The OHNEP
Interprofessional Oral Health
Faculty Toolkit

Nurse Midwifery Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL
ORAL HEALTH CORE COMPETENCIES:

- Midwifery Health Assessment of Women & Gynecology
- Midwifery Care During Pregnancy
- Midwifery Care of Women During Labor, Birth, Postpartum & Care of Newborns
- Resources
The Oral Health Nursing Education and Practice (OHNEP) program has developed an Interprofessional Oral Health Faculty Tool Kit to provide you with user friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your midwifery program.

Oral health and its relation to overall health has been identified as an important population health issue. Healthy People 2020 (2011), the IOM Reports, Advancing Oral Health in America (2011) and Building Workforce Capacity in Oral Health (2011), as well as the IPEC Competencies (2011), challenged HRSA to develop interprofessional oral health core competencies for primary care providers. Publication of the report, Integrating Oral Health in Primary Care Practice (2014), reflects those interprofessional oral health competencies that can be used by midwives for faculty development, curriculum integration and establishment of “best practices” in clinical settings.

The HRSA interprofessional oral health core competencies, the IPEC competencies and the ACNM core competencies provide the framework for the curriculum templates and resources. Exciting teaching-learning strategies that take students from Exposure to Immersion to Competence can begin in the classroom, link to simulated or live clinical experiences and involve community-based service learning, advocacy and policy initiatives as venues you can readily use to integrate oral health into your existing primary care curriculum. The midwifery program curriculum template illustrates how oral health can be integrated into health promotion, health assessment and clinical management courses.

The Smiles for Life interprofessional oral health curriculum provides a robust web-based resource for you to use that articulates with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the HEENT component of the history and physical exam to the HEENOT approach. In that way, you and your students will NOT forget about including oral health in patients encounters.

Research continues to reveal an integral relationship between oral and systemic health. Diabetes, sexually transmitted infections, and eating disorders are but a few of the health problems that have oral manifestations that can be treated or referred to our dental colleagues. It is important for midwives on the frontline of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your midwifery program. If you need additional technical assistance, please feel free to contact us at OHNEP@nyu.edu
## Midwifery Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment of Women and Gynecology

### Constructs

<table>
<thead>
<tr>
<th>1) EXPOSURE: INTRODUCTION</th>
<th>2) IMMERSION</th>
<th>3) COMPETENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE: RISK FACTORS FOR ORAL DISEASES IN WOMEN</strong>&lt;br&gt;Goal: Describe oral disease risk factors for adolescent and adult women&lt;br&gt;• Read:&lt;br&gt;  • Women's oral health: why sex and gender matter (Niessen et al, 2013)&lt;br&gt;  • Dietary behaviors and oral-systemic health in women (Kim et al., 2013)</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Include oral health in history and risk assessment (HEENOT) in simulation lab&lt;br&gt;• Review American Dental Association Caries Risk Assessment tool, Age &gt; 6 (Appendix 1)</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Demonstrate competency in oral health history and risk assessment in gynecological, well woman, and preconception visits in clinical setting&lt;br&gt;• Document oral health history and risk factors findings in electronic health record&lt;br&gt;• Read:&lt;br&gt;  • Letters to the Editor: Letters on Preconception Counseling and Care (Slik, 2014)</td>
</tr>
<tr>
<td><strong>KNOWLEDGE: ORAL CARE IN GYM, WELL-WOMAN, &amp; PRECONCEPTION VISITS</strong>&lt;br&gt;Goal: Describe oral exam of the adolescent and adult woman&lt;br&gt;• Complete Smiles for Life Modules 1, 3, 7&lt;br&gt;• Complete Quizzes for SFL modules 1, 3, 7 (Appendix 2, 3, 4)&lt;br&gt;• Submit SFL certificates of completion</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Include oral health in physical exam (HEENOT) in simulation lab&lt;br&gt;• Review common adult oral abnormalities (Appendix 5)&lt;br&gt;• Develop a strategy to promote smoking cessation (Review resources at <a href="http://women.smokefree.gov/">http://women.smokefree.gov/</a>)</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Demonstrate competency in oral health history, risk assessment and HEENOT in gynecological, well-woman, and preconception visits in clinical setting&lt;br&gt;• Read&lt;br&gt;  • Putting the Mouth Back in the Head: HEENOT (Haber et al, 2015)&lt;br&gt;• Document HEENOT findings in electronic health record&lt;br&gt;• Develop a community dental resource network and have a list of accessible dental providers, including those who accept Medicaid, to offer to your patients</td>
</tr>
<tr>
<td><strong>KNOWLEDGE: COMMON WOMEN'S ORAL HEALTH ISSUES</strong>&lt;br&gt;Goal: Describe oral manifestations of common health problems in women&lt;br&gt;• Domestic Violence: Enhancing Dental Professionals' Response to Domestic Violence (Shanel-Hogan et al., 2005)&lt;br&gt;• GERD: Oral manifestations of gastroesophageal reflux disease (Ranjitkar et al., 2012)&lt;br&gt;• Sexually Transmitted Infections: Oral manifestations of sexually transmitted infections (DePaola, 2013)</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Demonstrate understanding of health literacy and strategies to improve oral health behaviors&lt;br&gt;• Following health literacy principles, create a patient brochure demonstrating how practicing good oral hygiene is essential to maintaining good overall health</td>
<td><strong>COLLABORATIVE CASE PRESENTATION</strong>&lt;br&gt;Goal: Identify a collaborative care plan for female patient with an eating disorder and dental erosion&lt;br&gt;• Midwifery and dental hygiene student will read&lt;br&gt;  • Eating disorder-induced dental complications: a case report (De Moor, 2004) and collaborate on case presentation, including plan for patient education, prevention, anticipatory guidance, referral and follow-up care</td>
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</table>
American Dental Association Caries Risk Assessment tool, Age > 6

<table>
<thead>
<tr>
<th>Contributing Conditions</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
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<tbody>
<tr>
<td>I.</td>
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<td>II.</td>
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<td>III.</td>
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<td>IV.</td>
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General Health Conditions

