

Oral Health Care During Pregnancy

June 2019



Practice Guidance for Maryland's
Prenatal and Dental Providers



MARYLAND
Department of Health

ACKNOWLEDGEMENTS

Greg McClure, DMD, MPH

Director
Office of Oral Health
In memoriam

Katy Battani, RDH, MS

Project Director
Office of Oral Health

Jane Casper, RDH, MA

Office of Oral Health

Stacy Costello, MPH, CHES

Office of Oral Health

John Welby, MS

Office of Oral Health

Maryland Department of Health

Olivia Straub, MPP

Office of Oral Health

Lee Woods, MD, PhD

Maternal and Child Health Bureau

Teresa Burke

Office of Oral Health

Greg Buckler, IOM, MBA, MSM

Maryland State Dental Association

Ann Burke, MD

The Maryland Section: American
College of Obstetricians and
Gynecologists

Richelle Cricks, CNM, MSN

Maryland Affiliate: American College
of Nurse Midwives

Christina Drostin, MD

Sandra Garbely-Kerkovich, DMD

Choptank Community Health System

Kristen Blair, RDH

Maryland Dental Hygienists'
Association

Steering Committee

Katrina Holt, MPH, MS, RD, FAND

National Maternal and Child Oral
Health Resource Center

Alice M. Horowitz, RDH, MA, PhD

University of Maryland College Park,
School of Public Health

Susan Scherr, CRNP

University of Maryland, Baltimore
School of Nursing

Norman Tinanoff, DDS, MS

University of Maryland, Baltimore
School of Dentistry

Maryland Department of Health, Office of Oral Health, 2019

Debony Hughes, DDS

Director

Jasmine Joseph, RDH, MPH

Program Manager

Please contact the Maryland Office of Oral Health for additional information at mdh.oralhealth@maryland.gov.

Citation & Support

Cite as: Oral Health Care During Pregnancy Steering Committee (2019). *Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers*. Baltimore, MD: Maryland Department of Health, Office of Oral Health. health.maryland.gov/oral-health.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Grant Number: H47MC28476. Information/content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

Selected content adapted, with permission, from Oral Health Care During Pregnancy Expert Work Group. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center.

TABLE OF CONTENTS

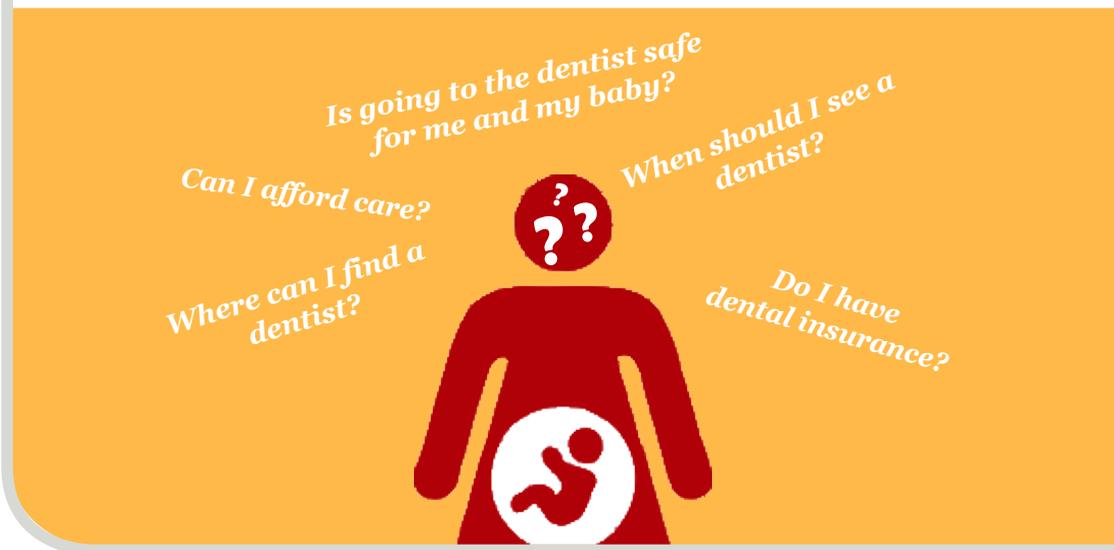
Oral Health During Pregnancy Infographic_____	4
Letter from the Deputy Secretary for Public Health Services_____	5
Introduction_____	6
Myths vs. Facts_____	7
Guidance for Prenatal Providers_____	8
Oral Conditions During Pregnancy_____	10
Guidance for Dental Providers_____	12
Dental Pharmacological Considerations for Pregnant Women_____	14
Resources_____	15
Tips for Good Oral Health During Pregnancy/Infancy (English)	
Tips for Good Oral Health During Pregnancy/Infancy (Spanish)	
Dental Referral Form for Pregnant Women	
Additional Resources: Brochures, Posters, Links, Maryland Medicaid Citations	

Permission is given to photocopy this publication or to forward it, in its entirety, to others.

