



Welcome

Health Status of Women & Girls

Breakout Session

November 7, 2013

Facilitator-Presenter: Quess Derman

Presenter: Jodie Condon

Recorder: Susan Deming

Infant Mortality Reduction Plan Update

Perinatal Oral Health Program

Christine Farrell, RDH, BSDH, MPA

Oral Health Director

Jodie Condon, RDH, BSDH, MS

Perinatal Oral Health Coordinator

Perinatal Oral Health Program

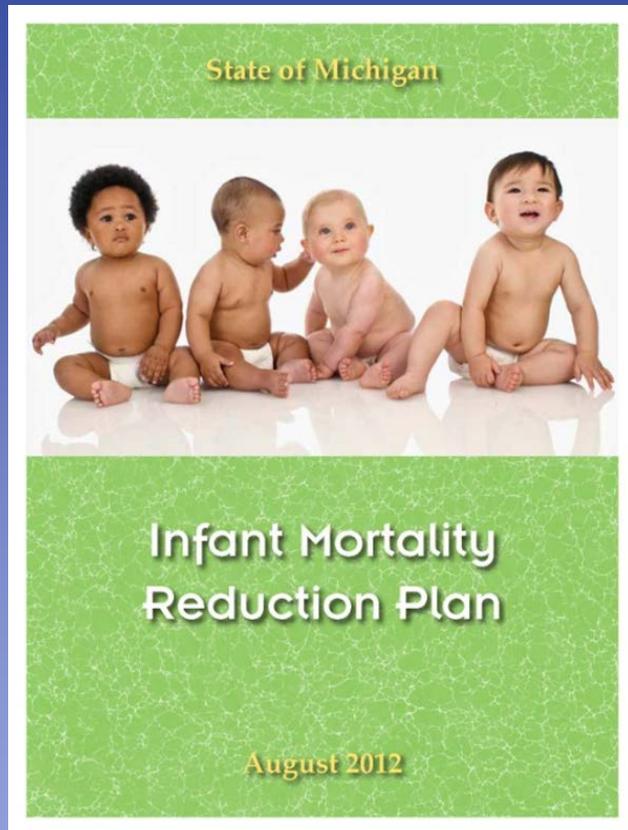
- Launched January of 2013
- Children's Dental Health Project, Washington D.C.
- Part of Infant Mortality Reduction Plan
- Goal: Develop Comprehensive Perinatal Oral Health System
- Perinatal-*“Period of time beginning before conception and continuing through the first year of life”*

(March of Dimes, TIOP II, 1993)

Michigan Department
of Community Health



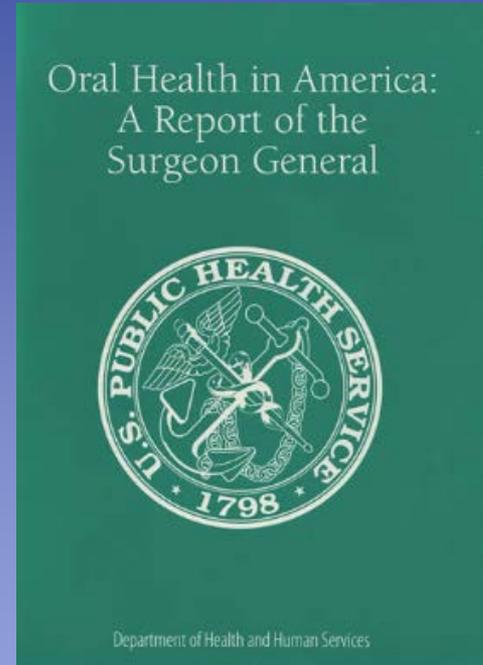
Infant Mortality Reduction Plan



1. Implement a Regional Perinatal System
2. Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation
3. Promote adoption of progesterone protocol for high risk women
4. Promote safer infant sleeping practices to prevent suffocation
5. Expand home-visiting programs to support vulnerable women and infant
6. **Support better health status of women and girls**
7. Reduce Unintended Pregnancies
8. Weave the social determinants of health in all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality

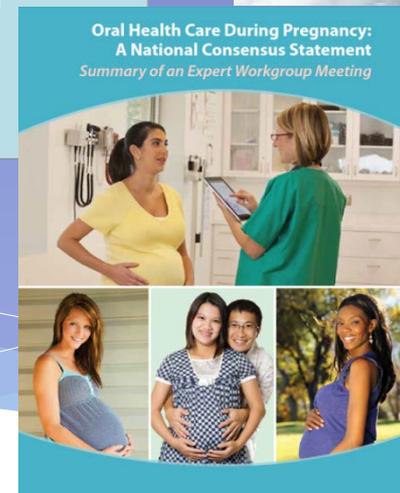
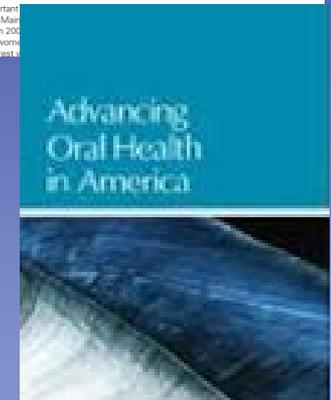
Surgeon General's Report