<table>
<thead>
<tr>
<th>Special Healthcare Needs</th>
<th>Yes (age 14+)</th>
<th>Yes (ages 6-14+)</th>
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<tbody>
<tr>
<td>I.</td>
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<td>II.</td>
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<td>IV.</td>
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<td>V.</td>
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Clinical Conditions

| Caries Lesions or Restorations (usually or radiographically evident) | No new carious lesions or restorations in last 24 months | 1 or 2 new carious lesions or restorations in last 24 months | 3 or more new carious lesions or restorations in last 24 months |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| I.                                                                  |                                                         |                                                          |
| II.                                                                 |                                                         |                                                          |
| III.                                                                 |                                                         |                                                          |
| IV.                                                                 |                                                         |                                                          |
| V.                                                                  |                                                         |                                                          |
| VI.                                                                 |                                                         |                                                          |
| VII.                                                                 |                                                         |                                                          |
| VIII.                                                                |                                                         |                                                          |

Overall assessment of dental caries risk:

- Low
- Moderate
- High

Patient Instructions:

(ADA, 2011)
# APPENDIX 2

## Midwifery Health Assessment of Women & Gynecology

### Smiles for Life Module 1 Quiz: The Relationship of Oral to Systemic Health

<table>
<thead>
<tr>
<th>1. What is the most common chronic disease of childhood?</th>
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<tbody>
<tr>
<td>A. Asthma</td>
</tr>
<tr>
<td>B. Seasonal allergies</td>
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<tr>
<td>C. Dental caries</td>
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<tr>
<td>D. Cefuroxime</td>
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</table>

<table>
<thead>
<tr>
<th>2. What is a consequence of untreated dental caries?</th>
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</thead>
<tbody>
<tr>
<td>A. Osteonecrosis of alveolar bone</td>
</tr>
<tr>
<td>B. Gingival hyperplasia</td>
</tr>
<tr>
<td>C. Oral mucositis</td>
</tr>
<tr>
<td>D. Tooth fractures</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Which condition is associated with periodontal disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Asthma</td>
</tr>
<tr>
<td>B. Preterm labor</td>
</tr>
<tr>
<td>C. Sinusitis</td>
</tr>
<tr>
<td>D. Hypothyroidism</td>
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</table>

<table>
<thead>
<tr>
<th>4. Which of the following medications is linked to gingival hyperplasia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Phenytoin</td>
</tr>
<tr>
<td>B. Amoxicillin</td>
</tr>
<tr>
<td>C. Digoxin</td>
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<tr>
<td>D. Coumadin</td>
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<tr>
<th>5. What can a primary care clinician do to promote oral health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Collaborate with dental and other health professionals</td>
</tr>
<tr>
<td>B. Apply dental sealants</td>
</tr>
<tr>
<td>C. Prescribe oral fluoride supplements to every patient</td>
</tr>
<tr>
<td>D. Apply fluoride varnish to the teeth of all adults</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Which of these classes of medications is NOT generally associated with decreased salivary flow?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Antihistamines</td>
</tr>
<tr>
<td>B. Antibiotics</td>
</tr>
<tr>
<td>C. Corticosteroids</td>
</tr>
<tr>
<td>D. Anticholinergics</td>
</tr>
<tr>
<td>E. Diuretics</td>
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</tbody>
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<table>
<thead>
<tr>
<th>7. A patient undergoing chemotherapy for cancer is at risk for which of these oral complications due to the effects of chemotherapy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Osteonecrosis of alveolar bone</td>
</tr>
<tr>
<td>B. Gingival hyperplasia</td>
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<tr>
<td>C. Oral mucositis</td>
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<tr>
<td>D. Tooth fractures</td>
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<thead>
<tr>
<th>8. Which of the following infections is NOT potentially caused by direct extension from a dental source?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Otitis media</td>
</tr>
<tr>
<td>B. Sinusitis</td>
</tr>
<tr>
<td>C. Brain abscess</td>
</tr>
<tr>
<td>D. Facial cellulitis</td>
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<tr>
<th>9. What is the suggested common pathway linking chronic periodontitis and conditions such as diabetes, coronary artery disease and adverse pregnancy outcomes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Direct bacterial extension</td>
</tr>
<tr>
<td>B. Poor nutrition</td>
</tr>
<tr>
<td>C. Circulating antibodies</td>
</tr>
<tr>
<td>D. Inflammation</td>
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<thead>
<tr>
<th>10. Which of the following is NOT a mechanism for inter-relationships between oral and systemic disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Behavioral</td>
</tr>
<tr>
<td>B. Iatrogenic</td>
</tr>
<tr>
<td>C. Neurologic</td>
</tr>
<tr>
<td>D. Inflammatory</td>
</tr>
</tbody>
</table>

(Clark et al., 2010)
1. Which dental procedure does NOT require prophylaxis for individuals at high risk of bacterial endocarditis?
   A. Dental extractions
   B. Periodontal procedures
   C. Post-operative suture removal
   D. Prophylactic cleaning of teeth if bleeding is anticipated
   E. Re-implantation of avulsed teeth

2. Periodontal disease can be clinically distinguished from gingivitis in which of the following ways?
   A. Inflammation of the gums
   B. White discoloration of the permanent teeth
   C. Enlarged pockets at the gum base
   D. Gingival hypertrophy

3. Which of the following is NOT a common site for oral cancers?
   A. Tongue
   B. Floor of mouth
   C. Hard palate
   D. Lower lip

4. Which of the following is most likely to lead to poorer oral health in the elderly?
   A. Alzheimer’s dementia
   B. Coronary artery disease
   C. Hypothyroidism
   D. All of the above

5. Risk factors for adult caries may include all the following except:
   A. Low socioeconomic status
   B. Existing tooth restoration
   C. Decreased salivary flow
   D. A vegetarian diet
   E. Physical disabilities

6. Which of the following patients requires bacterial endocarditis antibiotic prophylaxis?
   A. A 26 year old woman with mitral valve prolapse undergoing routine teeth cleaning with no anticipated bleeding.
   B. A 64 year old man with a prosthetic mitral valve who is undergoing a tooth extraction.
   C. A 16 year old boy with a ventricular septal defect completely repaired in infancy who requires extraction of an impacted wisdom tooth.
   D. A 32 year old man who had bacterial endocarditis 5 years ago who is undergoing orthodontic appliance adjustment.