Requests for permission to use all or part of the information contained in this publication in other ways should be sent to: Maryland Department of Health, Office of Oral Health 201 W. Preston Street, Baltimore, MD 21201.

In Maryland,
only 15% 
of pregnant women
with an oral health problem see a dentist.

Data Source: Maryland PRAMS Annual Report, 2015 Births



**Let women know that
oral health care during pregnancy is**

Safe
IMPORTANT
Covered
by Maryland Medicaid



MARYLAND Department of Health

February 1, 2018

Dear Colleagues,

The health of a woman's mouth is an essential part of a healthy pregnancy. It is also an important indicator of her future child's risk for developing dental caries (i.e., tooth decay) - the most common chronic childhood disease in the United States. Pregnancy provides a key opportunity to provide oral health care services to women, as well as to provide education on good oral health practices and preventive strategies. Yet, half of pregnant women in Maryland do not have an oral prophylaxis (i.e., teeth cleaning) during pregnancy, and 19 percent of pregnant women report untreated oral health problems. With support from the U.S. Health Resources and Services Administration (HRSA), the Maryland Department of Health's Office of Oral Health launched its Perinatal and Infant Oral Health Quality Improvement (PIOHqi) Project in 2015 to address these issues.

As part of this PIOHqi Project, an inter-professional steering committee of Maryland experts was formed to review existing guidelines and current research related to oral health care during pregnancy. Based on this review, the steering committee developed state-specific guidance for health care providers who serve pregnant women. The culmination of their work is this new document: *Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers* that includes the following to assist providers: 1) state statistics on oral health care utilization during pregnancy; 2) practice guidance for prenatal and dental providers; 3) a visual guide of oral conditions that can occur during pregnancy; 4) a dental pharmacological chart; 5) a sample dental referral form; and 6) educational resources to share with pregnant women.

I am grateful for the steering committee's expertise and passion that brought this initiative to fruition and look forward to working together to ensure optimal oral health for all women and children in Maryland.

Sincerely,

Howard Haft, MD
Deputy Secretary for Public Health Services
Maryland Department of Health



Early is Key



Pregnant women should make a dental appointment early in pregnancy. Oral health care is safe during all trimesters and should not be postponed or avoided during pregnancy. Women should visit the dentist for cleanings, exams, and any treatment needed to maintain or improve their oral health during pregnancy.

Introduction

Women experience multiple physiologic changes during pregnancy, including changes in the oral cavity that may adversely affect their oral health. Therefore, it is paramount that prenatal and dental providers discuss oral changes with pregnant women, reinforce positive oral health practices, and assure women that oral health care during pregnancy is safe and important. Physicians, nurses, and other medical providers are more likely to see pregnant women and infants than are dental providers, making it essential that they address oral health with these patients and make referrals to dentists, as necessary.

Children born to women with poor oral health and high levels of caries-causing bacteria are at high risk for developing dental caries (i.e., tooth decay). According to the Centers for Disease Control and Prevention, dental caries remains one of the most prevalent chronic diseases among children in the United States, despite it being preventable.¹ This underscores the prenatal period as an opportune time to educate pregnant women on oral health and to deliver oral health care services. These interventions may significantly change the trajectory of oral health for both the woman and her future child.

Professional oral prophylaxis (i.e., teeth cleaning) is a vital component of preventive and therapeutic oral health care; however, almost half of mothers do not have their teeth cleaned during pregnancy. Additionally, only 15 percent of women with a dental problem during pregnancy see a dentist.² Barriers for not seeking care include cost, safety concerns, and difficulty finding a dentist who accepts pregnant patients or Medicaid.

It is critical that prenatal and dental providers assure women that oral health care during the entire pregnancy is safe for both them and their developing fetus. Providers should also inform women that Maryland Medicaid covers oral health care services during pregnancy.

In 2012, the American College of Obstetricians and Gynecologists, the American Dental Association, and other organizations issued Oral Health Care During Pregnancy: A National Consensus Statement, which included practice guidance for both prenatal and dental providers. The Maryland Department of Health's Office of Oral Health is pleased to contribute to this vital conversation with the release of this state-specific guidance, as the health and safety of pregnant women and children is a top priority.

