

4/17/2026]

Oral Health and Maternity

Celeste Terry, RDH, BS



Definitions

This session will address oral health and women of reproductive age and the importance of health, oral health across one's lifespan

The screenshot shows the Merriam-Webster dictionary page for the word "maternity". The search bar at the top contains "maternity". The page is divided into two sections: "1 of 2 noun" and "2 of 2 adjective".

maternity 1 of 2 **noun**
ma-ter-ni-ty (mə-ˈtər-nə-tē)

plural maternities
[Synonyms of maternity >](#)

1 a : the quality or state of being a mother : **MOTHERHOOD**
b : the qualities of a mother : **MOTHERLINESS**

2 : a hospital facility designed for the care of women before and during childbirth and for the care of newborn babies

maternity 2 of 2 **adjective**

1 : being or providing care during and immediately before and after childbirth
| *maternity care*
| *a maternity unit*

2 : designed for wear during pregnancy
| *a maternity dress*

3 : effective for the period close to and including childbirth
| *maternity leave*

The screenshot shows the Merriam-Webster dictionary page for the word "health". The search bar at the top contains "health".

health **noun**
'helth (h) also 'helthh

Definition
[Synonyms of health >](#)

often attributive

1 a : the condition of being sound in body, mind, or spirit
| She is *the picture of health*.
especially : freedom from physical disease or pain
| nursed them back to *health*
→ see also **MENTAL HEALTH**

b : the general condition of the body
| in good/poor *health*
| How is your mother's *health*?
| At the wedding reception, we *drank to their health*.
| enjoys good *health*
→ see also **HEALTH CARE**

2 a : a condition in which someone or something is thriving or doing well : **WELL-BEING**
| ... defending the *health* of the beloved oceans.
- Peter Wilkinson

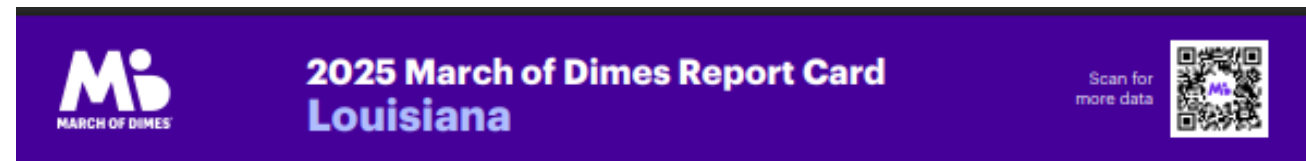


Current Trends and Data in Louisiana

2025 March of Dimes Report Card

Louisiana is showing high rates of preterm birth rates, infant mortality rates in relationship to health conditions.

How can we as health care professionals affect these outcomes?



7,454 babies were born preterm in Louisiana in 2024. Louisiana ranks 51st of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 14.0%.

Louisiana is among the top twenty states with the lowest rates of severe maternal morbidity.

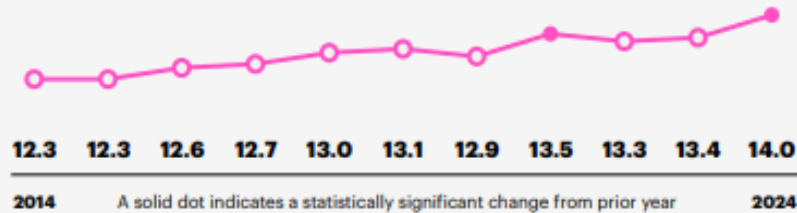
Louisiana is currently implementing three of six supportive maternal and infant health initiatives included in this year's Report Card.