7. Which of the following is not a normal age-related tooth change?
   A. Gingival recession
   B. Root caries
   C. Yellowing of teeth
   D. Wearing away of teeth with exposed dentin

8. Which of the following statements, concerning xerostomia or dry mouth, is not true?
   A. Xerostomia is caused by a decrease in the production of saliva
   B. Xerostomia can cause a burning sensation, change in taste, and difficulty swallowing
   C. Medications can contribute to xerostomia
   D. Xerostomia can increase the development of caries
   E. Xerostomia is rarely a problem for patients wearing complete dentures

9. Which of the following has been implicated in the development of recurrent aphthous ulcers?
   A. Trauma
   B. Vitamin C deficiency
   C. Sickle Cell Anemia
   D. Herpes simplex virus infection

10. Which of the following factors is NOT involved in the development of “Meth Mouth”:
    A. Poor oral hygiene
    B. Increased carbohydrate consumption
    C. Nighttime mouth breathing
    D. Teeth grinding
    E. Xerostomia

(Clark et al., 2010)
Smiles for Life Module 7 Quiz: The Oral Examination

1. What constitutes a tooth’s outer layer?
   A. Enamel  
   B. Dentin  
   C. Pulp

2. What is a full complement of adult teeth?
   A. 26  
   B. 28  
   C. 30  
   D. 32

3. A caregiver asks you how many teeth her 3 year old child should have. What would you respond?
   A. 20  
   B. 22  
   C. 24  
   D. 28

4. At what age do teeth typically begin to erupt in children?
   A. 3-9 months  
   B. 9-15 months  
   C. 15-21 months  
   D. 21-27 months

5. Oral cancer is most common in which area of the mouth?
   A. Hard palate  
   B. Surface of tongue  
   C. Inside of cheek  
   D. Posterior lateral tongue

6. When performing the “knee-to-knee” oral exam on a young child, in what position should the child start?
   A. Facing the examiner  
   B. Standing up  
   C. Sitting on the exam table  
   D. Facing the caregiver

7. Which of the following is NOT needed by a primary care clinician to conduct a thorough oral exam?
   A. An exam light to illuminate key features in the mouth  
   B. Tongue depressors to lift the lip and retract the cheek  
   C. A mouth mirror to view lingual surfaces of teeth  
   D. Dental explorer  
   E. Gauze pads to grasp the tongue

8. When examining a 9 month old child’s mouth, what is a reason for an early referral to a dentist?
   A. The child has only 4 incisors  
   B. Developmental tooth defects are present  
   C. No molars have erupted  
   D. No canine teeth have erupted  
   E. Counting less than 20 teeth

9. You are performing an oral exam on your 21 year old patient who has been using smokeless tobacco for 4 years. What part of this patient’s oral cavity is especially important for you to examine?
   A. The sun-exposed areas of the patient's cheeks  
   B. The inner aspect of the patient’s lips and cheeks  
   C. Any discoloration or pitting of the patient’s teeth  
   D. Any plaque build-up along the patient’s gum line  
   E. The patient's posterior pharynx

10. A complete oral examination includes each of the following EXCEPT:
    A. Temporomandibular joint (TMJ) exam  
    B. Cervical node exam  
    C. Palpation of the floor of the mouth  
    D. Sinus exam  
    E. Exam of the skin around the mouth

(Clark et al., 2010)
### APPENDIX 2-4  Midwifery Health Assessment of Women & Gynecology

**Smiles for Life Modules 1, 3, & 7 Answer Key**

<table>
<thead>
<tr>
<th>Module 1:</th>
<th>Module 3:</th>
<th>Module 7:</th>
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<tbody>
<tr>
<td>1. C</td>
<td>1. C</td>
<td>1. A</td>
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<tr>
<td>2. A</td>
<td>2. C</td>
<td>2. D</td>
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<tr>
<td>3. B</td>
<td>3. C</td>
<td>3. A</td>
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<tr>
<td>5. A</td>
<td>5. D</td>
<td>5. D</td>
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(Clark et al., 2010)
## Midwifery Health Assessment of Women & Gynecology

### Adult Oral Health Checklist

Please check as you identify each item:

- [ ] Strep throat (A)
- [ ] Periodontal disease (B)
- [ ] Black hairy tongue (C)
- [ ] Herpetic lesion (D)
- [ ] Gingival recession (E)
- [ ] Canker sore (F)
- [ ] Angular cheilitis (G)
- [ ] Tori madibularis (H)

Images from:

- CDC public health images library
Adult Oral Health Checklist (Answer Key)

Please check as you identify each item:

- Strep throat (A)
- Periodontal disease (B)
- Black hairy tongue (C)
- Herpetic lesion (D)
- Gingival recession (E)
- Canker sore (F)
- Angular cheilitis (G)
- Tori madibularis (H)

Images from:
CDC public health images library
## Midwifery Curriculum Integration of Interprofessional Oral Health Competencies in Care During Pregnancy

<table>
<thead>
<tr>
<th>Midwifery Care During Pregnancy</th>
<th>1) Exposure</th>
<th>2) Immersion</th>
<th>3) Competency</th>
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<tbody>
<tr>
<td><strong>Knowledge: Oral Health in Pregnancy Myths</strong></td>
<td>Goal: Identify common myths about oral health during pregnancy</td>
<td>Goal: Demonstrate ability to dispel a common myth about oral health during pregnancy</td>
<td>Goal: Demonstrate ability to analyze contemporary issues, policies, and health care system(s) factors that influence oral-systemic health outcomes for mother and baby</td>
</tr>
<tr>
<td>• Read: <em>Oral health care during pregnancy: national consensus statement</em> (Oral Health Care During Pregnancy Expert Workgroup, 2012)</td>
<td>• Conduct a literature review and write an evidence-based argument to dispel one of the common myths about oral health during pregnancy</td>
<td>• Identify a policy that would help pregnant women in your catchment area overcome barriers to accessing oral health care. Prepare a brief evidence-based speech to present this policy to your local representative.</td>
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<tr>
<td>• Committee opinion no. 569: oral health care during pregnancy and through the lifespan (ACOG, 2013)</td>
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### Knowledge: Prenatal Oral Health Care

Goal: Describe oral exam of the pregnant woman

- Complete *Smiles for Life* Module 5
- Complete Quizzes for SFL module 5 (Appendix 1)
- Submit SFL certificate of completion

### Knowledge: Common Discomforts of Pregnancy

Goal: Describe common oral problems in pregnancy and how they can influence oral-systemic health outcomes for mother and baby