Myths vs. Facts

Myth: Pregnancy has nothing to do with oral health.

Fact: During pregnancy, physiological changes occur that may adversely affect oral health, such as dental caries, pregnancy gingivitis, periodontitis (gum disease), pregnancy tumor (pyogenic granuloma), and tooth erosion. These conditions can be prevented and treated, so women should visit the dentist during pregnancy.

Myth: Dentists and dental hygienists do not need to know if a woman is pregnant.

Fact: It is important for dental providers to know that a woman is pregnant as she may be at risk for certain oral conditions. A woman should inform the dental team if she is pregnant, of her expected due date, and if her pregnancy is high risk.

Myth: Maternal oral health does not affect the future child's health.

Fact: Children born to women with poor oral health and high levels of caries-causing bacteria are at high risk of developing dental caries. Restoring active carious lesions before delivery may reduce the child's risk of dental caries. Pregnancy is an opportune time to educate women on the importance of their own oral health and the health of their future child. Poor prenatal nutrition may also affect a child's tooth development.

Myth: Never get dental X-rays while pregnant.

Fact: Dental X-rays with lead shielding are considered safe during pregnancy by the American Dental Association.³ Even though radiation exposure from dental X-rays is low, once a decision to obtain X-rays is made, it is the dental provider's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Best radiologic practice includes:

- Use of the fastest image receptor compatible with the diagnostic task (F-speed film or digital);
- Use of protective lead aprons and thyroid collars;
- Collimation of the beam to the size of the receptor whenever feasible;
- Proper processing techniques; and
- Limiting the number of images to the minimum necessary.

Myth: Gain a child, lose a tooth.

Fact: The fetus does not take calcium from its mother's teeth. This myth likely originated because pregnant women may be at higher risk for dental caries.



Guidance for Prenatal Providers

Assess Pregnant Women's Oral Health Status

During the first prenatal visit:

- Take an oral health history (see Box 1).
- Assess frequency of consuming foods, beverages, and medications that contain sugar and use of tobacco, alcohol, and recreational drugs.
- Check the mouth for problems such as swollen or bleeding gums, untreated dental caries, mucosal lesions, signs of infection (e.g., abscess), or trauma.
- Document findings in woman's medical record.

Advise Pregnant Women About Oral Health

- Assure women that there is no need to postpone or avoid oral health care during pregnancy. Oral health care, including the use of X-rays, pain medication, and local anesthesia, is **safe, important, and covered** by Medicaid throughout pregnancy.
- Advise women to schedule an appointment with a dentist as early in the pregnancy as possible. If urgent care is needed or if the woman does not have a dentist, write and facilitate a formal referral to a dentist with whom you maintain a collaborative relationship. **See sample dental referral form in the Additional Resources section.**
- Encourage good oral health behaviors during pregnancy (see Box 2).
- Explain to women that caries-causing bacteria can be passed from mother to child after birth. Restoring active carious lesions before delivery may reduce the child's risk of dental caries.

1 Oral Health Questions to Ask Pregnant Women

Do you have any dental problems or concerns?

Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?

Since becoming pregnant, have you been vomiting? If so, how often?

Do you have any questions or concerns about getting oral health care while you are pregnant?

When was your last dental visit? Do you need help finding a dentist?

2 Oral Health Tips to Share with Pregnant Women

See a dentist as early in your pregnancy as possible.

Brush teeth twice a day with fluoridated toothpaste.

Floss once a day.

Choose healthy snacks and avoid foods and drinks containing sugar.

Drink water with fluoride. About 94% of Marylanders served by a community water system (as opposed to a private well) receive fluoridated water from their tap. Most water filters do not remove fluoride.

If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water and delay toothbrushing for about an hour.

SAFE
IMPORTANT
Covered

Prenatal providers are often the “first line” in assessing pregnant women’s oral health. They have the opportunity to identify problems, provide referrals to dentists, and reinforce good oral health practices.

Collaborate with Dental Providers

- Establish relationships and a referral process with dentists in the community. **See sample dental referral form in the Additional Resources section.**
- Maintain a list of dentists in the community (see Box 3).
- Share pertinent patient information and coordinate care with dentists.

