

Michigan Landscape

Perinatal Oral Health

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Overview

- Perinatal Oral Health Data
- Perinatal Oral Health Programs
- Gaps / Limitations

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WHY ?

- The most frequent cause of infant deaths in Michigan is low birth weight /premature births.
- One of the objective of the Michigan Infant Mortality Reduction Plan is to - "To support better health status of women and girls."
- Perinatal Oral Health (conception to first year of age) is a critical aspect of prevention of tooth decay in young children.

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Perinatal Oral Health Data

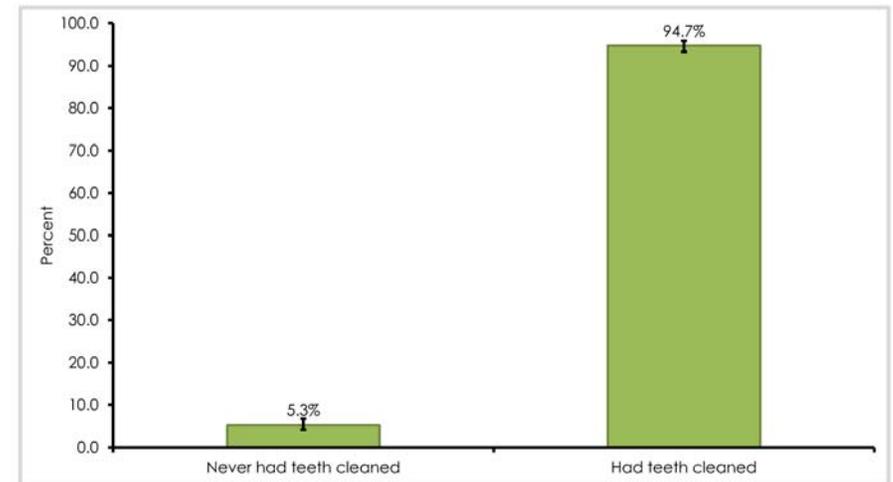
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Pregnancy Risk Assessment Monitoring System (PRAMS)

- Oral health questions have been included on the survey since 2004
- 2004-2008 PRAMS
 - Visit to a dentist during pregnancy
 - Ever had teeth cleaned by a dentist or hygienist
- 2009-2015 PRAMS
 - Talked with physician about visiting a dentist before getting pregnant
 - Had teeth cleaned prior to getting pregnant
 - 2012-2015
 - Care of teeth during pregnancy:
 - Knew it was important
 - Health care worker discussed how to care for teeth/gums
 - Had teeth cleaned by a dentist or hygienist
 - Had insurance to cover dental care
 - Needed to see a dentist for a problem
 - Went to a dentist for a problem

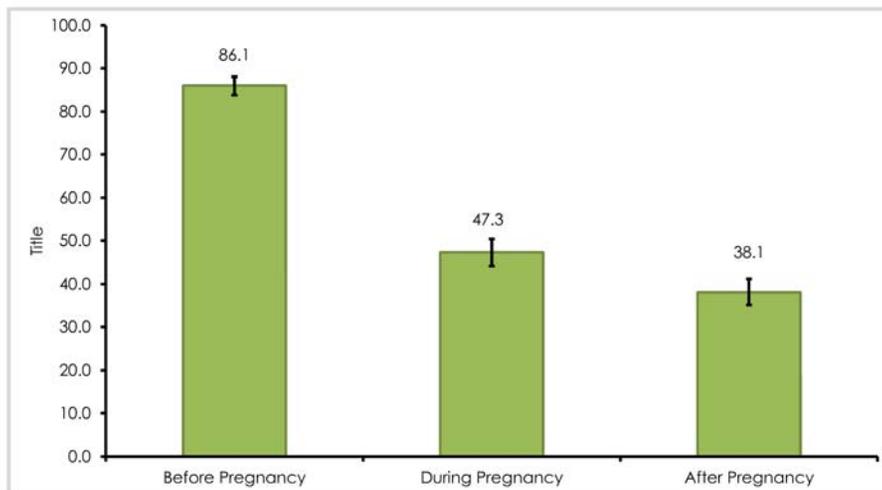
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Prevalence of ever having teeth cleaning by a dentist or dental hygienist