- Read: *Oral Health During Pregnancy* (Silk et al., 2008)
- Review SFL Prenatal Pocket Card (See Appendix 2)
- Complete *APTR Oral Health Learning Module Part 2: Oral Health For Pregnant Women and Their Newborns*
- Read Pharmacological Considerations for Pregnant Women (Appendix 3)

### Skill/Behavior

Goal: Include oral health history, risk assessment and HEENOT in prenatal care in simulation lab

- *Discuss SFL Oral Health in Pregnancy Case Study 1 (Appendix 4)*
- *Discuss safe antibiotic choices for pregnant women*
- *Discuss risk factors for periodontal disease in pregnancy*

Goal: Demonstrate competency in oral health history, risk assessment and HEENOT in prenatal visit in clinical setting

- Review *Putting the Mouth Back in the Head: HEENOT for Prenatal* (Haber et al, 2015)
- Document HEENOT findings in electronic health record
- Develop a community dental resource network and have a list of accessible dental providers, including those who accept Medicaid, to offer to your pregnant patients

Goal: Demonstrate understanding of health literacy and strategies to improve oral health behaviors

- *Review Two Healthy Smiles Brochure (Appendix 5) and comment on discussion board*
- *Review Tips for Good Oral Health During Pregnancy (Appendix 6)*
- *Following health literacy principles, prepare a FAQ sheet about dental care during pregnancy for pregnant women*

### Collaborative Case Presentation

Goal: Identify a collaborative care plan for pregnant patient with periodontal disease

- Midwifery and dental student to collaborate on case presentation, including comprehensive antepartum plan of care for the mother and baby, for a pregnant woman with periodontal disease
- Read: *Evaluation of periodontal pathogens in amniotic fluid and the role of periodontal disease in pre-term birth and low birth weight* (Erkan et al., 2013)
- Refer at risk, first-time pregnant women to the local NFP program

© Oral Health Nursing Education and Practice (OHNEP)
1. Which of the following is a FALSE statement?
A. Gingivitis is very common in pregnancy
B. Periodontitis is associated with preterm birth
C. Treatment of periodontitis in pregnancy decreases the risk of preterm birth
D. Deep root scaling to improve periodontitis is safe during pregnancy

2. Which of the following is a TRUE statement?
A. Mothers with caries pass their genetic predisposition for caries on to their babies
B. Mother with caries pass caries-causing bacteria to their babies in utero
C. Mother with caries pass caries-causing bacteria to their infants early in life via saliva transmission
D. All of the above

3. A pregnancy granuloma:
A. Has malignant potential and should be biopsied
B. Should be excised during pregnancy even if asymptomatic to avoid complications
C. Can be observed
D. Is not likely to recur if excised

4. A pregnant patient asks you for guidance about having dental treatment during her pregnancy. What would you say?
A. Dental treatment should only be done during the second and third trimester
B. Dental treatment should only be done during the third trimester because organogenesis is complete

5. What guidance should you give a pregnant patient about having dental x-rays during her pregnancy?
A. Dental x-rays should be avoided during pregnancy
B. Dental x-ray should be limited to only one film per pregnancy
C. Dental x-rays should be taken as necessary to reach a full diagnosis
D. Dental x-rays are rarely needed during pregnancy

6. What oral health guidance should you give a pregnant patient?
A. Brush twice daily with fluoridated toothpaste
B. Use chlorhexidine mouthwash three times per day
C. Avoid sugary drinks and snacks between meals
D. Take fluoride dietary supplements
E. A and C only

7. All of the following conditions can cause worsening gingivitis EXCEPT:
A. Onset of puberty
B. Monthly menses
C. Menopause
D. Use of oral contraceptives
E. Pregnancy

8. If a pregnant woman has an oral abscess in the first trimester, what should she do regarding its treatment?
A. Take antibiotics and pain medication only and wait until her second trimester to see the dentist
B. Avoid x-rays for further diagnosis
C. Have the tooth treated or extracted under local anesthesia immediately
D. Delay definitive treatment until after delivering her baby

9. Amalgam restorations placed during pregnancy can lead to which negative outcome in the fetus?
A. Birth defects
B. Neurologic sequelae
C. Spontaneous abortions
D. None of the above

10. What could pregnant women do after vomiting to reduce the risk of enamel erosion?
A. Swish with baking soda and water
B. Vigorously brush her teeth
C. Immediately take a dose of a proton pump inhibitor
D. Immediately take 3-4 antacid tablets

(Clarke et al., 2010)
Smiles for Life Module 5 Quiz Answer Key

Module 5:

1. C
2. C
3. C
4. D
5. C
6. E
7. C
8. C
9. D
10. A

(Clark et al., 2010)
APPENDIX 2  Midwifery Care During Pregnancy

Smiles for Life Prenatal Oral Health Pocket Card, Side 1

MANAGEMENT PRINCIPLES
ACOG: “A dental check up in pregnancy will ensure that your mouth stays healthy. Pregnant women are at increased risk for cavities and gum disease”. American Dental Association & American Academy of Periodontology support prenatal dental care.

Dental Treatment Timing
Dental treatments can occur during all 3 trimesters
First Trimester: Effective treatment can be delayed if patient or provider prefer until 2nd trimester, however care is safe; urgent care should not be delayed
Second Trimester: Optimal time for treatment; fetus not large, organogenesis complete
Third Trimester: Late in term uncomfortable; position women angled on left side

Dental X-Rays
• Only as needed
• Radiation exposure extremely low
• Use lead apron of abdomen/thyroid
• Avoid retakes

Common Dental Medications
Antibiotics
• Penicillin (FDA Category B)
• Amoxicillin (B)
• Cephalexin (B)
• Erythromycin base (B)
• Cindamycin (B)

Anesthetics
• Lidocaine (B)
• Procaine (C)
• Nitrous Oxide (no rating: literature indicates safe)

Analgesics
• Acetaminophen (B)
• Ibuprofen (B/D*)
• Diclofenac (N/?)
• Hydrocodone and Codeine (C/D*)
  *avoid in 3rd trimester

Preventive Agents
• Fluoride, Xylitol, Chlorhexidine
No increased risk during pregnancy

ERUPTION CHART – Permanent teeth
Use chart to describe affected tooth when referring:

DENTAL GUIDELINE RESOURCES:

PRENATAL ORAL CONDITIONS
• Gingivitis
• Mild gum swelling, tenderness, erythema
• Bleeds easily; reversible; hormonal cause
• Prevalence: 30-75% in pregnancy
• Treatment: brush bid, floss, regular dental visits
• Periodontitis
• Inflammation of gum, ligaments, bone
• Plaque plus bacteria plus inflammation
• Prevalence: 30% of women of childbearing age
• Associated with preterm labor/low birth weight
• Treatment: Proper hygiene; deep root scaling
• Caries (caused by S. mutans, sugar, poor hygiene)
• Plaque, white spots, brown spots lead to cavities
• Women pass caries risks to infant postpartum
• Treatment: Proper hygiene; regular dental visits; prescription xylitol gum postpartum
• Pregnancy granuloma
• Erythematous, non-painful, smooth nodule
• Usually on gingival; bleeds easily
• Prevalence: 5% of pregnant women
• Treatment: Observation; recur if excised
• Dental Erosions
• Caused by hyperemesis, GERD
• Treatment: Rinse after vomit, meals with baking soda and water

(Silk, Douglass, & Douglass, 2012)
**APPENDIX 2**

**Midwifery Care During Pregnancy**

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**Smiles for Life Prenatal Oral Health Pocket Card, Side 2**

**PREVENTION - CARIES & PERIODONTAL DISEASE**

**Initial prenatal visit**
- Ask
  - Do you brush bid; floss daily?
  - Do you have a dentist, dental insurance?
  - Have you seen the dentist in the past 6 months for a regular check up and cleaning?
  - Do you need any treatment completed?
- Perform oral exam
  - Teeth and gums
- Counsel
  - Limit sweet snacks/drinks between meals
  - Brush twice daily with fluoride toothpaste
  - Floss daily
  - Healthy gums and teeth help create healthy babies
- Refer
  - All patients with bleeding gums, cavities, tooth ache, loose teeth, or any other mouth problem
  - All women who have not been seen for non-emergent dental care in last 6 months

**Caries Risk Factors**
- Presence of cavities or multiple fillings
- Poor oral hygiene
- Poor access to dental care/no dental insurance
- Low socio-economic and/or education status
- Inadequate fluoride
- High frequency foods and drinks with sugar
- Special health care needs
- Presence of partial dentures or other appliances
- Xerostomia (medications, disease)

**Periodontal Disease Risk Factors**
- Poor oral hygiene
- Tobacco use
- Diabetes
- Medications (e.g. anticonvulsants -> gum hyperplasia)

**ANTIBIOTIC PROPHYLAXIS GUIDELINES FOR ORAL PROCEDURES**

If sending a prenatal patient for an oral procedure who has a heart condition, use AHA guidelines:

**At Risk Medical Conditions**

**Highest Risk**
- Acquired valvular dysfunction
- Prosthetic cardiac valves
- Previous bacterial endocarditis
- Congenital heart disease (CHD)
  - unrepaired cyanotic CHD
  - Completely repaired congenital heart defect during the first 6 months after the procedure
  - repaired CHD with residual defects
- Cardiac transplantation recipients who develop cardiac valvulopathy

**Lower Risk - No longer prophylaxed**
- Acquired valvular dysfunction
- Hypertrophic cardiomyopathy
- Mitral valve prolapse with audible regurgitation
- Isolated secondum atrial septal defect
- Previous coronary artery bypass grafting
- Physiologic, functional, or innocent murmurs
- Previous Kawasaki disease w/o valve dysfunction
- Cardiac pacemaker or implanted defibrillator

**Prophylaxis also recommended for patients with:**
- Total joint replacement
- In place less than 2 years
- Immuno compromised patient
- Previous prosthetic joint infection
- Vascular grafts in place less than 6 months
- Arteriovenous shunt for hemodialysis
- Neurosurgical shunts
- Indwelling catheters

**Planned Procedure**

**Prophylaxis recommended for highest risk patients**
- For all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa

**Prophylaxis NOT recommended for:**
- Local injections through non-infected tissue
- Removable appliance placement
- Oral radiographs
- Orthodontic appliance adjustment
- Shedding of primary teeth
- Bleeding from trauma to lips/oral mucosa

**Antibiotic choices for adults**

**Give 1 dose only 30 – 60 minutes pre-procedure:**
- Amoxicillin: 2.0 g by mouth
- Amoxicillin: 2.0 g IV or IM
- Cefazolin or Ceftriaxone: 1.0 g IV or IM
- Clindamycin: 600 mg by mouth
- Azithromycin or clarithromycin: 500 mg by mouth

**Unable to take oral medication (give 1 dose only 30 – 60 minutes before procedure):**
- Cefazolin or Ceftriaxone: 1.0 g IV or IM
- Clindamycin: 600 mg by mouth

**NOTE:** The American Heart Association (AHA) reaffirms that those medical procedures listed as not requiring infectious endocarditis prophylaxis in the 1997 statement remain unchanged and extends this view to *vaginal delivery*, hysterectomy, & tattooing.

**IMPORTANT NOTICE:**
The "Antibiotic Prophylaxis Guidelines" above are based on the latest recommendations by the AHA (updated 2007). It is advised to consult the AHA website for more details and for any updates: www.americanheart.org

(Silk, Douglass, & Douglass, 2012)
## Oral Health Care During Pregnancy: A National Consensus Statement

### Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

<table>
<thead>
<tr>
<th>Pharmaceutical Agent</th>
<th>Indications, Contraindications, and Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Analgesics</strong></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>May be used during pregnancy.</td>
</tr>
<tr>
<td>Acetaminophen with Codeine, Hydrocodone, Or Oxycodone</td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td></td>
</tr>
<tr>
<td>Mep Vicerine</td>
<td></td>
</tr>
<tr>
<td>Morphone</td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td></td>
</tr>
<tr>
<td>Naproxen</td>
<td></td>
</tr>
</tbody>
</table>

| **Antibiotics**        |                                                         |
| Amoxicillin           | May be used during pregnancy.                          |
| Cephalosporins        |                                                         |
| Clindamycin           |                                                         |
| Metronidazole         |                                                         |
| Penicillin            |                                                         |
| Ciprofloxacin         | Avoid during pregnancy.                                |
| Clarithromycin        |                                                         |
| Levofloxacin          |                                                         |
| Minocycline           |                                                         |
| Tetracycline          | Never use during pregnancy.                            |

| **Anesthetics**        |                                                         |
| Local anesthetics with epinephrine (e.g., Bupivicaine, Lidocaine, Mepivacaine) | May be used during pregnancy. |
| Nitrous oxide (30%)    | May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional. |

**Antimicrobials**

- Cephalosporin: Chloride mouth rinse
- Chlorhexidine mouth rinse
- Xylool

Smiles for Life Module 5 Case 1, Part 1

Case Study

Oral Health and the Pregnant Patient Case 1

Case Presentation Part 1

Estella, a 32 year old Hispanic woman, presents to your office for a first prenatal visit. She is excited to be 7 weeks pregnant. She quit smoking recently because she heard from her sister who had a preterm delivery that smoking can contribute to preterm labor. She wants to know if there is anything else she can do to reduce her risk of a preterm birth. She has struggled to care for her teeth. She has not seen the dentist in several years because few dentists in your area take her Medicaid insurance. As part of the visit you perform an oral examination and discover that she has periodontitis (see photo):

Feedback on Question 1
Which of the following is true?

