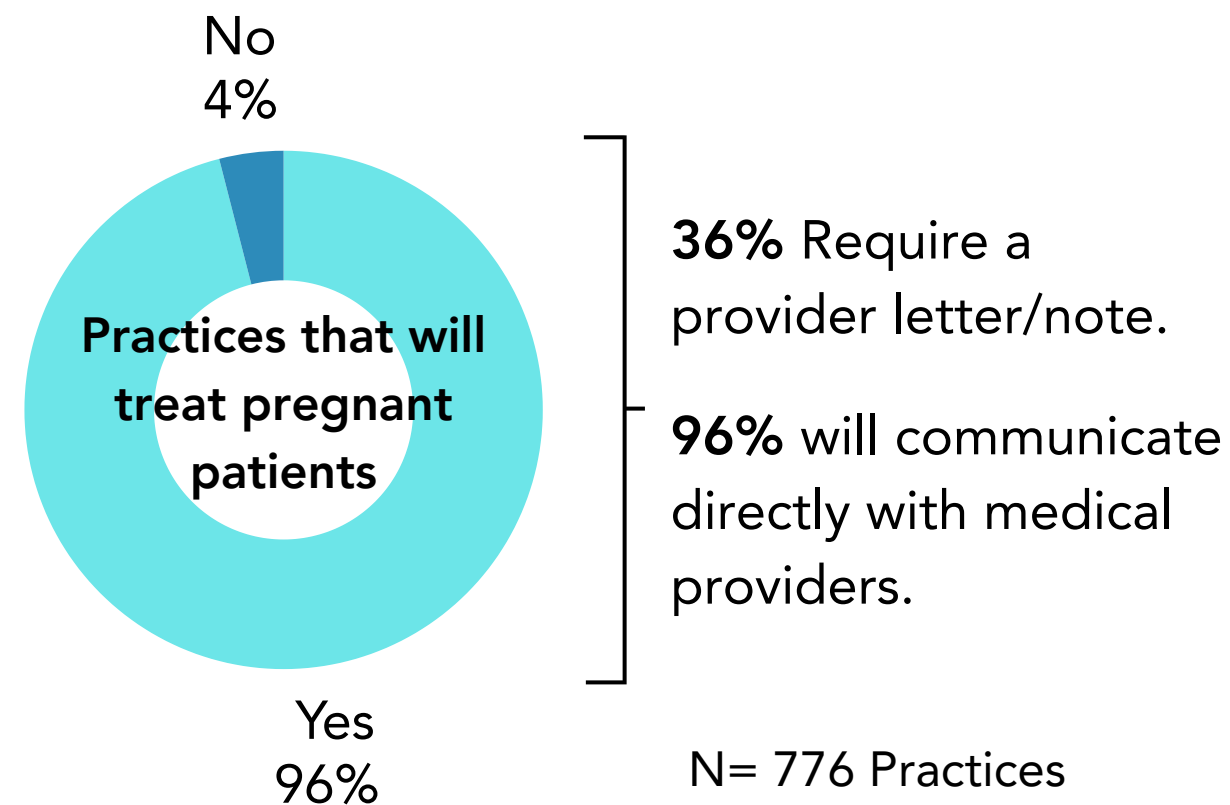
A screenshot of the Connecticut Dental Health Partnership website. The website has a blue and white color scheme. The header includes navigation links: Members, Dental Providers, Community Partners, Medical Partners, Reports / Data, and Dr. Tooth Fairy. The main content area features a large image of a smiling man and woman. Below the image, there is a section titled "Welcome to the Connecticut Dental Health Partnership" and a section titled "Your HUSKY Health Dental Information Source". The date "December 2, 2024" is displayed. The footer includes the text "the information gateway brought to you by the CT Dental Partnership - Your HUSKY Health Dental Plan. This resource is".

