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Tabitha Ford
Gregory Frechette
Sruthi Sakamori
Caleb Seufert
I-hsiang Shu

See next page for additional authors

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Authors
Tabitha Ford, Gregory Frechette, Sruthi Sakamori, Caleb Seufert, I-hsiang Shu, Patrick Silveira, Wendy Davis,
and Kristin Fontaine

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Oral Health Intervention: A Multifaceted Approach to Improve Oral Health Care during Pregnancy

Ford T1, Frechette G1, Kostick T1, Sakamuri S1, Seufert C1, Shu I1, Silveira P1, Davis W1, Fontaine K2
1University of Vermont College of Medicine, 2University of Vermont Medical Center

INTRODUCTION

• Early Childhood Caries (ECC) is the most common chronic disease of childhood.
• Mothers’ oral health status is a strong predictor of the oral health status of their children.

• 2012: Vermont lifts the $495 Medicaid cap on reimbursement for a woman’s dental care during pregnancy and up to 60 days after delivery.
• American College of Obstetrics and Gynecology (ACOG) Guidelines on prenatal dental care are published.

• 2013: 74% of surveyed Vermont providers are unaware of the Medicaid change.
• 82% of these providers are not using guidelines to assess oral health during pregnancy.

Objective: To improve prenatal dental referral rates from obstetric providers by facilitating Vermont-specific implementation of ACOG guidelines.

METHODS

Oral Health Intervention (OHI) components:
1. Interactive Didactic Session
2. Oral Health Referral Protocol (OHRP)
3. Dental Kits & Pamphlet Distribution
4. Patient-Centered Brochure/Checklist
5. Educational Poster

Provider Intervention:
• Interactive Didactic Session: Oral health education, ACOG guidelines, local oral health resources provided to OB/GYN physicians.

• Oral Health Referral Protocol (OHRP): Designated health providers counsel patients on oral health education, provide treatment authorization letters to dental clinics, facilitate in-clinic dental appointment scheduling. Medical students assume OHRP role once a week.

• Distribute referral protocol to OB/GYN clinic.

Patient Intervention:
• Distribution of dental kits with educational resource pamphlets included.

Patient Results:
• Out of 69 patients seen at the COGS (Comprehensive Obstetrics and Gynecologic Services) Clinic from October 30th to December 12th, 2014, 47 patients were counseled about dental care during pregnancy. Of those 47 patients, 13 were referred and 2 made appointments.

Provider Results:
• Of the 9 physicians at the COGS clinic who were surveyed, none were aware of the current lifting of the Medicaid cap on oral health care during pregnancy. After administration of the OHI didactic session, 100% are aware of the cap lifting.
• With this knowledge, physicians are more likely to utilize ACOG guidelines.

RESULTS

Fig 1. Oral Health Intervention Methods

Fig 2. OHI Poster & Brochure with checklist (left). Oral Health Intervention desk at COGS Clinic (right).

DISCUSSION

Conclusions:
• The data suggest that the OHI is a feasible model for improving access to oral health care among Medicaid eligible pregnant women of Chittenden County.

Limitations:
• 98% of patients at the COGS clinic are undergoing substance abuse treatment during pregnancy, increasing barriers to care.
• Time limitations caused difficulties in tracking dental appointment attendance.

Future areas of interest:
• Incorporating ACOG oral health recommendations into the UVM Medical Center health record system may facilitate better patient counseling and referrals.

REFERENCES


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