- A. Treating her periodontitis during pregnancy will decrease her risk for preterm labor.
- B. Treating her periodontitis during pregnancy will decrease her child's risk for caries.
- C. There are no prenatal benefits to treating her periodontitis during pregnancy. You should advice her to wait and see the dentist after delivery.
- D. Treating her periodontitis is safe at any time during her pregnancy

Correct!
Periodontal treatment is safe throughout pregnancy as are fillings, tooth extractions, and most other dental procedures. Many mothers have dental insurance coverage during pregnancy that is not available after delivery, and many find it easier to get to the dentist before they have a new baby at home. Further, initial evidence shows that tooth loss is associated with increased parity so accessing good dental care is important for future oral health and tooth preservation.

(Clark et al., 2010)
APPENDIX 4  Midwifery Care During Pregnancy

Smiles for Life Module 5 Case 1, Part 2

Case Study

Oral Health and the Pregnant Patient Case 1

Case Presentation Part 2

Estella returns two weeks later concerned about a rapidly growing lesion in her mouth. She has never had anything like this before. It bled last night after eating some corn chips. Her sister says she had a similar lesion once when she was on birth control pills. Her doctor told her not to worry about it, and it eventually went away on its own.

Feedback on Question 2

What would be the best advice for Estella?

- A. Don’t listen to her sister. There is no way she had the same condition on birth control pills.
- B. The lesion should be removed immediately in case it is something serious.
- C. The lesion should be left alone. With brushing, flossing, and good oral care it likely will resolve after pregnancy.
- D. Encourage her to bite on the lesion in the hopes that will speed its resolution.

Correct!
The lesion in the photo is a pregnancy granuloma. These lesions usually can simply be observed unless they are bleeding excessively, interfere with eating, or do not resolve spontaneously after delivery.  They can also be treated by conservative surgical excision if they do not resolve after delivery. Recurrence is uncommon unless the lesion is incompletely removed or the source of irritation remains. Good oral hygiene can help reduce further lesion irritation and is also important to reduce the risk of caries and periodontal disease.

(Clark et al., 2010)
APPENDIX 4  Midwifery Care During Pregnancy

Smiles for Life Module 5 Case 1, Part 3

Case Study

Oral Health and the Pregnant Patient Case 1

Case Presentation Part 3

Estella returns to see you for a routine prenatal visit at 32 weeks of gestation. Dental treatment for her periodontitis went well and she is happy to have her mouth feeling good again. The dentist mentioned that because of her history of cavities, she should consider taking measures towards the end of her pregnancy to reduce her oral bacterial load as this will reduce her child's risk of cavities. Estella is skeptical and asks your opinion.

Feedback on Question 3

Which of the following would be the best advice for Estella?

- A. There is good evidence that methods to control oral bacterial levels in expecting and new mothers such as xylitol gum, dietary changes, or chlorhexidine rinses can reduce caries levels in their children. She should speak with her dentist about which approach is best for her.
- B. The evidence supporting dietary fluoride supplement use during pregnancy is much stronger than that for xylitol gum so she should start fluoride tablets instead.
- C. Chlorhexidine mouth rinse is safe for long term daily use and would be a good choice for her to use in the next year.
- D. There is not enough evidence to show that the use of caries preventive strategies in mothers reduces caries risk in children. Her money and time would be better spent paying for dental care for her child after birth.

Correct!
There is good evidence that methods to control oral bacterial levels such as xylitol gum, dietary changes, or use of chlorhexidine rinses when started in the third trimester of pregnancy and continued until the child is 2 years of age reduces the caries risk of their children.

End of Case

(Clark et al., 2010)
After Your Baby Is Born

After your baby is born, it is important for you to keep brushing with toothpaste. You also need to floss, eat healthy foods, and get dental care. When your mouth is healthy, your baby is more likely to have a healthy mouth, too.

Care for Your Baby’s Gums and Teeth

- Breast milk is best! Breastfeed your baby for 6 months or longer if you can.
- Germs can pass from your mouth to your baby’s mouth. Use a different spoon to taste your baby’s food. Clean your baby’s pacifier with water. Do not use your mouth to clean it.
- Clean your baby’s gums after every feeding even before her first teeth come in. Use a clean, damp washcloth or a toothbrush with soft bristles and a small head made for babies.
- When your baby gets his first tooth (usually around 6 to 10 months), begin brushing his teeth with toothpaste with fluoride twice a day. Use a small smear of toothpaste.
- Do not put your baby to sleep with a bottle filled with breast milk, formula, juice, or sugary drinks like fruit-flavored drinks or pop (soda).
- Take your baby to the dentist by the time she is 1 year old to have her teeth and gums checked.

Two Healthy Smiles

Tips to Keep You and Your Baby Healthy

Resources

Finding a Dentist
- http://www.aapd.org/findadentist
- http://www.knowyourteeth.com/findadentist

Finding Low-Cost Dental Care
- http://www.nidcr.nih.gov/FindingDentalCare
- ReducedCost/FLCDC.htm

Finding Dental Insurance Coverage
- https://www.healthcare.gov


Two Healthy Smiles: Tips to Keep You and Your Baby Healthy (rev) © 2009 by the National Maternal and Child Oral Health Resource Center, Georgetown University. Fourth printing.

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E-mail: OHRClinic@georgetown.edu
Website: http://www.mchbhealth.org

Taking care of your mouth while you are pregnant is important for you and your baby. Brushing, flossing, eating healthy foods, and getting dental checkups and treatment will help keep you and your baby healthy.