Current CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Direct to Member Engagement- Healthy Beginnings Campaign CY 24

Target Members	Reached Members	Dental Utilization @ 120 Days Post Campaign	Preventive Utilization @ 120 Days Post Campaign
9,777	6,381	15.9%	9.4%

2024 Annual Dental Practice Survey Responses

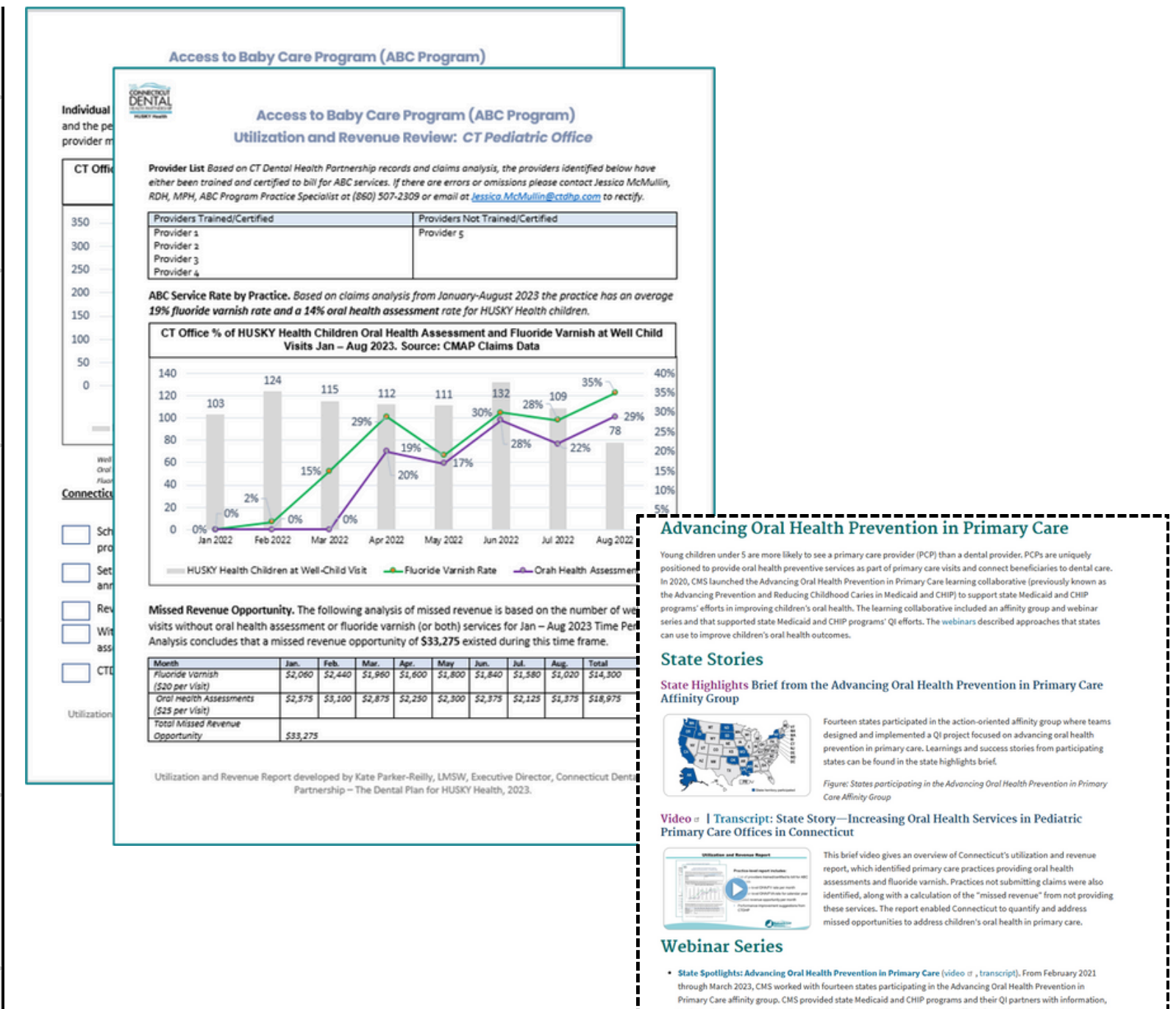
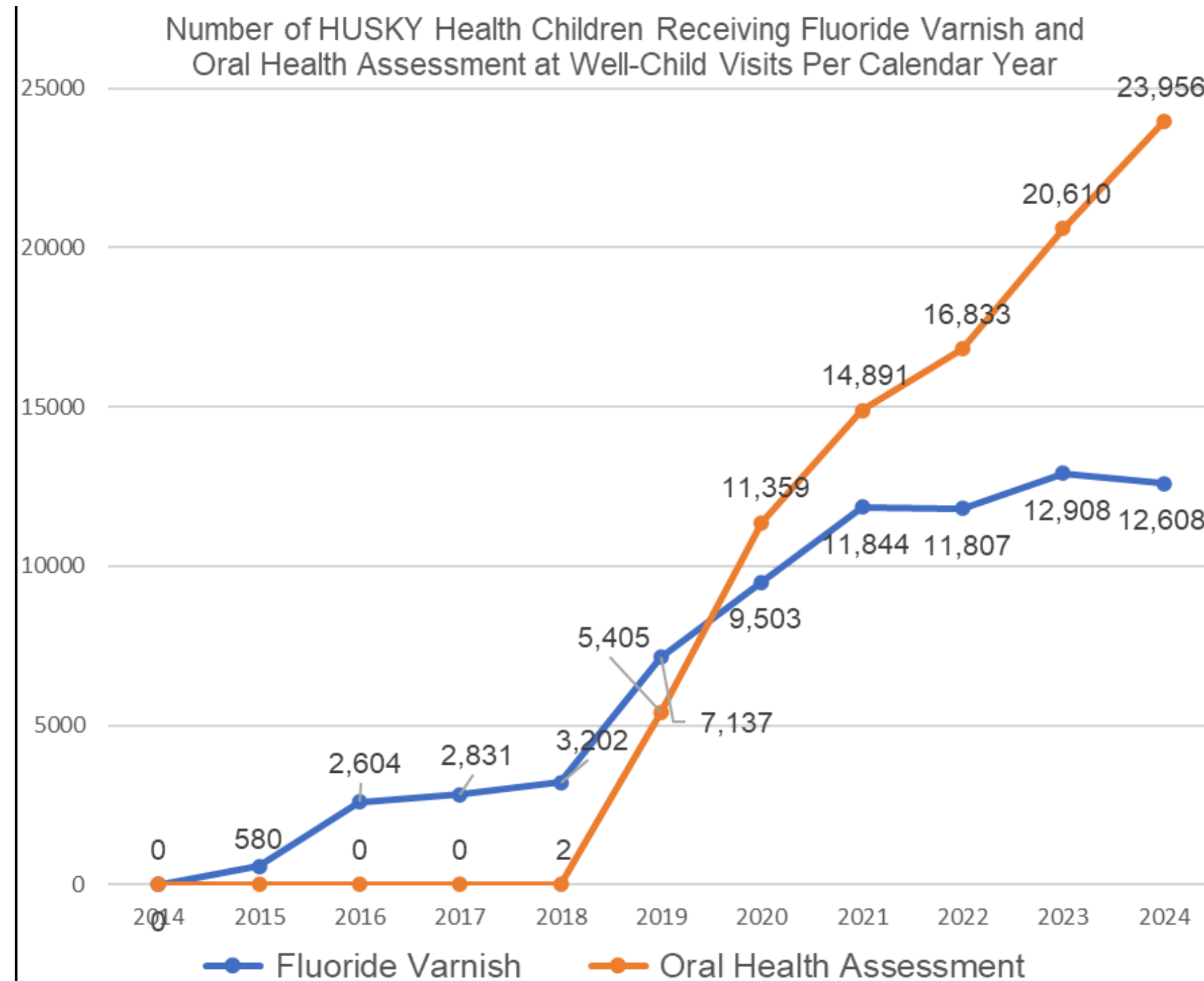


