Abstract

Purpose: The purpose of this study was to evaluate the influence of obstetric patient referrals to the prenatal oral health program (pOHP) on participation in this dental clinic program. We hypothesized that referral to the ECU School of Dental Medicine pOHP will increase the number of pregnant women receiving affordable dental care to pregnant women in need.

Methods: Pregnant patients at the ECU OB/Gyn Clinic were contacted while in the waiting room. They were provided education regarding the importance of good oral health during pregnancy to maintain good systemic health and to increase the health of their child. The medical providers at ECU OB/Gyn Clinic referred any obstetric patients, with dental concerns or without a dental home, to the ECU SoDM.

Results: Since the implementation of pOHP in May 2015, 47 pregnant patients were seen at the ECU School of Dental Medicine and 66 appointments were attended by pregnant patients.

Conclusions: The data suggests that referrals from ECU OB/Gyn clinic is effective at increasing the number of needy pregnant women that receive affordable dental care in Eastern North Carolina. Overall, pOHP improves access to dental care in order to improve oral health of pregnant women that would not otherwise receive care.

Introduction

• Treatment of oral disease during pregnancy reduces transmission of oral bacteria to baby.
• Periodontal pathogens from a mother may reach the placenta and cause:
  • Miscarriage
  • Premature birth

• There is a link between untreated oral health issues and adverse pregnancy outcomes.
  • Lack of dental care during pregnancy and the presence of dental issues can cause harm to the woman and her baby.

• Purpose – To determine the influence of implementing a Prenatal Oral Health Program (pOHP) and referral system from ECU OB/Gyn Clinic to ECU School of Dental Medicine. We hypothesized that implementing pOHP will:
  1. increase the number of appointments by pregnant women referred to the dental clinic
  2. provide cost savings for pregnant patients receiving dental care.
  3. provide a low-cost dental care to an underserved vulnerable and diverse population of pregnant women.

Methods

Inclusion Criteria
• Pregnant
• Do not have a dental care provider

Recruitment
• Educated pregnant women in waiting room.
• Educated medical providers and medical students on the importance of good oral health during pregnancy.
• Medical Providers referred patients to pOHP.
• Patients had appointments at dental clinic within 1 week of referral

Results

Figure 1: Number of Monthly Referrals of Pregnant Patients to ECU Dental Clinic. Once pOHP began (June), we did training and orientation of ECU obstetric providers regarding the program and its purpose. Prior to pOHP there were no referrals from ECU OB/Gyn; after 1 year, we had 88 referrals.

Figure 2: Number of Pregnant Patients at ECU Dental Clinic. The pOHP and referrals from ECU OB/Gyn dramatically increased the number of pregnant women receiving dental care at ECU.

Figure 3: Number of Appointments Patients Attended. Though most pregnant women currently attended one dental visit, many have returned for dental care.

Figure 4: Cost of Care Provided relative to Private Practice Cost. The pOHP provided pregnant women essential dental care and saved patients a total of $2986.

Figure 5: North Carolina Counties Served (purple outline) by pOHP. We provided essential care to pregnant women in 10 counties: 6- Tier 1, 4- Tier 2, and 1- Tier 3.

Figure 6: Diversity of Pregnant Patients (left). The majority of pregnant patients seen via pOHP represent minority ethnic groups. The average age is 27 years old (R: 20-44 years). Overall, 46.5% of the pregnant population was married. Type of Patient Insurance (right). The majority of patients seen via pOHP have Medicaid insurance.

Conclusion

We found that implementing pOHP:
• 1. Increases the number of referrals and appointments of pregnant women (overall and per patient)
• 2. Provides cost savings for pregnant patients receiving dental care.
• 3. Provides a low-cost dental care to a diverse population of pregnant women living in 10 NC counties.

Referral from an OB clinic and implementation of pOHP encouraged women to seek essential, more affordable, dental care to improve their health during pregnancy. Ultimately the continuation of pOHP will improve the health of women and pregnancy outcomes.

Acknowledgements

Special thanks to Blue Cross and Blue Shield for funding this Schweitzer project, UNC pOHP program for allowing us to use their resources at ECU. At ECU, we would like to thank the OB-Gyn clinic for supporting this project and Lennon Scott and Gerard Camargo for their assistance retrieving information.