The preterm birth rate in Louisiana was 14.0% in 2024, higher than the rate in 2023

PRETERM BIRTH GRADE **F**

US RATE 10.4 LA RATE 14.0 LA RANK 51

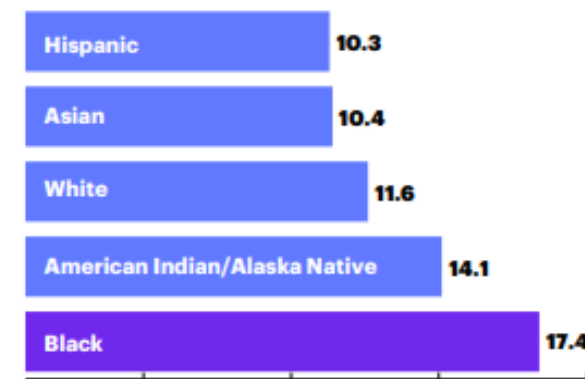
Percentage of live births born preterm



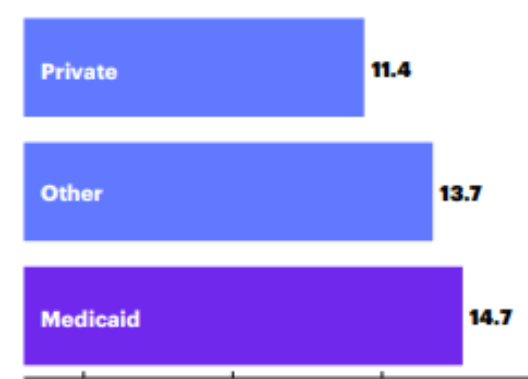
Note: The change in 2024 was a statistically significant (P<0.05) increase compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

Preterm birth rate by maternal race/ethnicity, 2022-2024



Preterm birth rate by insurance type, 2022-2024



Note: These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for "other" insurance types: self pay: 13.0%; Tricare: 10.1%; Indian Health Service: N/A; and all other types: 19.1%.

Source: National Center for Health Statistics, Natality data, 2014-2024.

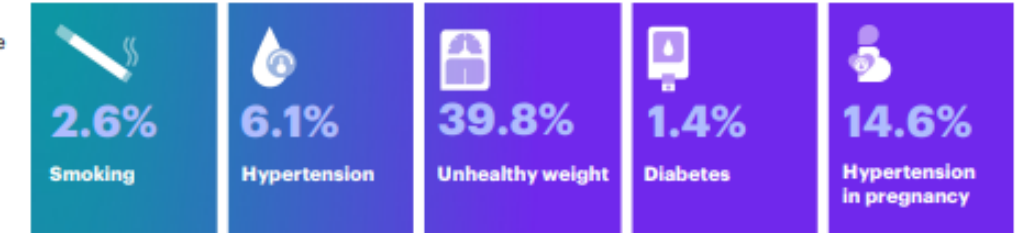
The 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families

© 2025 March of Dimes Revised February 2026

Louisiana

Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



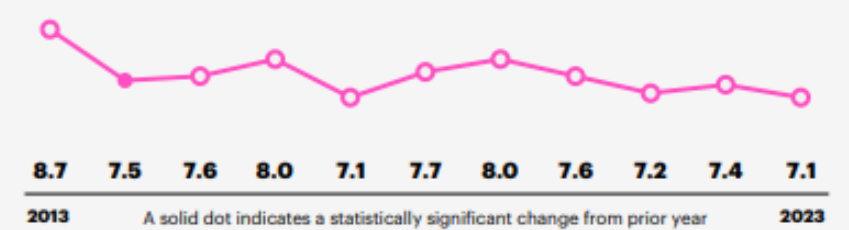
Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

The infant mortality rate decreased in the last decade; in 2023, 392 babies died before their first birthday

INFANT MORTALITY RATE **7.1**

US RATE 5.6 LA RANK 46

Rate per 1,000 live births

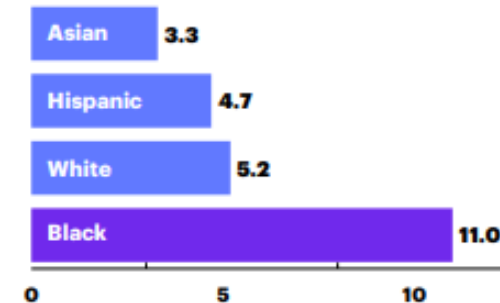


Note: The change in 2023 was not a statistically significant decrease compared to 2022.