4 Year Average Community Engagement Activities (2020-2024)

62 OB/GYN Practices per Year
420 Pediatric Practices per Year
84 WIC Offices per Year
144 Head Start Programs per Year

Current CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Access to Baby Care Program – CMS Affinity Group QI/PI Work 2021-2023



<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources/index.html>

Current CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Maternal and Child Health – Improving Oral Health Integration (MCH-OHI) HRSA Grant 2024–2028

Aim: Improving oral health outcomes for children aged 6mo to 5 years with emphasis on from low-income households and racially/ethnically minoritized communities.

- Identify and apply policy practice improvement tools that enable access to and use of preventive oral health care for key population.
- Improve oral health literacy among CT's FQHCs and safety net providers.
- Conduct SDOH related surveillance and evaluation of preventive oral health services for key population.
- Demonstrate and test preventive oral health services introduced during well-child visits for the key population who has not had dental care in the last 6-months.

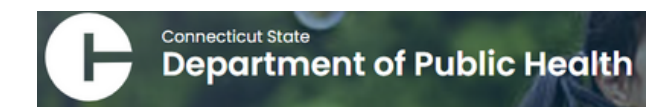
Early Efforts

- Environmental scan completed of CT's policy and practice environment.
- Surveys and focus groups to assess oral health knowledge gaps among clinical and non-clinical staff and caregivers.
- Analysis completed of National Survey of Children's Health data showing associations between SDOH and dental care use among young children and Medicaid.
- Kicking off pilot at CHC Inc. New Britain's Site for dental visits for kids at well child visits March 2025.