- Oral health is essential to the general health and well-being
- Oral health impacts overall health



Importance of Oral Health

- **ACOG 2013:** “Oral health is an important component of general health and should be maintained during pregnancy and through a woman’s lifespan.”
- **IOM 2011:** “Evidence shows that oral health complications may be associated with adverse pregnancy outcomes...”
- **Perinatal Oral Health Guidelines**
 - New York (2006)
 - California (2010)
 - Michigan (2014)
- **National Consensus Statement**



Oral Health as Part of Prenatal Care

- Prevents complications of dental diseases during pregnancy
- May reduce preterm and low birth weight deliveries
- Poor oral health has been associated with poor pregnancy outcomes



Oral Health Care During Pregnancy

- Educating pregnant women about preventing and treating dental caries is critical
- Most young children acquire caries-causing bacteria from their mothers or care providers



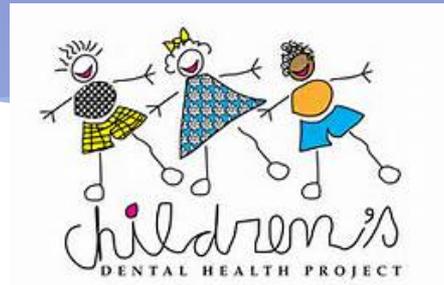
Medical & Oral Health Professionals

- Do not understand oral health care important component of healthy pregnancy
- Perinatal care providers lack routine assessment of women's oral health status.
- Oral health professionals often postpone providing care to pregnant women



Michigan Department of Community Health Perinatal Oral Health Program Activities

- Partnered with Children's Dental Health Project
- Interprofessional Conference
- Development of five-year Perinatal Oral Health Action Plan
- Perinatal Oral Health Survey
- PRAMS Update



Michigan Department of Community Health
MI PRAMS Delivery

Oral Health During Pregnancy, MI PRAMS 2004-2008

Overview

During pregnancy, women's oral health is important. Poor oral health can lead to complications for both mother and child. A recent Michigan Department of Community Health survey, MI PRAMS 2004-2008, found that 22% of pregnant women reported oral health problems during pregnancy. This oral health survey was conducted with pregnant women and their partners. Partners were also surveyed on their oral health and dental care needs.

Inside This Issue

- Overview
- Status of oral health among PRAMS participants, MI PRAMS 2004-2008
- Prevalence of dental care needed and dental care sought

Status of oral health among PRAMS participants, MI PRAMS 2004-2008

Michigan PRAMS 2004-2008 participants were surveyed on their oral health and dental care needs during pregnancy. This survey is one of several Michigan Department of Community Health surveys that provide information on the health and well-being of pregnant women and their partners.

Figure 1. Prevalence of dental care needed and dental care sought

Moving Forward



- **Five year work plan**

5 Priority Strategies

1. Develop Evidence-based Perinatal Oral Health Guidelines
2. Integrate Oral Health into the Health Home for Women and Infant
3. Develop Interdisciplinary Professional Education to Improve Perinatal Oral Health
4. Increase Public Awareness of the Importance of Oral Health to the Overall Health of Pregnant Women and Infants
5. Ensure a Financing System to Support Perinatal Oral Health

The Perinatal & Infant Oral Health National Initiative

Resources

- Christine Farrell, MDCH Oral Health Director
farrellc@michigan.gov
- Jodie Condon, Perinatal Oral Health Coordinator
condonj1@michigan.gov
- Michigan Dept. of Community Health Perinatal Oral Health Website
http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4912_6226-307527--,00.html
- Children's Dental Health Project
www.cdhp.org
- National Consensus Statement
<http://www.mchoralhealth.org/pdfs/OralHealthPregnancyConsensus.pdf>

Ideas for plan to Support Better Health of Women and Girls

What work is on going ?

Preconception Interconception Health Care

Kent County Infant Health Initiative-Interconception Care

Preconception Health Training for Providers

Understanding Preconception Chronic Disease & Birth Outcomes

Support for General Healthy Life Habits

Mental Health Support Training for Providers - Trauma Informed Care

Increases Access to Care - Access to Medical Home and Primary Care

Resources

- Paulette Dobyne Dunbar MDCH Women, Infants & Family Health
dunbarp@michigan.gov
- Quess Derman, MDCH Women's Reproductive Health
Dermanb@michigan.gov
- PRAMS Special Report Preconception Chronic Disease Birth Outcomes_Final.pdf

PRAMS Fact Sheet Preconception Chronic Disease & Birth Outcomes_Final.pdf

Discussion Questions

1. What “jumps out” to you in the information that you have heard and based on the strategies in the infant mortality plan still needs to be accomplished, refined or expanded?
2. When you consider the root causes, contributing factors, and infant mortality plan strategies, which strategies do you think offer the most promise for “moving the needle” and reducing and preventing infant mortality in Michigan?
3. Which of these suggestions are most important? Why?
4. What should be done to implement these suggestions in Michigan? How can we work together to eliminate racial and ethnic disparities in infant mortality and promote the health and well-being of Michigan mothers and their babies?

Thank You!