The infant mortality rate among babies born to Black moms is 1.5x the state rate

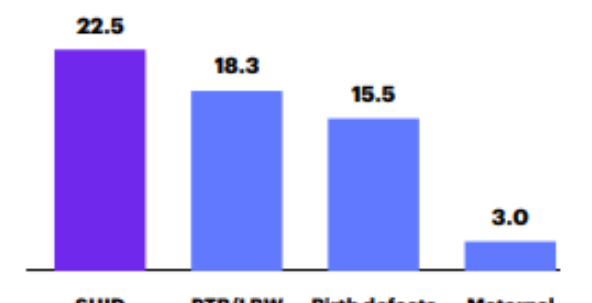
Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 40.6% of infant deaths. Leading causes of infant death chart was updated on February 2026.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

The 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families

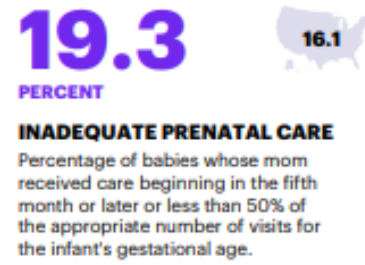
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Louisiana's progress and comparison to the U.S.

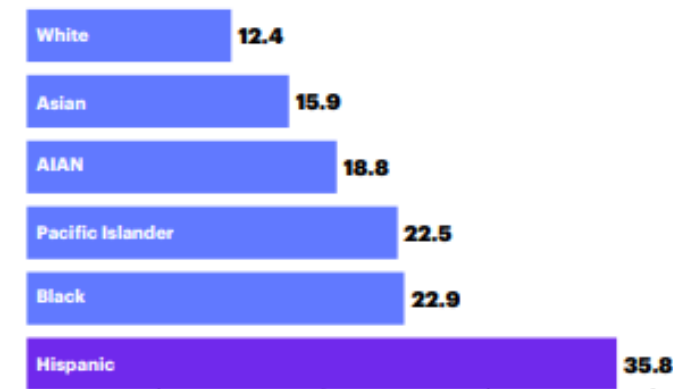
Let's review best practices and possible strategies that can may have some impact on our outcomes...

Louisiana

The rate of inadequate prenatal care among babies born to Hispanic moms is **1.9x** the state rate



Inadequate prenatal care by maternal race/ethnicity, 2022-2024



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native.

The measures below are important indicators for the health of pregnant and postpartum women in Louisiana



Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, Mortality data, 2019-2023; HCUP Fast Stats, Healthcare Cost and Utilization Project (HCUP), December 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://dataatools.ahrq.gov/hcup-fast-stats>

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	14.0%	7.1	28.9%	73.8%	79.5	40.7
Rank	51st of 52	46th of 52	44th of 52	38th of 52	14th of 47	47th of 48
Direction†	Worsened†	Improved	Worsened	Worsened†	Improved	Worsened
HP2030 Target	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	64.4 per 10K hospital deliveries	15.7 deaths per 100K births

Note: *Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (P<0.05). See [Technical Notes](#) for details.

Louisiana

Adoption of the following policies and programs, along with sufficient funding, is critical to improving maternal and infant health in Louisiana

All efforts were assessed on 9/26/2025.



MEDICAID EXTENSION
State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION
State has adopted this policy, which allows for greater access to preventive care before, during, and after pregnancy.



DOULA REIMBURSEMENT
State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE
State has required employers to provide a paid option for families out on parental leave.



MENTAL HEALTH
State requires clinicians to screen Medicaid insured women for postpartum depression during a well-child visit and reimburses for the screening.



MATERNAL MORTALITY REVIEW
State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.

Legend: ✓ State has the indicated program/policy; ✓+ State reimburses up to \$1,500; * State is progressing legislation but not yet active; ✗ State does not have the indicated program/policy

Louisiana's Medicaid program, **Healthy Louisiana**, covered **32,999** births in 2024



March of Dimes recognizes the vital importance of Medicaid, which pays for 4 in 10 deliveries nationwide (as high as 62% in some states). Access to Medicaid coverage ensures that individuals can receive preventive services and other clinical care before, during, and after pregnancy.

