

PREGNANT PATIENT CASE STUDY #1

Smiles for Life

Smilesforlifeoralhealth.org

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):



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 advise her to wait and see the dentist after delivery.
- D. Treating her periodontitis is safe at any time during her pregnancy.

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.



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.

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.

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.

CASE STUDY DISCUSSION

Using the 4 IPEC Competencies (2011) related to:

1. Working with individuals of other professions to maintain a climate of mutual respect (Values/Ethics),
2. Using the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served (Roles/Responsibilities)
3. Communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease (Interprofessional Communication), and
4. Applying relationship-building values and principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is timely, efficient, effective, and equitable (Teams and Teamwork)

Please collaborate as a team to develop a management plan for the above patient.

- Oral-Systemic Risk Assessment
 - Identify the oral-systemic assessment findings (Hx and PE HEENOT)
 - What does the history and physical tell us about this patient?
 - What additional data do you need to collect (eg. labs, diet and exercise, etc)
 - Identify oral-systemic risk factors

- Differential Diagnosis (es)
 - Identify the tentative diagnoses for the oral health problems
 - Identify the tentative diagnoses for the systemic health problems
 - Discuss the important oral-systemic connections

- Develop a management plan for the oral-systemic conditions affecting this patient, including:
 - Preventive Interventions that include: screening and behavior change counseling that are fundamental to patient centered care
 - Anticipatory guidance
 - Oral health maintenance
 - Collaboration and referral

Questions to Guide Your Interprofessional Collaboration

- Roles and Responsibilities
 - What is the scope of the role and responsibilities of each of the providers on your team today?

- Collaboration

How can the Nurse Practitioner, Dentist and Physician collaborate to promote this patient's health?

- Team Building & Communication
 - What do you think are the most effective strategies to help a Nurse Practitioner, Physician, and Dentist function as a community-based primary care team in a primary care medical home (PCMH)?
 - What are the most effective ways for the IP team to communicate?

- Referrals

What providers does this patient need to see? When? How often?