

# Prenatal Oral Health Care Trends, Florida, 2009-2015



## Introduction

The Florida Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing surveillance system designed to collect data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS data enhance our understanding of pre- and postpartum maternal experiences and are used for planning, guiding, and evaluating maternal and child health programs in Florida.

Data collection for Florida PRAMS is the result of joint efforts between the Centers for Disease Control and Prevention (CDC), Florida Department of Health (DOH) Public Health Research Unit, and DOH Bureau of Vital Statistics. English or Spanish surveys are mailed to new mothers two to five months after giving birth. If there is no response to multiple mailed surveys, mothers are contacted by telephone. Each month during the seven-year time period covered in this report (2009-2015), approximately 250 new mothers who had recently given birth to a live-born infant were randomly selected from Florida birth records to participate in Florida PRAMS. The response rates spanning these seven years of data collection averaged 54.5%.

Florida PRAMS sampling strata shifted across the 2009-2015 time period. From 2009-2013, random samples were drawn from four strata based on the mother's race and the infant's birth weight: 1) white mothers who had a low birth weight newborn infant, 2) non-white mothers who had a low birth weight newborn infant, 3) white mothers who had a normal birth weight newborn infant, and 4) non-white mothers who had a normal birth weight newborn infant. Beginning in 2014, the sampling frame was changed to draw random samples from three strata: 1) black mothers who had a normal birth weight newborn, 2) non-black mothers who had a normal birth weight newborn, and 3) mothers who had a low birth weight newborn.

Following data collection, PRAMS survey data are statistically weighted to be representative of the entire state population of pregnancies that resulted in a live birth. For more information on Florida PRAMS, please visit [floridaprams.org](http://floridaprams.org).

## Background

Regular dental care is important for overall health and should be maintained during pregnancy. The physiologic changes that occur during pregnancy may result in noticeable changes including gingivitis, benign oral gingival lesions, tooth mobility, tooth erosion, dental caries, and periodontitis.<sup>1</sup> It is important to educate pregnant women about these changes and to encourage good oral health habits. Additionally, research has shown an association between periodontal infection and preterm birth. The American Academy of Pediatrics (AAP) recognizes that a healthy mouth for a mother leads to a healthy start for baby. Children are more than three times as likely to have tooth decay if their mothers have high levels of untreated tooth decay.<sup>2</sup> Pregnancy can be an opportune time to provide oral health education since women are motivated to adopt healthy behaviors and nationally many women obtain dental care coverage during pregnancy through the Medicaid insurance program.

## Analysis

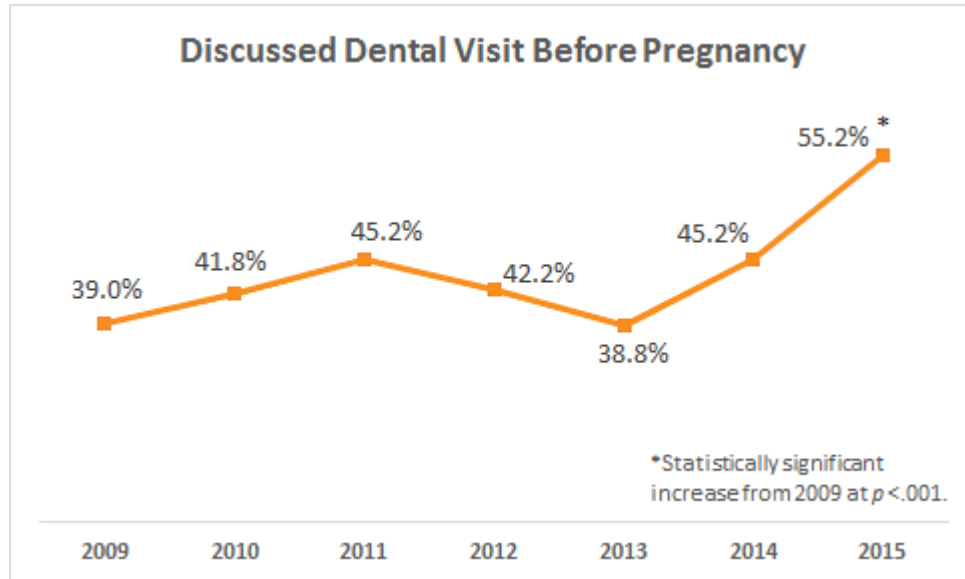
This report presents trends in oral health care before and during pregnancy collected by Florida PRAMS for years 2009-2015. Due to variation in survey questions asked during this period, not all indicators are available across all years. Phase 7 data (2012-2015) include all eight oral health indicators, while 2009 and 2010 only include two indicators: discussing a dental visit with a healthcare professional and received professional teeth cleaning before pregnancy. The resulting population-based surveillance data can be used to inform prenatal oral health programs in Florida.