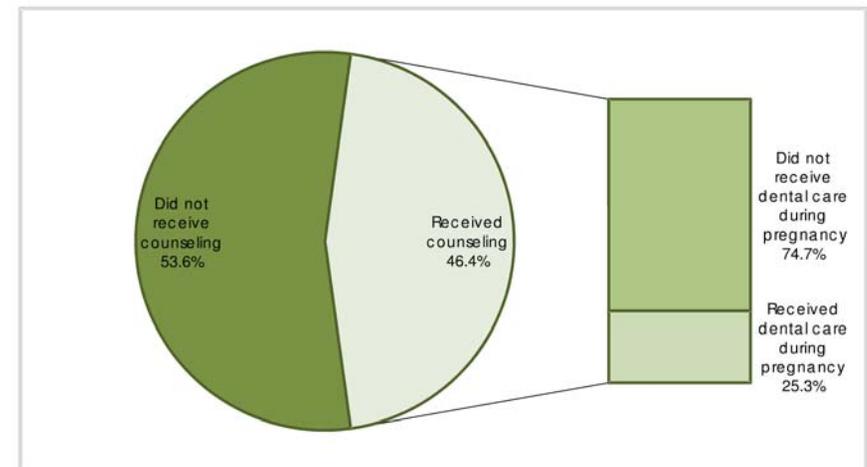
6 Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

Prevalence of teeth cleaning by time of visit



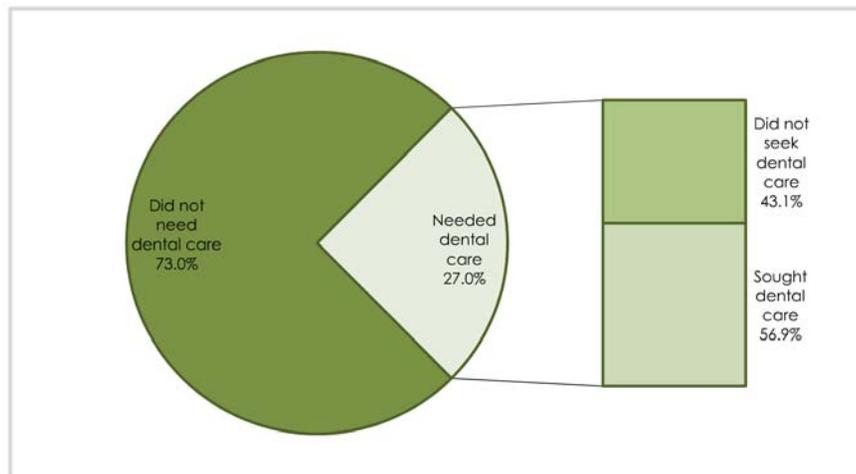
7 Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

Receiving counseling by medical providers about dental care



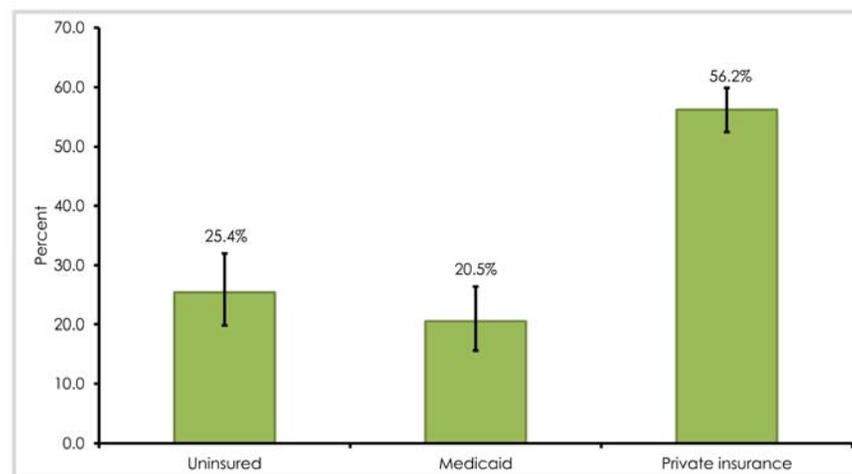
8 Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