3 *To Find a Dentist*

For a list of dentists who accept Medicaid, visit:
health.maryland.gov/oral-health

For a list of public health dental services, visit: <https://phpa.health.maryland.gov/oralhealth/documents/OralHealthResourceGuide.pdf>

Provide Support Services (Case Management) to Pregnant Women

- If the woman does not have a dentist, help her obtain care by facilitating referrals to dentists in the community, including those who serve pregnant women enrolled in Medicaid and those who are uninsured (see Box 3).
- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g., domestic violence services), or other needs (e.g., transportation, translation, tobacco cessation).

Improve Health Services in the Community

- On your patient-intake form, record the name and contact information of the woman’s dentist, reason for and date of last dental visit, and previous dental procedures.
- Establish partnerships with community-based programs that serve pregnant women (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; Home Visiting).
- Integrate oral health topics into prenatal classes.
- Provide a referral to a nutrition professional if counseling on food choices or nutrition-related health problems would be beneficial (available at WIC programs).
- Provide culturally and linguistically appropriate care. Ensure that women understand information shared with them by asking them to explain what they heard (i.e., “teach back”).

Oral Conditions During Pregnancy



Dental Caries

Increased acidity in the mouth from morning sickness or gastric reflux; increased intake and frequency of sugary foods and beverages; not drinking fluoridated water; and decreased attention to oral hygiene practices will result in an elevated risk of dental caries.



Pregnancy Gingivitis

An increased inflammatory response to plaque while pregnant can result in gums that swell and bleed more easily. Thorough toothbrushing and flossing can prevent or reduce gingivitis.



Periodontitis

“Gum Disease”

Untreated gingivitis can result in periodontitis - infection of the gums and surrounding bone. This can result in loosening teeth and bone loss.



Pyogenic Granuloma

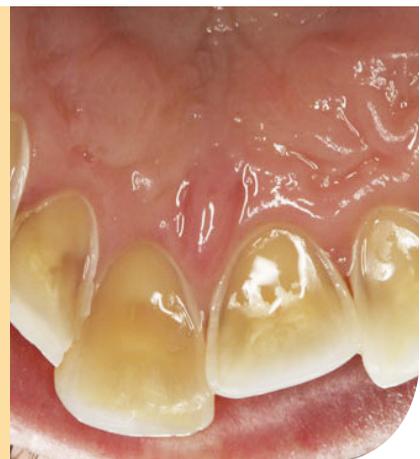
“Pregnancy Tumor”

Occurs in approximately 5% of pregnancies. These lesions may result from a heightened inflammatory response to oral pathogens and usually regress after pregnancy without treatment.



Tooth Erosion

Vomiting from morning sickness and gastric reflux may lead to tooth erosion. Rinsing with one teaspoon of baking soda dissolved in a cup of water following vomiting helps neutralize acid.





Guidance for Dental Providers

Assess Pregnant Women's Oral Health Status

- Ask questions about pregnancy when taking a medical and oral health history (see Box 1).
- Assess frequency of consuming foods, beverages, and medications that contain sugar and use of tobacco, alcohol, and recreational drugs.
- Perform a comprehensive oral examination, which includes risk assessments for dental caries, periodontal disease, and oral and oropharyngeal cancer.
- Take X-rays to diagnose oral diseases, as needed.

Advise Pregnant Women About Oral Health

- Assure women that there is no need to postpone or avoid oral health care during pregnancy. Oral health care, including the use of X-rays, pain medication, and local anesthesia, is **safe, important, and covered** by Medicaid throughout pregnancy.
- Encourage good oral health behaviors during pregnancy (see Box 2).
- Explain to women that caries-causing bacteria can be passed from mother to child after birth. Restoring active carious lesions before delivery may reduce the child's risk of dental caries.

Collaborate with Prenatal Providers

- Establish relationships and a referral process with prenatal providers in the community.
- Share pertinent patient information and coordinate care with prenatal providers.
- Provide oral health training and resources to prenatal providers.
- Consult with prenatal providers, as necessary – for example, when considering:
 - Co-morbid conditions that may affect management of oral health problems (e.g., diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders);
 - The use of intravenous sedation or general anesthesia; and
 - The use of nitrous oxide as an adjunctive analgesic to local anesthetics.

1

Questions to Ask Pregnant Women

How many weeks pregnant are you? (When is your due date?)

Do you have any questions or concerns about getting oral health care while you are pregnant?

Have there been any changes in your diet?

Since becoming pregnant, have you been vomiting? If so, how often?

Have you received prenatal care?

Do you need help finding a prenatal provider?

2

Oral Health Tips to Share with Pregnant Women

Brush teeth twice a day with fluoridated toothpaste.

Floss once a day.