Lead Agency



Alliance Members

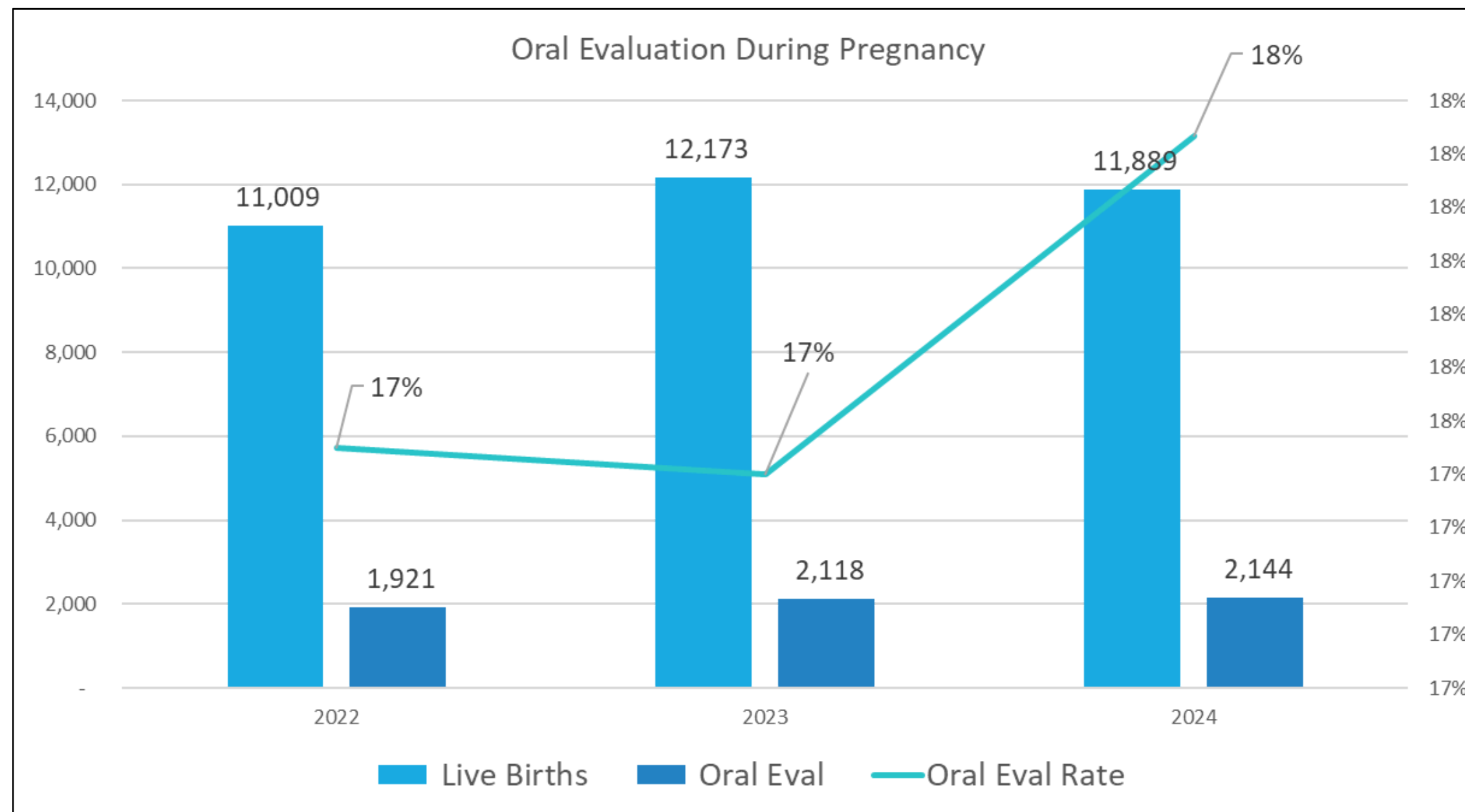


Future CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

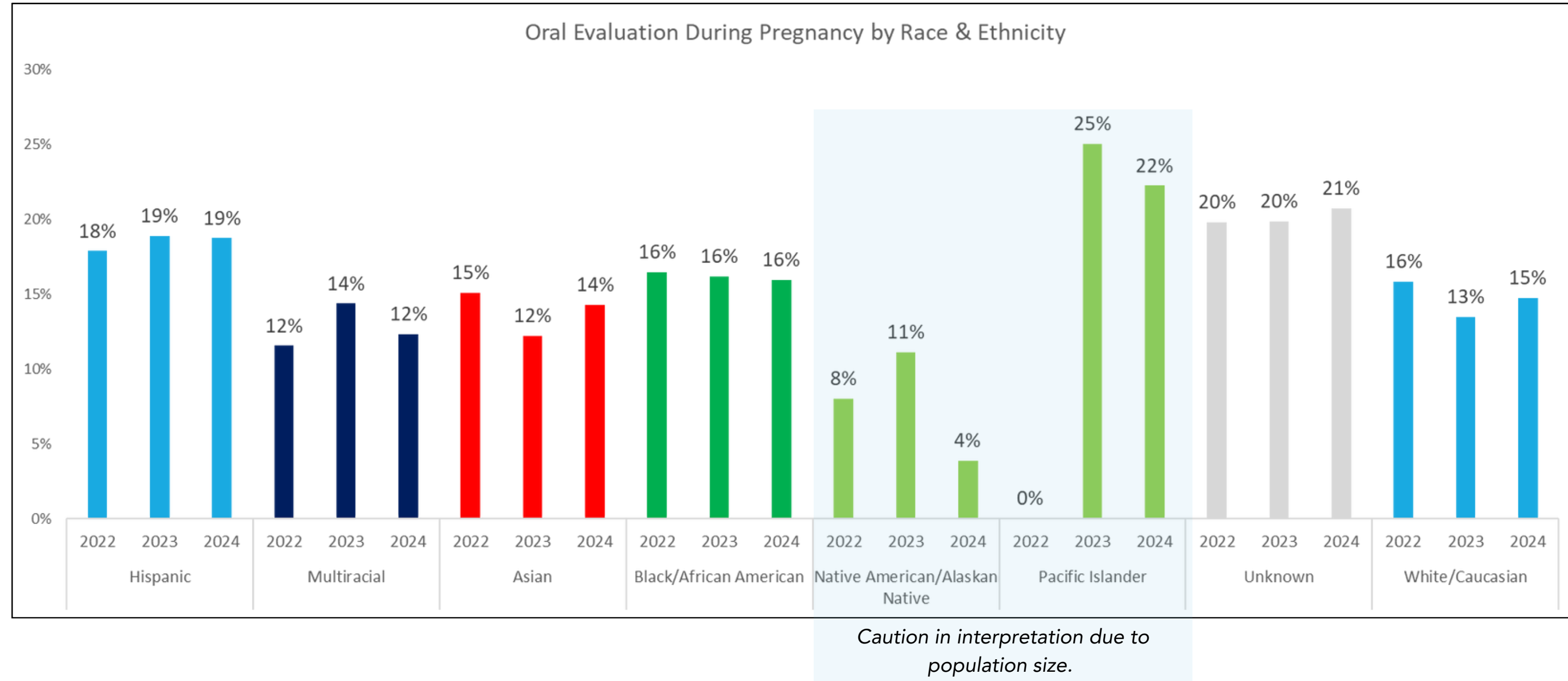
NEW! Centers for Medicare and Medicaid Services (CMS) added x3 measures to the Oral Health Core Measure Set FFY2025.