Dental care need and care sought



Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

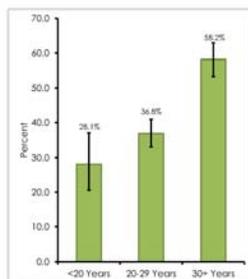
Prevalence of receiving dental care during pregnancy by insurance status



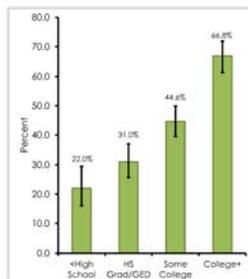
Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

Prevalence of receiving dental care during pregnancy

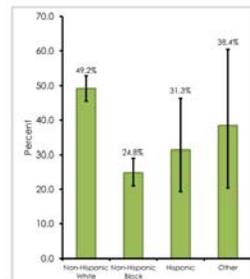
By Maternal Age



By Maternal Education



By Maternal Race/Ethnicity



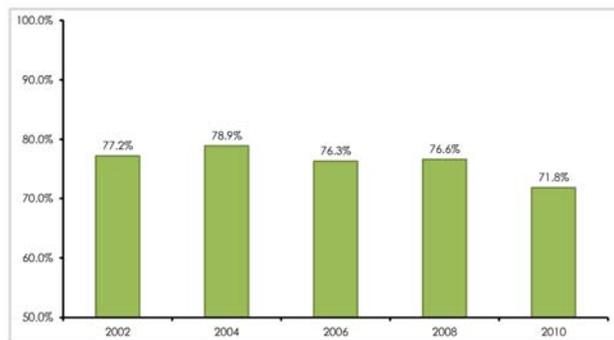
Source: Michigan Pregnancy Risk Assessment Monitoring System 2008

Dental visit within the past year among women 18-44 Years

	%	95% C.I.
Total	71.8%	(68.2-75.1)
18-24 years	68.6%	(59.1-76.8)
25-34 years	64.8%	(58.6-70.6)
35-44 years	77.2%	(73.1-80.9)
White	74.8%	(70.9-78.4)
Black	60.0%	(50.3-69.0)
HS grad or less	65.9%	(58.9-72.3)
Some college	68.4%	(61.9-74.2)
College grad	79.7%	(74.2-84.3)
< \$25,000	49.3%	(41.5-57.2)
\$25,000-\$49,999	69.6%	(61.7-76.5)
\$50,000+	86.6%	(82.0-90.1)
Insured	77.3%	(73.9-80.4)
Uninsured	42.9%	(32.6-53.9)

Source: Michigan Behavioral Risk Factor Surveillance System 2010

Dental visit within the past year among women 18-44 Years



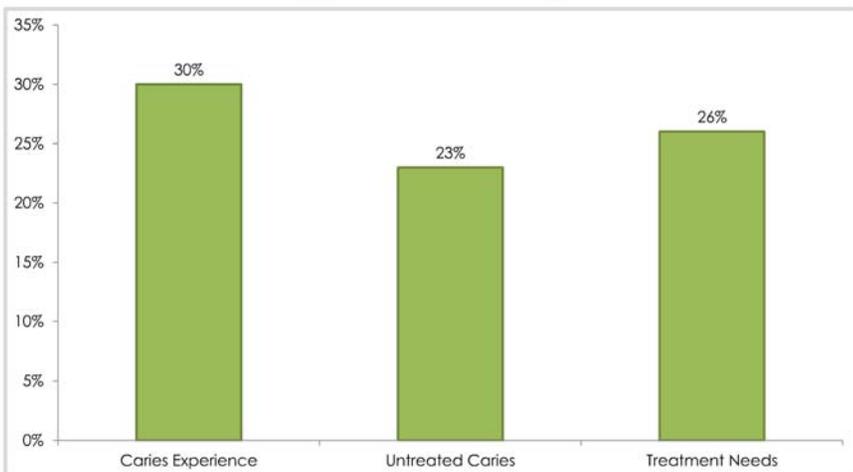
S13e: Michigan Behavioral Risk Factor Surveillance System 2002 - 2010