(Holt, Clark, & Barzel, 2009)
Changes to your body when you are pregnant can make your gums sore, puffy, and red if you do not brush and floss every day. This problem is called gingivitis (gin-gih-vi-tis). If gingivitis is not treated, it may lead to periodontal (pear-ee-oh-don-tuhl) disease. This disease can cause tooth loss.

After your baby is born, take care of your baby’s gums and teeth too.

Give your baby a healthy start! Here are tips to keep you and your baby's teeth and gums healthy.

### While You Are Pregnant

#### Brush and Floss
- To prevent or control tooth decay, brush your teeth with a soft toothbrush and toothpaste with fluoride (floor-ide) twice a day.
- Floss once a day before bedtime.
- If you cannot brush your teeth because you feel sick, rinse your mouth with water or a mouth rinse that has fluoride.
- If you vomit, rinse your mouth with water.

#### Eat Healthy Foods
- Eat fruits, vegetables, whole-grain products like bread or crackers, and dairy products like milk, yogurt, or cheese. Lean meats, fish, chicken, eggs, beans, and nuts are also good choices. Eat foods that have sugar at mealtimes only.
- Drink water or low-fat milk instead of juice, fruit-flavored drinks, or pop (soda).
- Drink water at least a few times a day, especially between meals and snacks.
- Eat fewer sweets like candy, cookies, or cake. Drink fewer sugary drinks like fruit-flavored drinks or pop (soda). Eat sweets or drink sugary drinks at mealtimes only.
- Look for products, like chewing gum or mints, that contain xylitol (zy-lyih-tohl).

#### Get Dental Care
- Get a dental checkup. It is safe to have dental care when you are pregnant. Do not put it off until after you have the baby.
- Tell the dental office staff that you are pregnant and your due date. This will help the dental team keep you comfortable.
- The dental team may recommend rinses with fluoride or chewing gum with xylitol, which can help reduce bacteria that can cause tooth decay and gingivitis.
- Talk to your doctor if you need help getting dental care or making an appointment.

(Holt, Clark, & Barzel, 2009)
Tips for Good Oral Health During Pregnancy

Below are tips for taking care of your oral health while you are pregnant. Getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviours will help keep you and your baby healthy. Delaying necessary treatment for dental problems could result in significant risk to you and your baby (for example, a bad tooth infection in your mouth could spread throughout your body).

Get Oral Health Care

- Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can make them bleed. This problem is called gingivitis (inflammation of the gums). If gingivitis is not treated, it may lead to more serious periodontal (gum) disease. This disease can lead to tooth loss.
- Oral health care, including use of Xeraze, pain medication, and local anesthesia, is safe throughout pregnancy.
- Get oral health treatment, as recommended by an oral health professional, before delivery.
- If your last dental visit took place more than 6 months ago or if you have any oral health problems or concerns, schedule a dental appointment as soon as possible.
- Tell the dental office that you are pregnant and your due date. This information will help the dental team provide the best care for you.

Practice Good Oral Hygiene

- Brush your teeth with fluoride toothpaste twice a day. Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed. Do not share your toothbrush. Clean between teeth daily with floss or an interdental cleaner.
- Rinse every night with an over-the-counter fluoride, alcohol-free mouthwash.

Tips

- After eating, chew xylitol-containing gum or use other xylitol-containing products, such as mints, which can help reduce bacteria that can cause tooth decay.
- If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth.

Eat Healthy Foods

- Eat a variety of healthy foods, such as fruits; vegetables; whole-grain products like cereals, bread, or crackers; and dairy products like milk, cheese, cottage cheese, or unsweetened yogurt. Meats, fish, chicken, eggs, beans, and nuts are also good choices.
- Eat fewer foods high in sugar like candy, cookies, cake, and dried fruit; and drink fewer beverages high in sugar like juice, fruit-flavored drinks, or pop (soda).
- For snacks, choose foods low in sugar, such as fruits, vegetables, cheese, and unsweetened yogurt.
- To help choose foods low in sugar, read food labels.
- If you have problems with nausea, try eating small amounts of healthy foods throughout the day.
- Drink water or milk instead of juice, fruit-flavored drinks, or pop (soda).
Tips for Good Oral Health During Pregnancy Handout, Side 2

After Your Baby Is Born
- Continue taking care of your mouth after your baby is born. Keep getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors.
- Take care of your baby's gums and teeth, feed your baby healthy foods (exclusive breastfeeding for at least 4 months, but ideally for 6 months), and take your baby to the dentist by age 1.
- Ask your baby's pediatric health professional to check your baby's mouth (conduct an oral health risk assessment) starting at age 6 months, and provide a referral to a dentist for urgent oral care.

Practice Other Healthy Behaviors
- Avoid prenatal classes.
- Stop use of tobacco products and recreational drugs. Avoid secondhand smoke.
- Stop any consumption of alcohol beverages.

Resources
- Healthy Start for Your Baby (brochure) produced by the Texas Department of State Health Services, http://www.dshs.state.tx.us/ehl/pdf/TX328.pdf
- Texas Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting © 2012 by the National Maternal and Child Oral Health Resource Center, Georgetown University. Permission is given to photocopy this publication or to forward it, in its entirety, to others.

(Oral Health Care During Pregnancy Expert Workgroup, 2012)
# Midwifery Curriculum Integration of Interprofessional Oral Health Competencies in Care of Women during Labor, Birth, Postpartum and Care of Newborns

## Midwifery Care of Women during Labor, Birth, Postpartum & Care of Newborns

### 1) Exposure

**Knowledge: Infant Oral Health Education for New Mothers**
- **Goal:** Describe importance of oral health for mother and baby
  - **Read:** "Teeth for Two" Online Educational Presentation (Password: nyu2014)
  - **Read:** Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Theme 7: Promoting Oral Health (Hagan et al., 2008)

**Knowledge: Oral Health Care of Infant**
- **Goal:** Describe oral exam and oral care of newborn
  - **Read:** Perinatal and Infant Oral Health Guidelines (ODA Foundation et al., 2010)

**Knowledge: Infant Feeding**
- **Goal:** Describe relationship between infant feeding decisions and oral health
    - **Focus On Sub-specialties Frenotomy for breastfed tongue-tied infants: a fresh look at an old procedure** (Mayer, 2012)
    - **Double-blind, randomized, controlled trial of tongue-tie division and its immediate effect on breastfeeding** (Berry et al., 2012)

