

Primary care physicians report feeling unprepared for role in prenatal oral health

March 19 2018

A new study from the University of North Carolina at Chapel Hill suggests that primary care physicians may feel underequipped to provide adequate oral health counseling to pregnant women. Poor maternal oral health can have significant impacts on a woman's overall health and the health of her children.

Dr. Gentry Byrd and Dr. Rocio Quinonez of the UNC-Chapel Hill School of Dentistry co-authored a paper, published in the *Maternal and Child Health Journal* on March 17, that investigates prenatal oral health counseling by primary care physicians. This is the first study to provide national estimates and predictors of their prenatal oral health counseling. The study used data from the 2013 Survey of Primary Care Physicians on Oral Health by the United States Department of Health and Human Services' (U.S. HHS) Office of Women's Health.

More than 350 primary care physicians across the country who treat pregnant women were surveyed. The authors found that while many primary care physicians addressed prenatal oral health in the form of counseling, and agreed that preventive dental care is very important, just 45 percent of respondents felt prepared to identify oral health issues and counsel pregnant patients on the importance of oral health.

With more than half of the surveyed primary care physicians saying they feel unprepared to address oral health issues with pregnant patients, this study illustrates the disconnect between prenatal oral health practice guidelines and <u>primary care physician</u> workforce preparedness.



"Pregnant women remain an underserved patient population, even after dentists from the American Dental Association (ADA) and physicians from the American College of Obstetrics and Gynecology (ACOG) came together on the national level to develop joint consensus practice guidelines for medical and dental providers that detail the safety of dental treatment in all trimesters," said Byrd.

<u>Previous studies</u> suggest there is an increased risk of pre-term birth among pregnant women with periodontal disease. We also know that mothers with untreated cavities and tooth decay have children with twice the likelihood of experiencing cavities and tooth decay with up to twice the severity. While there are many factors that contribute to the development of diseases, good oral health and nutritional practices of mothers may be modeled to their children.

The findings of Byrd and Quinonez's study are promising. 69 percent of primary care physicians acknowledged their role in oral health and that they should be able to identify oral health issues in adult patients. The authors' research also supported the results of a recent national survey, which found a general lack of primary care <u>physician</u> training in oral health. The authors found that primary care physicians who received oral health continuing education had a higher likelihood of counseling pregnant women on oral health than those who did not, suggesting that oral health continuing education is a key component to improving prenatal care.

This research illustrates the growing importance of interprofessional collaboration between health care professions, with a focus on oral health. Oral health content has increased in medical school education within the last decade. For instance, Smiles for Life, a national oral health curriculum, was designed to facilitate the integration of oral health into primary care provider training.



Quinonez and Dr. Kim Boggess developed the Prenatal Oral Health Program (pOHP), a collaboration between the UNC-Chapel Hill School of Dentistry's department of pediatric dentistry and the UNC-Chapel Hill School of Medicine's department of obstetrics and gynecology, to train medical and dental students on facilitating the delivery of essential dental services to <u>pregnant women</u>. The program's goal is to improve the health of every woman, fetus and child by educating and providing resources to providers.

"During pregnancy, some women may become eligible for insurance coverage for dental care that they may not get otherwise," said Byrd. "This is an opportune time for medical and dental providers to collaborate in ensuring pregnant patients have a dental home."

The authors address areas of future research, such as the quality of oral <u>health</u> counseling given by primary care providers and physicians, and barriers to addressing prenatal <u>oral health</u>. New studies using their findings may be done to help develop strategies to promote evidence-based practice, with more work needed to assure equitable and quality prenatal care.

More information: M. Gentry Byrd et al, Prenatal Oral Health Counseling by Primary Care Physicians: Results of a National Survey, *Maternal and Child Health Journal* (2018). <u>DOI:</u> <u>10.1007/s10995-018-2483-4</u>

Provided by University of North Carolina at Chapel Hill

Citation: Primary care physicians report feeling unprepared for role in prenatal oral health (2018, March 19) retrieved 5 February 2024 from <u>https://medicalxpress.com/news/2018-03-primary-physicians-unprepared-role-prenatal.html</u>



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