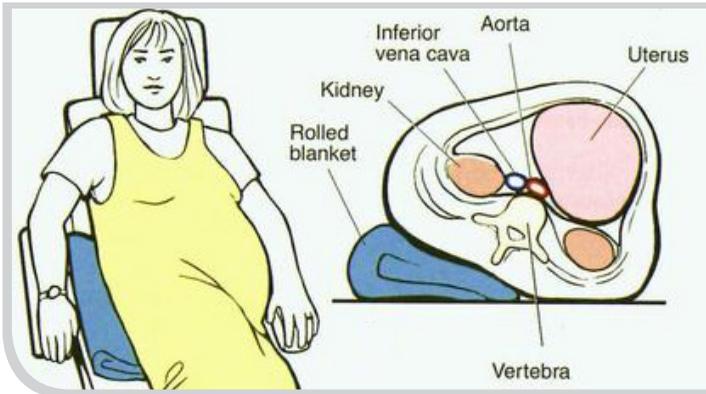
Choose healthy snacks and avoid foods and drinks containing sugar.

Drink water with fluoride. About 94% of Marylanders served by a community water system (as opposed to a private well) get fluoridated water from their tap. Most water filters do not remove fluoride.

If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water and delay toothbrushing for about an hour.

3

Positioning Pregnant Women in the Dental Chair



Keep the woman's head at a higher level than her feet.

Place the woman in a semi-reclining position, as tolerated, and allow frequent position changes.

Place a small pillow under the right hip or have the woman turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.

Provide Oral Disease Management and Treatment to Pregnant Women

- Provide emergency and routine oral health care at any time during pregnancy.
- Position women appropriately in the dental chair (see Box 3).
- Develop, discuss, and provide women with a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy.
- Use standard practice when placing restorative materials such as amalgam and composite. Although data are limited, the U.S. Food and Drug Administration concluded in 2008 that fetuses are not at risk for adverse health effects from amalgam placement or removal during pregnancy.⁴
- Use a rubber dam and high speed evacuation during endodontic and restorative procedures.

Provide Support Services (Case Management) to Pregnant Women

- If the woman does not have a prenatal provider, explain the **importance** of prenatal care. Assist the pregnant woman with finding a prenatal provider in the community, especially those who accept Medicaid and other public insurance programs.
- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g., domestic violence services), or other needs (e.g., transportation, translation, tobacco cessation).

Improve Health Services in the Community

- On the patient-intake form, record the name and contact information of the woman's prenatal provider.
- Accept pregnant women enrolled in Medicaid. Medicaid's Maryland Healthy Smiles Dental Program **covers** oral health care services during pregnancy.
- Establish partnerships with community-based programs that serve pregnant women (e.g., WIC, Early Head Start, Home Visiting).
- Provide a referral to a nutrition professional if counseling on food choices or nutrition-related health problems would be beneficial (available at WIC programs).
- Provide culturally and linguistically appropriate care. Ensure that women understand the information shared with them by asking them to explain what they heard (i.e., "teach back").

Dental Pharmacological Considerations for Pregnant Women

	MAY BE USED	MAY BE USED IN SHORT DURATION	AVOID OR NEVER USE
Analgésics*	<ul style="list-style-type: none"> ◦ Acetaminophen ◦ Acetaminophen with Codeine, Hydrocodone, or Oxycodone 	<p>48 to 72 hrs, avoid during 1st and 3rd trimesters</p> <ul style="list-style-type: none"> ◦ Aspirin ◦ Ibuprofen ◦ Naproxen 	
Antibiotics	<ul style="list-style-type: none"> ◦ Amoxicillin ◦ Cephalosporins ◦ Clindamycin ◦ Metronidazole ◦ Penicillin 		<p>Avoid!</p> <ul style="list-style-type: none"> ◦ Ciprofloxacin ◦ Clarithromycin ◦ Levofloxacin ◦ Moxifloxacin <p>Never Use!</p> <ul style="list-style-type: none"> ◦ Tetracycline
Anesthetics	<ul style="list-style-type: none"> ◦ Local Anesthetics with Epinephrine (e.g., Lidocaine) ◦ Nitrous Oxide <p><i>Consult with a prenatal provider before using nitrous oxide, intravenous sedation, or general anesthesia.</i></p>		
Therapeutic Agents	<ul style="list-style-type: none"> ◦ Chlorhexidine mouth rinse ◦ Professionally-applied topical fluorides <p><i>Use alcohol-free products during pregnancy.</i></p>		

*Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days) and avoid issuing refills to reduce risk for dependency.