Oral Evaluation During Pregnancy (OVEP-CH/AD) for Children and Adults

Data Definition: Percentage of enrolled persons aged 15-44 with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy.



Future CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes



Questions to explore through data

- Can we Identify through claims data OB/GYN practice level data for targeting outreach by volume, by race and ethnicity utilization rates?
- Will further analyzing the data inclusive of language, geography help us target interventions?
- Where does CT rank among other states in the measure? What states are better and what if anything can we learn from them?

Future CTDHP and Community Partner Efforts to Improve Maternal Oral Health Outcomes

Aspirational Strategies and Tactics

- **Harness and “free” the data to better inform providers, members, and community partners**
 - CONNIE - Dental Provider identified as part of care team. Last dental visit of patient.
 - OB/GYN Score Card - Identify % of dental utilization among patient panels
 - Statewide MOU/Data Sharing with Head Start Program for universal access to CTDHP Community Partner Tools including dental utilization history.
 - Data sharing with OEC and other agencies to illuminate utilization rates to populations being served for further assessment and education.
- **Strengthen opportunities for oral health literacy and “myth” busting.**
 - Oral Health Navigation to risk stratified populations.
 - Deeper and more targeted community engagement.
 - June 2025 - Community Health Worker Oral Health Training with emphasis on oral health across the lifespan including pregnancy.
- **There is no comprehensive or integrated care model without oral health.**
 - Oral health is not an afterthought to care model design but a stakeholder in the conversation. This requires oral health capacity building.

CTDHP Resources for Professionals Who Work with HUSKY Health Members

1. Oral Health Training Academy of CT: <https://academy.ctdhp.org/>

- Build Oral Health Champions in the non-dental setting.
- Increase knowledge, skills, abilities to promote and empower oral health literacy.
- Develop an understanding of the value and opportunity to integrate oral health within the work.

2. Community Partner Tool Kit: <https://ctdhp.org/your-online-cp-toolkit/>

- Dental Utilization Dashboard
- Request training and materials
- Oral Health Navigation Referral Portal

3. CTDHP Published Reports: <https://ctdhp.org/reports/>

- Oral Health Equity Report
- Appointment Availability
- Member Survey Report
- Medical Dental Integration Report

4. Dr. Toothfairy: <https://ctdhp.org/dr-tooth-fairy-2-2/>

- Children's Videos in English and Spanish
- Dr. Toothfairy recordings in English, Spanish, Portuguese, Polish, Arabic
- CPTV Kids Ads January- February and again in June