# Prenatal Oral Health Care Trends, Florida, 2009-2015

## Findings

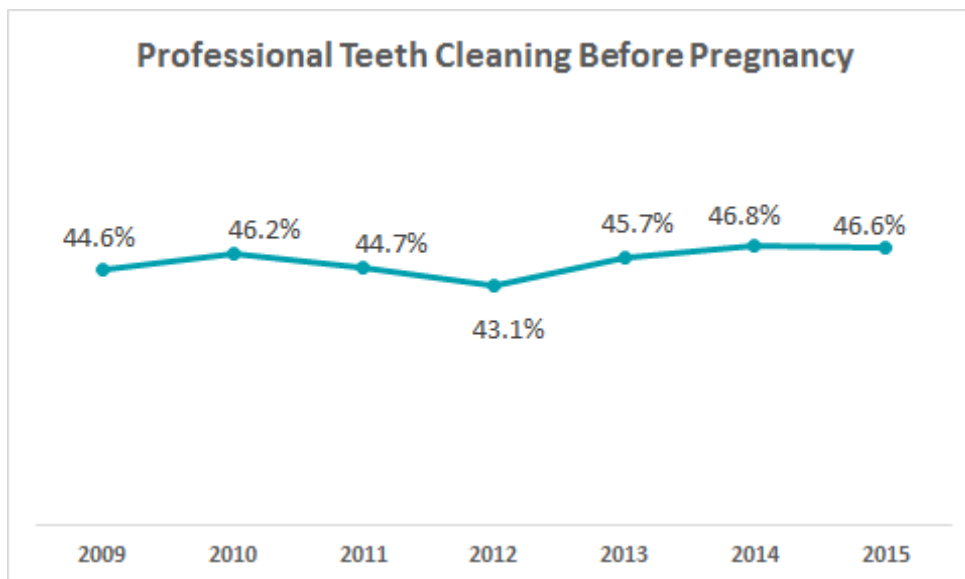
### Trends in Discussion of Dental Visit by Healthcare Professional Before Pregnancy, 2009-2015

From 2009 to 2015, the prevalence of new mothers in Florida who had a doctor, nurse, or other healthcare professional talk with them about visiting a dentist or dental hygienist before pregnancy significantly increased by 41.5%, from 39.0% in 2009 to 55.2% in 2015.



