

Project REACH (Reducing Early Childhood Caries through Access to Care and Health Education)

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INTRODUCTION

Research indicates the majority of pregnant women do not seek dental care during pregnancy. (1,2) Dental care is essential for maternal and pre-natal health. However, oral health care is often not a priority for pregnant women.

Pregnant women are vulnerable to develop oral health problems. If left untreated, serious complications may occur, which may negatively affect fetal development. In particular, pregnant women are susceptible to oral disease due to a variety of issues, such as an increased diet of sugar-rich food due to cravings, hormonal changes, vomiting due to morning sickness, and the potential lack of attention to oral health and hygiene.

Historically, obstetrical practitioners have not routinely assessed patients' dental health status during pre-natal care visits. As a result, it is critical for non-dental health care providers to address oral health in order to prevent periodontal disease, health complications and Early Childhood Caries (ECC).

In order to increase the awareness about the importance of good oral hygiene and dental care during pregnancy, the New Jersey Department of Health in conjunction with the ADA Foundation, developed and implemented Project REACH (Reducing Early Childhood Caries through Access to Care and Health Education) for the period of February 1 – August 1, 2012.

GOALS

The goals of Project REACH were to:

- Reduce the incidence of ECC in children of high risk women seeking obstetrical services at federally qualified health centers (FQHCs) in New Jersey through oral health education, counseling and referral to dental services.
- Increase the awareness about the importance of good oral hygiene and dental care during pregnancy.

METHODS

Action 1: Developed and delivered the invitation letter for the FQHCs' Chief Executive Officer, Medical and Obstetrical Directors to secure support for Project REACH participation.

Action 2: Identified Project REACH liaison at each participating site.

Action 3: Conducted a meeting with the Obstetrical Director to highlight Project REACH goals, guidelines, and methods.

Action 4: Provided a pre-training survey for distribution and completion by obstetrical staff.

Action 5: Conducted oral health training programs for interdisciplinary obstetrical staff at participating sites.

Action 6: Developed and distributed an oral health education resource packet for obstetrical staff.

Materials Included in Obstetrical Provider Packet:

- Laminated “Oral Health Recommendations for Health Care Professionals” document
- Laminated “Interview and Risk Assessment” cue card
- Copy of Power Point training slides
- “Oral Health Care during Pregnancy” A Summary of Practice Guidelines (3)
- “Access to Oral Health Care During the Perinatal Period” Policy Brief (4)
- Tooth Eruption Chart
- “Topical Fluoride Recommendations for High Risk Children” (5)
- 2012 New Jersey “Dial A Smile” Dental Clinic Directory
- “Two Healthy Smiles” pamphlets (English and Spanish) (6)
- “Dental Dos and Don'ts” (English and Spanish)
- “Your Oral Health is Important, Especially During Pregnancy” Patient Card

Materials Provided to Participating Sites:

- “The Gross, Disgusting and Totally Cool Mouth Book” by Dr. Theodore Croll (English and Spanish)
- American Dental Association Periodontal Disease flipchart (English and Spanish)
- University of Washington “Lift the Lip” flip chart. (English, Spanish, Vietnamese and Russian)

Action 7: Assembled and distributed oral health care starter kits (toothbrushes, floss, xylitol gum, xylitol wipe, and infant tender) to participating sites.

Action 8: Conducted post-evaluation survey with participating staff two months after the completion of initial training.

RESULTS

- For the Project period, Project REACH educated, counseled and referred for dental services 761 pregnant women.
- Oral health education training was provided to 33 members of the interdisciplinary obstetrical staff at the two participating sites.
- Participating sites submitted data on the number of pregnant women who received oral health counseling, education, and personal care hygiene resources on a quarterly basis.
- At project conclusion, additional funds were provided by the New Jersey Department of Health to prepare an additional 800 oral health care starter kits for pregnant women receiving services at participating sites to sustain Project REACH.



POST PROJECT FEEDBACK

Nurses indicated that the “oral health starter kit provided the opportunity to begin dialogue about the importance of oral health before, during, and after pregnancy.”

Nurses reported, “patients were particularly happy with the oral health supplies, specifically the infant tender and adult toothbrush.”

Providers commented that the infant tenders and toothbrushes were a “hit” with their patients.

Obstetrical providers were now “more comfortable” conducting oral health counseling and education with patients and discussing the importance of dental care during pregnancy.

Staff said that an annual refresher training would be valuable to reinforce key oral health concepts.

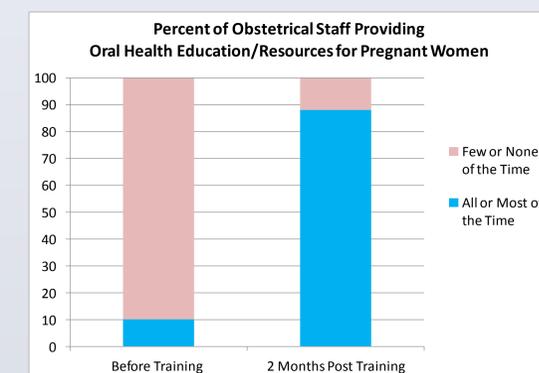
At the conclusion of the project, staff “reported a desire to continue to participate in Project REACH.”

CONCLUSION

Prior to staff training, 90% of the obstetrical staff reported providing “few or none” of their patients with oral health guidance or resources that were applicable to their infants and children.

During a follow-up session to evaluate Project REACH effectiveness, all staff reported counseling “all or most patients” on the importance of good oral health and hygiene practices, and the importance of accessing dental care during pregnancy.

At the conclusion of Project REACH, 88% of the interdisciplinary obstetrical staff reported providing oral health guidance, education, and resources to all or most patients.



REFERENCES

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