Given Medicaid's critical role in supporting maternal, infant, and child health, March of Dimes urges states to:

- Maintain or expand eligibility and benefits for pregnant and postpartum individuals, caregivers, and children.
- Ensure that Medicaid enrolled moms and babies continue receiving care without disruption during the implementation of policy changes.
- Clearly communicate any policy changes, including work requirements, address verification, frequent eligibility reviews, and retroactive coverage limits, and allow ample time for contacting and completion of updates.
- Increase access to care in communities impacted by hospital closures or maternity care deserts.
- Increase access to evidence-based, quality telehealth services and technology, including remote monitoring, and support alignment of reimbursement across payers.
- Provide sufficient reimbursement to all providers to encourage participation in Medicaid programs.

Note: See [Policy and Program Booklet](#) for more details.

Source: National Center for Health Statistics, Natality data, 2024.



Why Oral Health Is Important

Oral Health Conditions During Pregnancy

- During pregnancy, several oral health conditions are more common:
- 60 – 75% of pregnant women have gingivitis, an early stage of periodontal disease.
- Gingivitis may result from hormonal changes that exaggerate the response to bacteria in the gum tissue⁴
- Dental caries may occur due to changes in diet such as increased snacking due to cravings, increased acidity in the mouth due to vomiting, dry mouth or poor oral hygiene stemming from nausea and vomiting.^{1, 4}
- Pregnant women may also be at risk for cavities due to changes in behaviors, such as eating habits.³ Women with a lot of cavity-causing bacteria during and after pregnancy could transmit these bacteria from their mouth to the mouth of their baby.⁴ Early contact with these bacteria and other sugars, such as from frequent snacking or taking a bottle to bed, can lead to early childhood cavities and the need for extensive dental care at a young age.
- One in four women of childbearing age have untreated cavities.⁵ Children of mothers with high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.⁶
- Pyogenic granuloma (also known as granuloma gravidarum) is a round growth, usually connected to the gingivae by a thin cord of tissue, that may develop due to hormonal changes.^{5,6}
- Erosion stemming from vomiting as a result of morning sickness may be detected.⁵ Patients should be encouraged to avoid toothbrushing immediately after vomiting, which exposes the teeth to stomach acids. Instead, they should opt for rinsing with a diluted solution of 1 cup water and 1 teaspoon of baking soda to neutralize the acid.⁵



Photos from <https://www.mchoralhealth.org/PDFs/adult-oral-evaluation-in-primary-care.pdf>