Caries Experience and Treatment Needs by Age

Age (years)	Head Start Data		Age 1-5 Screening Survey	
	Caries Experience (%) (n=1000)	Treatment Needs (%) (n=5000)	Caries Experience (%) (n=150)	Treatment Needs (%) (n=150)
<1	12	4	-	-
1	3	4	0	0
2	10	13	12	12
3	29	27	27	15
4	40	33	59	46
5	55	46	47	40

S14e: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

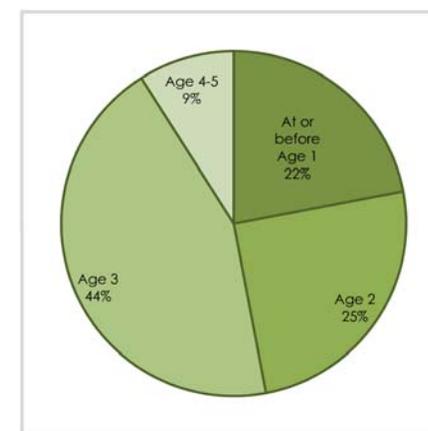
Prevalence of Caries Experience, Untreated Caries and Treatment Needs Among Children in Michigan - Birth - 5 years



S15e: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

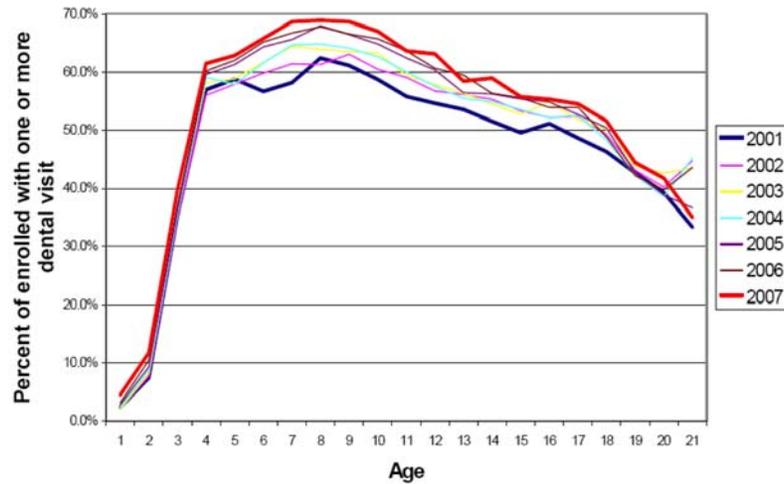
About 81 % of parents reported that their child 6 months-5 years had been to a dentist, and an additional 3% indicated they had tried to make a dental visit; 15% reported the child had not been to the dentist.

First dental visit by age



S16e: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

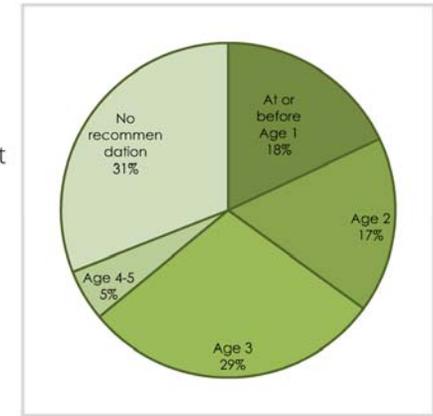
Michigan Healthy Kids Dental Utilization of dental care, 12 month enrollment in calendar year, by age



