

# The California Experience

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**MICHIGAN PERINATAL ORAL HEALTH GUIDELINES  
CONFERENCE**

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# Need For Guidelines

- 2006 California Maternal and Infant Health Assessment (MIHA) data showed **35.1%** pregnant women had a dental visit
- **53.8%** stated they had an oral health problem during pregnancy, but of those **62.3%** did not visit the dentist while pregnant

# Need For Guidelines

- Need among both dentists and ObGyn's for guidelines and education
- Desire to update the New York Guidelines with latest research
- Gain buy-in of professional organizations by involving in process
- Leverage dissemination opportunities



# Funding



- 2007- California Dental Association Foundation applied & obtained grant California Healthcare Foundation
- 2008- Advisory Committee Meeting-14 members- *Co-chairs*
  - Dentist: Jane Weintraub @ UCSF
  - ObGyn: Ellen Stein @ SFDPH/MCH

# Guidelines Development Process

- Define content areas, style and format of Guidelines
- ID nationally recognized experts
  - Periodontology, medicine (FM, Ob-Gyn, radiology, neonatology), ethics, environmental & occupational health, public health, cariology
- Plan Perinatal Consensus Conference
- Dissemination plan

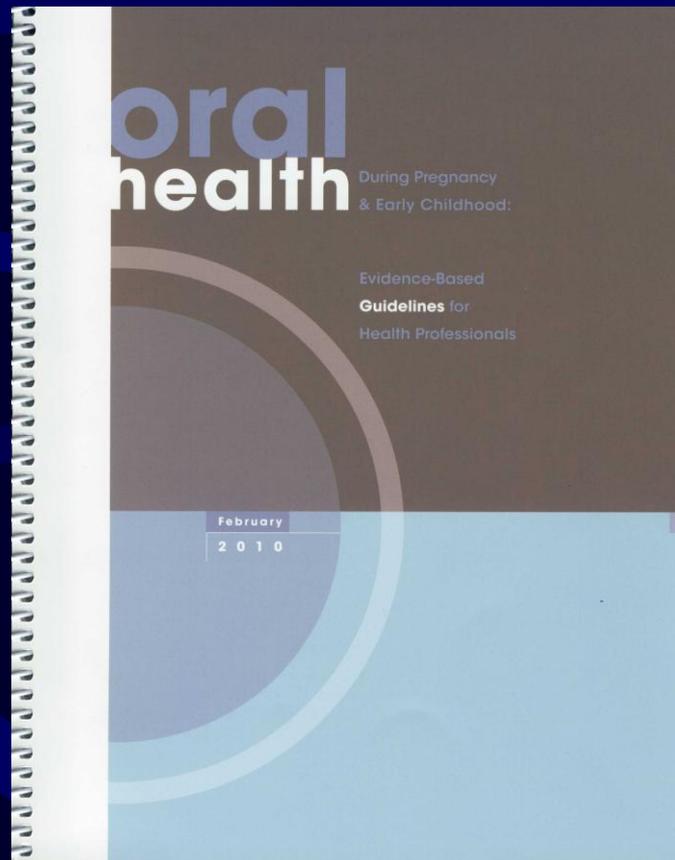
# Format of Guidelines

- Two approaches in one document
- First section- key bullet points
  - Oral health professionals
  - Perinatal care professionals
  - Child health professionals
  - Community based programs
- Second section- science behind key points.  
Best evidence- **250 references**
- Forms- referral, risk assessment, drug classification

# Guideline Development

- 2009- Perinatal Consensus Conference- experts presented
- Content experts wrote sections, editor combined
- Guidelines reviewed by advisory committee, including in-person mtg
- Release & dissemination