### 2) Immersion

**Skill/Behavior**
- **Goal:** Identify strategies for educating new mothers about infant oral health care
  - **Read:** Nursing strategies to reduce the incidence of early childhood caries in culturally diverse populations (Kallas et al., 2011)
  - **Review:** Lift the Lip Pamphlet (Appendix 1)
  - **Review:** Cavity Free Kids Family Engagement Tools (WDSF, 2014)
  - **Watch:** A Healthy Mouth for Your Baby video (NICCR, 2013)

**Skill/Behavior**
- **Goal:** Include oral health history, risk assessment and HEENOT when caring for newborn in simulation lab
  - **Discuss:** SFL Infant Oral Health Case Study (Appendix 2)
  - **Following health literacy principles, develop an oral health FAQ sheet for new mothers**

**Skill/Behavior**
- **Goal:** Include oral assessment in infant breastfeeding assessment
  - **Following health literacy principles, develop a brochure about breastfeeding and infant oral health for new mothers**
  - **Role play an oral-health teaching learning session with a postpartum mother demonstrating how to care for her baby’s gums and teeth**

### 3) Competency

**Skill/Behavior**
- **Goal:** Develop a comprehensive, collaborative infant oral health education plan for postpartum mother
  - **Midwife and Pediatric Nurse Practitioner student collaborate to provide oral health education and anticipatory guidance for parent of newborn at pediatric clinic**
  - **Review:** Human Papillomavirus Laryngeal Tracheal Papillomatosis Case Study (Alfano, 2014)

**Skill/Behavior**
- **Goal:** Demonstrate competency in oral health history, risk assessment and HEENOT in postpartal and neonatal periods in clinical setting
  - **Review:** Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al, 2015)
  - **Document:** HEENOT findings in EHR
  - **Develop:** a community dental resource network and have a list of accessible pediatric dental providers, including those who accept Medicaid, to offer to new mothers
  - **Implement:** an oral health anticipatory guidance session with a new mother during the postpartum visit

**Skill/Behavior**
- **Goal:** Identify a collaborative care plan for infant with ankyloglossia
  - **Midwifery and dental student collaborate on case presentation, including parent education on benefits of frenotomy and comprehensive care plan, for infant with tongue-tie**
  - **Identify:** a list of pediatric dentists and/or oral surgeons in the community who perform frenotomies
  - **Refer:** at risk moms to the WIC program

---

© Oral Health Nursing Education and Practice (OHNEP)
Lift the Lip Brochure

Healthy Baby Teeth

Look closely along the gum line for white lines or brown spots on the front or back of teeth.

To Check Baby's Teeth:
- Lift the lip once a month.
- Look for early cavities—white lines or spots near the gum line.
- Never put a baby to bed with a bottle unless it contains water only.
- Wipe baby from the bottle by age 12-14 months.
- Clean baby's teeth daily with a soft toothbrush or clean washcloth.
- Take your child to the dentist by their first birthday.

Germs that cause cavities spread from person to person. Avoid sharing cups, eating utensils or toothbrushes.

MILD DECAY
Chalky white lines at the gum line. May be reversed—See a dentist soon!

MODERATE DECAY
Looks like teeth are "melting or chipping." See a dentist before decay gets worse.

SEVERE DECAY
Must see a dentist to avoid future damage to permanent teeth.

(Herschel S. Horowitz Center for Health Literacy, 2013)
Smiles for Life Module 2 Case 2, Part 1

Case Study

Child Oral Health Case 2

Case Presentation Part 1

You work at a community health center in a rural area of your state. Carol, a 9 month old girl, comes in with her Mom for a routine well child visit. Mom received good prenatal care including dental restoration of several cavities, but unfortunately her pregnancy was complicated by episodes of maternal pyelonephritis and pneumonia, and Carol was delivered at 34 weeks due to premature rupture of membranes. At today’s visit, in addition to addressing common issues in the care of former premature infants, you explore Carol’s oral health risks. Your oral exam findings are displayed in the photo to the right.

Question 1

Which of the following is true about Carol’s risk for developing Early Childhood Caries (ECC)?

- A. Carol is low risk because she was delivered early and her teeth had more time to develop enamel.
- B. Carol is high risk because she was born early and her mother had several infections during her pregnancy.
- C. Carol is low risk because her mother had cavities.
- D. Carol is high risk because her mother is wealthy and has health insurance.
Case Study

Child Oral Health Case 2

Case Presentation Part 2

You and Carol’s Mom agree that she is at high risk for ECC. Mom is anxious to do all that she can to help Carol avoid the extensive caries that she has experienced herself. She asks you for guidance.

Question 2

Which of the following is the most appropriate anticipatory advice for Carol?

- A. Recommend not worrying about ECC as Carol does not yet have permanent teeth.
- B. Recommend making a dental appointment when Carol reaches the age of 3 years.
- C. Recommend exclusive breastfeeding for another 3 months to reduce Carol’s risk of developing ECC.
- D. Recommend Mom start brushing her teeth with fluoridated toothpaste twice daily.

Submit
Smiles for Life Module 2 Case 2, Part 3

Case Study

Child Oral Health Case 2

Case Presentation Part 3

6 months pass, and Carol returns for her 15 month well child visit. On oral exam you note the following:

Question 3

Which of the following is most likely to have been a contributing factor to Carol's rapid development of ECC?

- A. Mom purchased 'baby-safe' all-natural toothpaste for Carol.
- B. Mom offered cheese and fresh fruit for snacks.
- C. Mom limited the frequency of snacks to once between meals.
- D. Mom discontinued use of the bottle at 12 months, and offers only milk or water in her sippy cup.

Submit
RESOURCES


Smiles for Life: A National Oral Health Curriculum
www.smilesforlifeoralhealth.org

Healthy People 2020: Oral Health
https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health

Association for Prevention Teaching and Research (APTR) Oral Health Across the Lifespan Learning Module
http://www.aptrweb.org/?PHLM_15

National Maternal and Child Oral Health Resource Center (OHRC)
http://www.mchoralhealth.org/index.html

Interprofessional Education Collaborative (IPEC)
https://ipecollaborative.org/

University of Toronto Centre for Interprofessional Education
http://ipe.utoronto.ca/
RESOURCES


Herschel S. Horowitz Center for Health Literacy, School of Public Health, University of Maryland. (2013). Lift the Lip [Brochure]. College Park, MD.