Tips for Good Oral Health During Pregnancy

The health of your teeth and gums is **important** because it affects the health of you and your child. Getting dental care while you are pregnant is **safe** and **covered** by Maryland Medicaid during pregnancy. If your mouth is healthy, you will be giving your baby a healthy start! Doing the following will help keep you and your baby healthy.

Practice Good Oral Hygiene

- Brush teeth twice a day with fluoride toothpaste.
- Floss once a day to prevent red, puffy gums.
- If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth. Delay toothbrushing for about an hour.



Eat Healthy Foods

- Eat a balanced and nutritious diet.
- Avoid foods high in sugar. Also avoid beverages high in sugar like juice, fruit-flavored drinks, and soda.
- If you have problems with nausea, eat small amounts of healthy foods throughout the day.
- Drink fluoridated water throughout the day, especially between meals. Most tap water in Maryland contains fluoride which prevents cavities. Most water filters do not remove fluoride.



Get Dental Care

- Tell the dentist and dental hygienist that you are pregnant and your due date.
- All dental treatment should be completed before delivery.
- Dental care, including the use of X-rays, most pain medications, and local anesthesia, is safe during pregnancy.
- Changes to your body when you are pregnant may make your gums sore or puffy and may make them bleed. This problem is called gingivitis (inflammation of the gums). If gingivitis is not treated, it may lead to periodontal (gum) disease, which can cause tooth loss.

Practice Other Healthy Behaviors

- Attend prenatal classes.
- Stop use of all tobacco products and recreational drugs. Avoid secondhand smoke.
- Do not drink alcohol.
- Take folic acid and iron supplements as recommended by your prenatal doctor or nurse.

To find a Medicaid dentist, visit: health.maryland.gov/oral-health

Tips for Good Oral Health During Infancy

To Keep Child Cavity Free:

- Beginning soon after birth, clean your child's gums daily with a clean, wet washcloth.



- Do not put your child to bed with a bottle. Children should be weaned from a bottle between 12 and 14 months.
- Avoid saliva-sharing activities (sharing utensils, cleaning pacifier in your mouth) as cavity-causing bacteria can be passed from mother to child.
- Once teeth come in, start brushing twice a day with a smear of fluoride toothpaste for children under age 3. For children ages 3 and above, a pea-size amount should be used.



smear
under age 3

pea-size
age 3 and older

- Avoid giving your child foods and drinks containing sugar. Children should not have fruit juice during their first year.



Tips on How to Brush a Young Child's Teeth

- Use a small, child-sized toothbrush.
- Lay child down on a comfortable surface (changing table).
- Position yourself behind child's head.
- Give child a toy to hold.
- Brush 2 - 3 teeth at a time.

- Lift the child's lip once a month to look for cavities. The child should see a dentist immediately if there are signs of cavities.
- At one year well-child visit, ask doctor about child's oral health and fluoride.
- Children should have their first dental visit by age 1.



Early Cavities

Chalky white lines at the gum line that can be healed.



Moderate Cavities

Looks like teeth are melting or chipping.



Severe Cavities

Brown/black in color; may be chipped or broken.



How to Relieve Teething Pain

- Use over-the-counter pain medicine (acetaminophen, ibuprofen) and/or chilled teething rings.
- Do not use teething gels.

Consejos para tener una buena salud bucal durante el embarazo

La salud de sus dientes y encías es **importante** ya que afecta su salud y la de su hijo. Obtener atención odontológica mientras está embarazada es **seguro** y está **cubierto** por Medicaid de Maryland durante el embarazo. Si su boca está sana, le estará dando a su bebé un comienzo saludable! Hacer lo siguiente les ayudará a usted y a su bebé a mantenerse saludables.

Tenga buenos hábitos de higiene bucal

- Cepílese los dientes dos veces al día con pasta dental con flúor.
- Use hilo dental una vez al día para prevenir encías rojas e inflamadas.
- Si vomita, enjuáguese la boca con una cucharadita de bicarbonato de sodio disuelto en una taza de agua para evitar que el ácido le haga daño a los dientes. Retrase el cepillado por cerca de una hora.



Obtenga atención odontológica

- Dígale al odontólogo y al higienista odontológico que está embarazada y la fecha del parto.
- Todos los tratamientos odontológicos se deben completar antes del parto.
- La atención odontológica, lo que incluye uso de rayos X, la mayoría de los medicamentos para el dolor y la anestesia local, son seguros durante el embarazo.
- Los cambios en su cuerpo cuando está embarazada pueden ocasionar dolor e inflamación en sus encías, lo que puede hacerlas sangrar. Este problema se llama gingivitis (inflamación de las encías). Si no se trata la gingivitis, puede provocar una enfermedad periodontal (en las encías) que puede ocasionar pérdida de dientes.