# 2010 California Guidelines



- California Dental Association Foundation

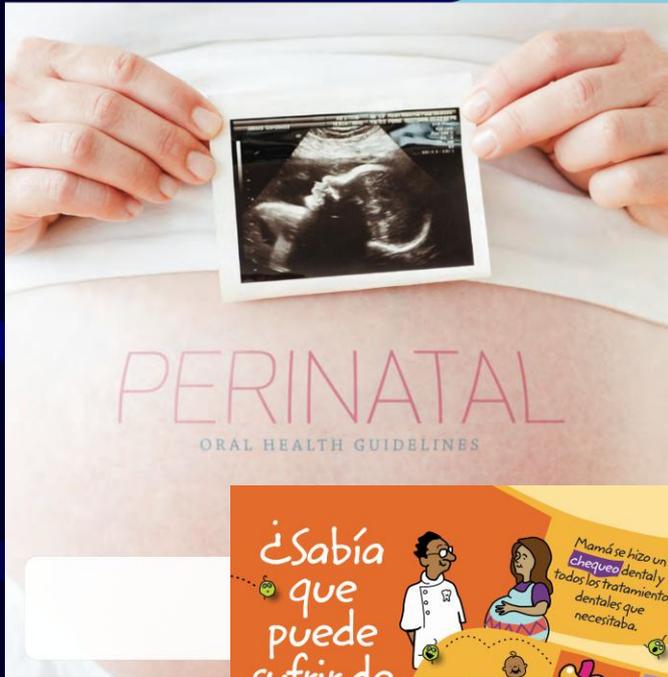


- American College of Obstetricians and Gynecologists, District IX

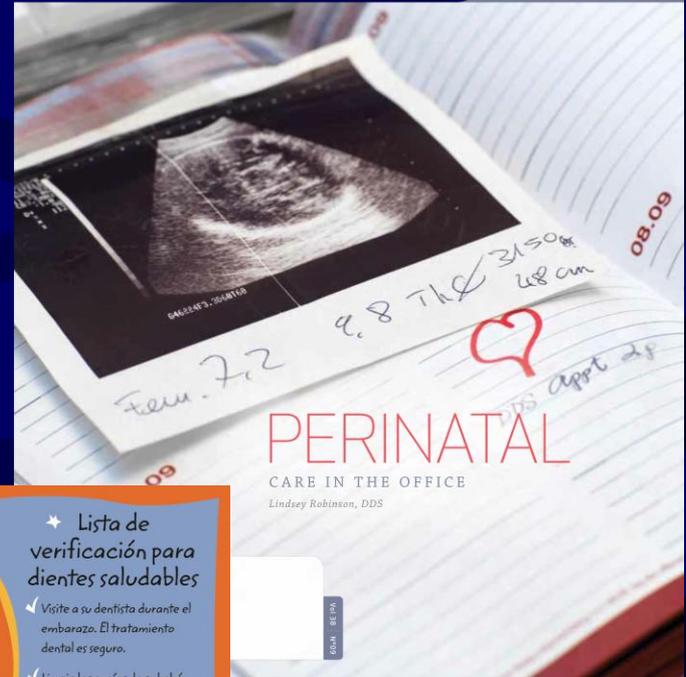


# Good Things

- Accompanying Policy Brief
- Two issues of CDA Journal devoted to Guidelines, CDA news, local component
- Health education materials
- Local interdisciplinary collaboration projects focus on perinatal in HC/FQHC setting use Guidelines as tool



**PERINATAL**  
ORAL HEALTH GUIDELINES



**PERINATAL**  
CARE IN THE OFFICE  
*Lindsey Robinson, DDS*

**¿Sabía que puede sufrir de caries?**

Las caries son producidas por gérmenes de nuestra boca que se alimentan del azúcar que comemos.

Los gérmenes también pueden pasar de una persona a otra a través de la saliva.

Mantenga alejados a los gérmenes bucales y se mantendrá libre de caries.

**¡Ganaste! Evítaste las caries.**

Mamá se hizo un chequeo dental y todos los tratamientos dentales que necesitaba.

Mamá eligió chicle o mentas con Xilitol y se cepilla dos veces al día con pasta de dientes con flúor.

Mamá limpió el chupete con agua y jabón.

Papá puso agua en el biberón del bebé a la hora de dormir.

Los alimentos saludables ayudan a evitar las caries.

El bebé tiene su propio cepillo de dientes.

El bebé tiene su propia cuchara. ¡Genial!

Mamá llevó al bebé al dentista antes de su primer año.

**Lista de verificación para dientes saludables**

- Visite a su dentista durante el embarazo. El tratamiento dental es seguro.
- Limpie las encías de su bebé dos veces al día, en la mañana y justo antes de ir a dormir.
- Elija chicle o mentas que tengan Xilitol.
- Limpie el chupete y el biberón con agua y jabón, no con saliva.
- Cada miembro de la familia usa su propio cepillo de dientes, cuchara, tenedor o taza.
- Déle sólo agua en el biberón a la hora de dormir.
- Use sólo un paquito de pasta de dientes con flúor cada vez que cepille los dientes de su bebé.

El desarrollo de este material fue apoyado por una subvención de la Fundación California HealthCare Foundation, con sede en Oakland, California.

# Bad Thing

- July 2009- CA eliminated adult Medicaid dental benefits
- Pregnant women have limited scope (exam, perio, emergency), but **no** routine dental care (fillings, root canals, dentures)

# Lessons Learned

- Guidelines were not universally adopted in CA dental schools
- Resistance- discordance between didactic faculty and clinical faculty
- If students have no experience treating perinatal patients in dental school, how can we expect practice change?

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- No coverage, no treatment
- Good to eliminate the provider knowledge/attitude barrier, but others remain
- CA will regain adult Medicaid dental benefits May 2014

# Our Goal