### Trends in Receiving Professional Teeth Cleaning Before Pregnancy, 2009-2015

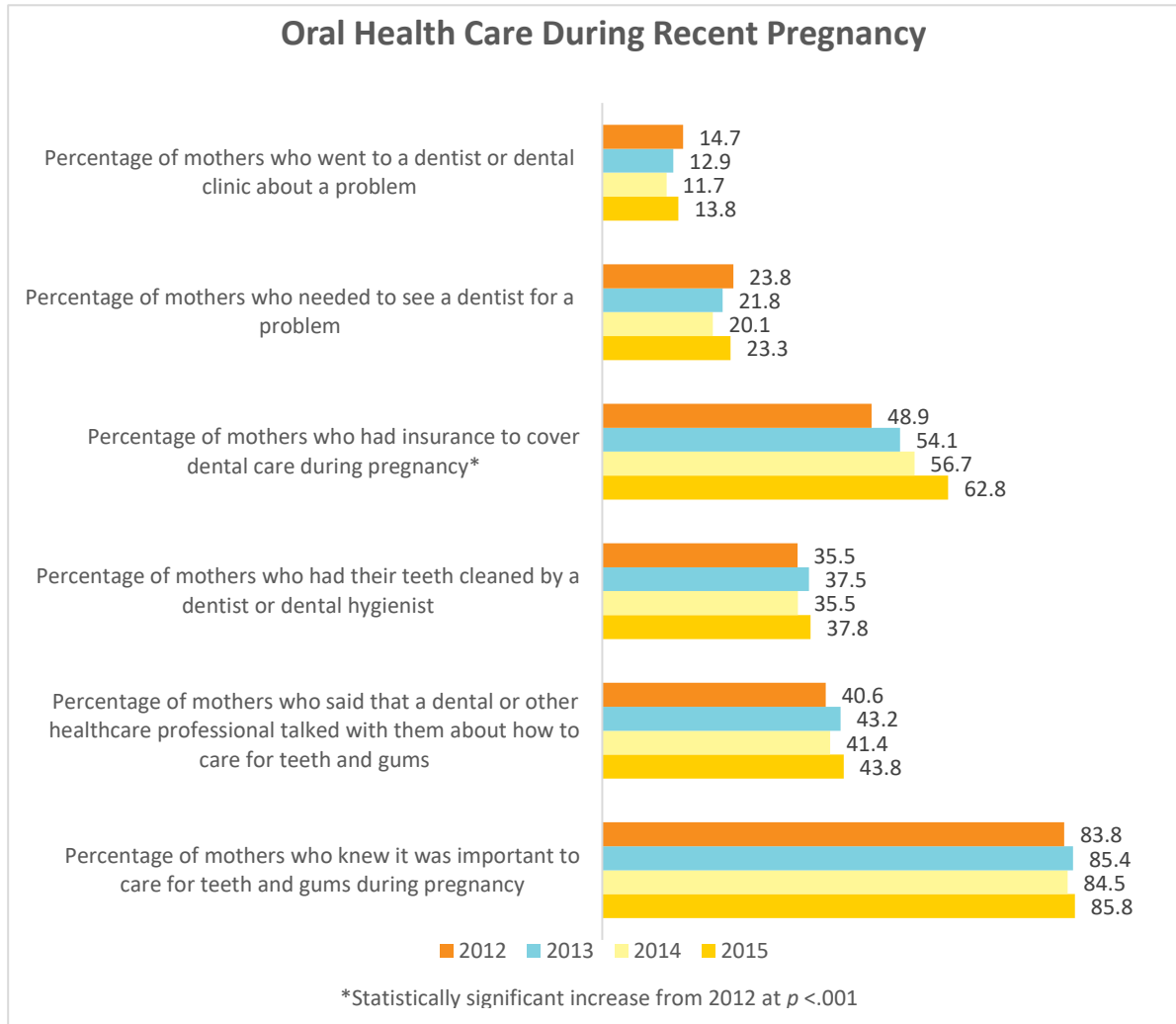
From 2009 to 2015, the prevalence of new mothers in Florida who had their teeth cleaned by a dentist or dental hygienist in the 12 months prior to becoming pregnant increased from 44.6% to 46.6%, but this increase was not statistically significant.



# Prenatal Oral Health Care Trends, Florida, 2009-2015

## Trends in Oral Health Care During Most Recent Pregnancy, 2012-2015

From 2012 to 2015, the percentage of mothers who had insurance to cover dental care during pregnancy significantly increased by 28.4%, from 48.9% in 2012 to 62.8% in 2015. The other oral health care indicators remained fairly consistent over this time period, with no statistically significant changes in the percentage of mothers who went to a dentist or a clinic about a problem; needed to see a dentist for a problem; had their teeth cleaned by a dentist or dental hygienist; said that a dental or other healthcare professional talked with them about how to care for teeth and gums; and knew it was important to care for teeth and gums during pregnancy.



## References

- American College of Obstetricians and Gynecologists (ACOG). 2013. Oral health care during pregnancy and through the lifespan. Committee Opinion No. 569. *Journal of Obstetrics and Gynecology*. 122(2):417-22.
- American Academy of Pediatrics (AAP). 2017. Dental Care During Pregnancy is Safe and Important. Retrieved from: [https://www.aap.org/enus/Documents/Dental\\_Care\\_During\\_Pregnancy.pdf](https://www.aap.org/enus/Documents/Dental_Care_During_Pregnancy.pdf)