Coma alimentos saludables

- Tenga una dieta balanceada y nutritiva.
- Evite alimentos con alto contenido de azúcares. También evite bebidas con alto contenido de azúcares, como jugos, bebidas con sabor a frutas y gaseosas.
- Si tiene náuseas, coma pequeñas cantidades de alimentos saludables durante el día.
- Beba agua con fluoruro durante el día, especialmente entre comidas. La mayoría del agua de grifo de Maryland contiene fluoruro, lo cual previene las caries. La mayoría de los filtros de agua no eliminan el fluoruro.



Tenga otros buenos hábitos saludables

- Asista a clases prenatales.
- No consuma tabaco ni drogas recreativas. Evite ser fumadora pasiva.
- No consuma alcohol.
- Tome ácido fólico y suplementos de hierro según lo recomendado por su médico o personal de enfermería prenatal.

Para encontrar un odontólogo de Medicaid, visite:
health.maryland.gov/oral-health

Consejos para tener una buena salud bucal durante la infancia

Para mantener a su hijo libre de caries:

- Al poco tiempo del parto, limpie las encías de su bebé a diario con un pañito mojado limpio.



- No acueste a su hijo con un biberón. Los niños deben ser destetados del biberón entre los 12 y 14 meses.
- Evite actividades en las cuales comparta saliva (compartir utensilios o limpiar el chupón con su boca), ya que las bacterias que ocasionan caries pueden ser transmitidas de madre a hijo.
- Una vez que le salgan dientes, empiece a cepillarlos dos veces al día con una pequeña cantidad de pasta dental con flúor para niños menores de 3 años. Para niños de 3 años de edad o más, se debe usar una cantidad del tamaño de un guisante.



pequeña cantidad tamaño de un guisante
menores de 3 años 3 años de edad y mayores

- Evite darle a su hijo alimentos y bebidas que contengan azúcares. Los niños no deben beber jugo de frutas durante su primer año.
- Levante los labios del niño una vez al mes para ver si tiene caries. El niño debe tener una consulta con un odontólogo inmediatamente si hay señales de caries.



Consejos para cepillar los dientes de un niño pequeño

- Use un cepillo de dientes pequeño para niños.
- Acueste al niño en una superficie cómoda (cambiador).
- Ubíquese detrás de la cabeza del niño.
- Dele un juguete para que lo sostenga.
- Cepille de 2 a 3 dientes al mismo tiempo.

- Cumplido el primer año, en la visita para el bienestar del niño, pregúntele al odontólogo sobre la salud bucal y el flúor.
- Los niños deben tener su primera consulta odontológica al cumplir 1 año de edad.



Caries en la primera infancia

Las líneas blanquecinas en la línea de la encía se pueden curar.



Caries moderadas

Los dientes parecen derretirse o astillarse.



Caries graves

De color marrón o negro; pueden estar astilladas o rotas.



Cómo aliviar el dolor de la dentición

- Use analgésicos de venta libre (acetaminofén, ibuprofeno) o anillos de dentición fríos.
- No use geles para la dentición.

Dental Referral Form for Pregnant Women

SECTION A: PRENATAL PROVIDER TO COMPLETE (SEND TO DENTAL PROVIDER)

Patient Referred to: _____ Referral Date: _____
(Dentist Name | Practice)

Patient Information:

Name: _____
(Last) (First)

DOB: ____ / ____ / _____ Estimated Delivery Date: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Known Allergies and Precautions: *(Specify, if any)*

The following are considered safe during pregnancy:

Dental Procedures:

Oral Examination
Dental Prophylaxis
Scaling and Root Planing
Extraction
Dental X-ray with Lead Shielding
Local Anesthetic with Epinephrine
Root Canal
Restorations | Fillings

Medications:

Amoxicillin
Cephalosporins
Clindamycin
Metronidazole
Penicillin
Acetaminophen
Acetaminophen with Codeine, Hydrocodone, or
Oxycodone

Patient may NOT have: *(Specify)*

REFERRING PRENATAL PROVIDER

Name: _____
(Please Print)

Signature: _____

Date: _____

Phone #: () -

Email: _____

Fax #: () -

SECTION B: DENTAL PROVIDER TO COMPLETE (RETURN TO PRENATAL PROVIDER)

Diagnosis:

Treatment Plan:

DENTAL PROVIDER

Name: _____
(Please Print)

Signature: _____

Date: _____

Phone #: () -

Published: February 2018

Oral health care is covered by Medicaid for pregnant women in Maryland.
To find a dentist who accepts Medicaid, visit: OralHealth4BetterHealth.com

Provided By:



MARYLAND
Department of Health

Permission is given to use this form, which can be found at: OralHealth4BetterHealth.com

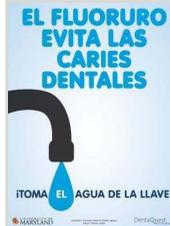
Additional Resources

The Maryland Department of Health and its partners offer printed materials free of charge (subject to availability). Use the link reference number beneath each resource to preview and request materials from the organizations listed in the **links** section.

Brochures

						
Give Yourself a Healthy Mouth During Pregnancy (Eng.)	Give Yourself a Healthy Mouth During Pregnancy (Sp.)	Lift the Lip (Eng.)	Lift the Lip (Sp.)	Referral Pad	Oral Health Resource Guide	Tobacco Toolkit
Link Reference Number						
1	1	1	1	1	1	3

Posters

						
Oral Health During Pregnancy	Wipe Baby's Mouth (Eng.)	Wipe Baby's Mouth (Sp.)	Fluoride Prevents Cavities (Eng.)	Fluoride Prevents Cavities (Sp.)	Lift the Lip (Eng.)	Lift the Lip (Sp.)
Link Reference Number						
1	2	2	2	2	2	2

Links

- Office of Oral Health Educational Resources: <https://phpa.health.maryland.gov/oralhealth/Pages/materials.aspx>
- University of Maryland College Park, School of Public Health: <http://sph.umd.edu/center/hchl/oral-health-and-health-literacy>
- Maryland's 1-800-Quit Now: <http://smokingstopshere.com/>
- Healthy Teeth Healthy Kids Program: www.HealthyTeethHealthyKids.org
- National Maternal and Child Oral Health Resource Center: <https://www.mchoralhealth.org/>

Medicaid's Maryland Healthy Smiles Dental Program

Medicaid's Maryland Healthy Smiles Dental Program provides coverage for children under the age of 21, former foster care recipients under the age of 26, pregnant women ages 21 and over, and adults enrolled in the Rare and Expensive Case Management (REM) program.



SKYGEN USA

Skygen USA handles the coordination of all dental-related customer service for Maryland Medicaid enrollees participating in the Healthy Smiles Dental Program.



Provider Services

Phone: **844-275-8753**

Email: providerservices@skygenusa.com

Web: www.provider.MDhealthysmiles.com

Member Services

Phone: **855-934-9812**

TDD: **855-934-9816**

Web: www.member.MDhealthysmiles.com

Citations

¹ Centers for Disease Control and Prevention. 2017. Children's Oral Health. <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

² Maryland Department of Health. 2017. Maryland PRAMS Report: 2015 Births. Baltimore, MD: Maryland Department of Health.

<https://phpa.health.maryland.gov/mch/Documents/MD%20PRAMS%20Report%202015%20Births.pdf>

³ American Dental Association, Council on Scientific Affairs, U.S. Food and Drug Administration. 2012. Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (rev.). Chicago, IL: American Dental Association. http://www.ada.org/~media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx

⁴ Federal Register. 2009. Guidance for Industry and Food and Drug Administration Staff; Class II Special Controls Guidance Document: Dental Amalgam, Mercury, and Amalgam Alloy; Availability. 74:148. <https://www.gpo.gov/fdsys/pkg/FR-2009-08-04/pdf/E9-18445.pdf>

Photographs Contributed By

Page 10, top image: dentalcare.com

Page 10, bottom image: <http://www.perioimplant.gr/en/periodontal-disease/133-gingivitis.html#>

Page 11, top image: dentalcare.com

Page 11, middle image: dentalcare.com

Page 11, bottom image: dentalcare.com

Page 12, image on top left: BCBSNC Foundation

Page 13, top image: Wilkins, E. 2009. Clinical Practice of the Dental Hygienist, 10th ed. Philadelphia: Lippincott Williams & Wilkins.

Pages 15 & 17, image on left: Maternal and Child Health Access

Pages 16 & 18, image on top left: National Maternal and Child Oral Health Resource Center

Pages 16 & 18, images on right: Alberta Health Services - Oral Health

**Let women know that
oral health care during pregnancy is**

Safe

IMPORTANT

Covered

by Maryland Medicaid



MARYLAND
Department of Health