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- Over half of parents (53%) reported that at the child's most recent well-child visit, the health care provider talked about taking the child to the dentist.
- Parents reported that health care providers engaged in additional oral health activities during the child's most recent well-child visit:
 - 47% examined the child's teeth
 - 16% applied fluoride varnish
 - 36% talked about how to clean children's teeth
 - 38% talked about how to keep children's teeth healthy
 - 10% noted that the child has signs of dental problems

Recommended age for first dental visit by health care providers



Source: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

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	Dentist-reported age at which AAPD recommends beginning routine dental care	Dentist-reported age at which patients are recommended to begin routine dental care
Less than 1 year	5%	4%
1 year of age	69%	32%
1.5 to 2.5 years	6%	28%
3 years	3%	33%
4 years	0%	3%
Don't know	17%	--

	Strongly Disagree	Disagree	Agree	Strongly Agree
Screening children ≤3 years for oral health problems can be done by medical providers	17%	47%	33%	3%
Having medical providers administer fluoride varnish would be an effective way to prevent dental problems in children ≤3 years	19%	47%	27%	3%

Source: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

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Parents whose children received primary care at clinics or health centers were substantially more likely to report oral health activities during well-child visits, compared to parents of children seen by pediatricians or family physicians.

Source: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

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Perinatal Oral Health Programs

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MIHP- Maternal/Infant Health Program

- The MDCH Maternal Infant Health Program provides services to high risk pregnant mothers and babies in their first year of life.
- By utilizing MIHP professionals,
 - oral health education
 - oral health prevention is introduced into home visits
 - connect families to dental providers for early preventive & routine care
- In 2011-12, 495 children were screened and fluoride varnish applied at least once in 12 month period.
- Most of the programs continued with screenings and referrals after pilot discontinued.

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Points of Light



- Points of Light program engages the medical community as an educational and timely referral resource.
- They help parents connect to a network of dentists to establish a dental home at an early age.
- Primary mission of POL is to promote first dental visit by age one.

Visit www.pointsoflightonline for more information

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Varnish! Michigan: Babies Too! Program

- Since 2008 the State of Michigan allows medical professionals to be reimbursed for an oral screening and fluoride varnish application.
- MDCH-Oral Health Program certifies physicians, family practitioners, and nurse practitioners who treat beneficiaries up to age three (0-35 months), to bill Medicaid for fluoride varnish application.
- The Babies Too! Program offers free fluoride varnish as an incentive, to those medical practices, WIC centers, or other primary care programs that will collect oral health screening data, the Smiles for Life training to all involved staff, having an educational component to their program, and referring to a dental home.

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Training Programs

University of Detroit Mercy School of Dentistry

- Oral health during pregnancy – Spread across several didactic and clinical courses, national guidelines are incorporated in the clinic manual for students
- Infant oral health – Modules in didactic pediatric course, and clinical experiences through infant oral health rotations to Early HeadStart and HeadStart sites apart from exposure during community clinic rotations

University of Michigan School of Dentistry

- Oral health during pregnancy – Spread across several didactic and clinical courses
- Infant oral health - Modules in didactic and clinical courses, junior year students get see up to four children under age 3 in the pediatric clinic, exposure during community clinic rotations

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am comfortable treating early childhood caries and other dental problems in children ≤3 years	13%	44%	35%	8%
I have received enough training in how to manage the behavior of children ≤3 years during dental visits	7%	39%	45%	9%

Source: Oral Health Care for Young Children 0-5 Years - A report by the Early Childhood Investment Corporation, 2012.

Gaps / Limitations

- Perinatal oral health data collection is minimal or lacking in Michigan.
- Pregnant women and parents of infants are not aware of the importance of seeking dental care.
- Majority of general practice dentists not accepting patients 0-3 years of age.
- Medical providers not aware of Smiles for Life information.
- Medical providers not successful in finding dental providers for their patients.
- Medicaid reimbursements are low for medical/dental providers which limits patient care.
- No designated Medicaid benefits for pregnant women in Michigan. If adult benefits are eliminated, dental care for pregnant women would be impacted.
- Structured perinatal oral health information not present in medical/dental school curriculum.

THANK YOU

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