Oral Health Conditions During Pregnancy

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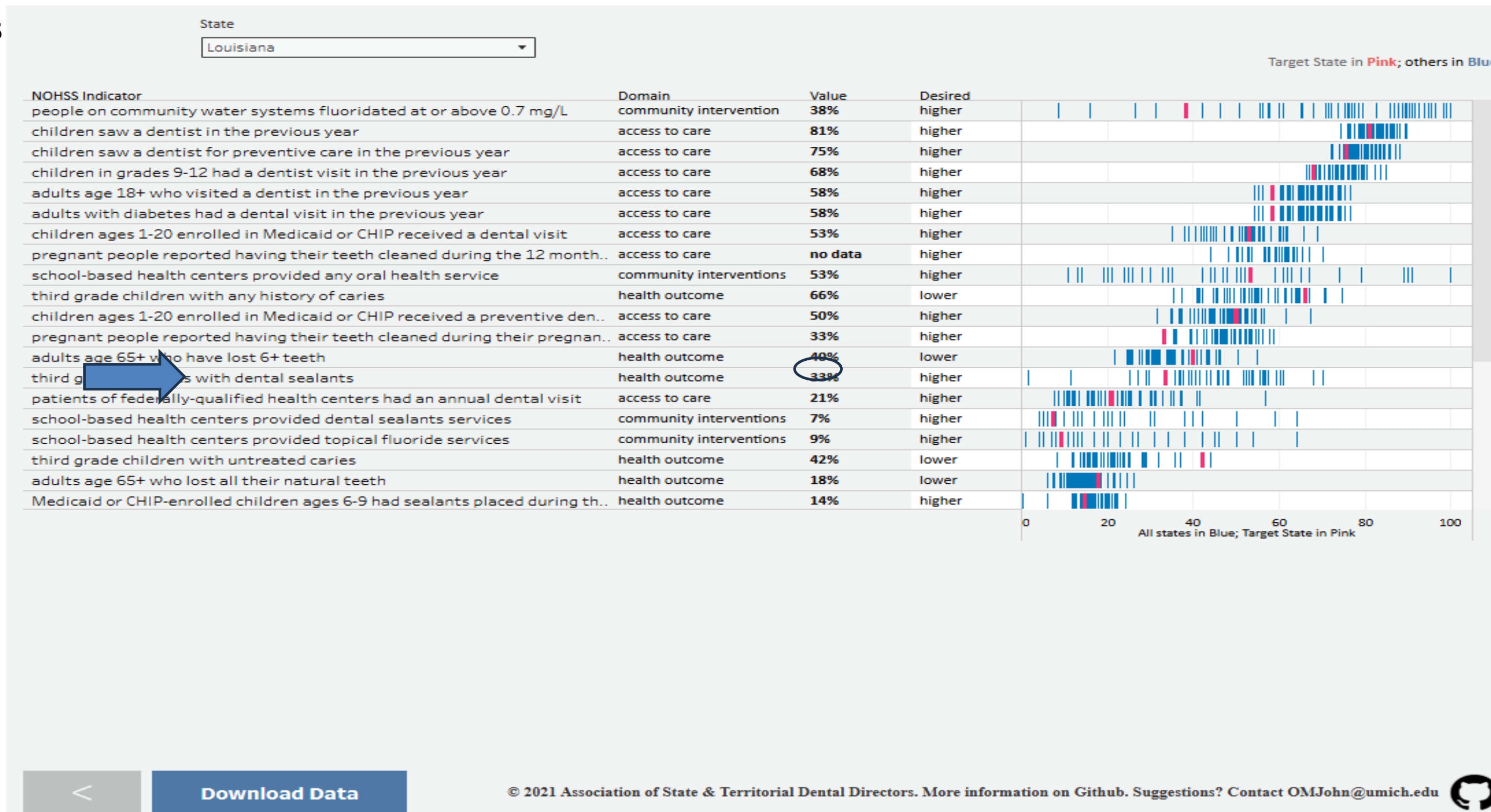


Due to the increased risk of gingivitis and caries, the importance of good daily oral hygiene should be emphasized to these patients. Brushing twice a day with a soft-bristled brush for two minutes, using a fluoride-containing toothpaste, and cleaning between the teeth once a day should be encouraged. If it is determined that a topical fluoride treatment is needed to minimize the effects of erosion, fluoride varnish may be preferred over gel treatments due to nausea.⁷

2021 National Oral Health Surveillance System

Louisiana Reports 33% of pregnant women had a dental cleaning

- Preventive dental care is recommended and is safe before, during, and after pregnancy.
- Cleanings are recommended to reduce adverse birth outcomes and maintain good oral health.





Best Practices

Best Practice Approach for State, Territorial, and Community Oral Health Programs

ASTDD provided an update to the Best Practice Approach Adopted in October 2012 as of June 2025



Best Practice Approaches for
State, Territorial, and
Community Oral Health Programs



A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

Adopted: October 2012
Updated: June 2025

Best Practice Approach: Perinatal Oral Health

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Introduction

The perinatal period begins at conception and ends 2 months after delivery. However, many health care professionals believe the perinatal period should be extended to a year after the child is born for the associated benefits that would transpire. This period is a unique time in a woman's life, characterized by complex physiological changes that may affect oral health. A strong connection exists between the oral health of pregnant women and the health of their infants.¹

“Oral health treatment is safe throughout pregnancy. It is essential that women considering pregnancy and those who are pregnant receive appropriate and timely oral health care including preventive, emergency, diagnostic, restorative treatment, and education. Receiving such care reduces oral disease burden in pregnant women and decreases the transmissibility of bacteria that causes tooth decay in their infants. Many health care professionals believe this perinatal period should be extended to a year after the child is born for the associated benefits that would transpire.²”

“Inability to access oral health care before, during, and after pregnancy can contribute to negative outcomes for women and infants. For a variety of reasons, pregnant women frequently do not seek or receive oral health care, despite having obvious signs of oral disease such as red, swollen or bleeding gums; sensitive teeth; or bad breath. Hormonal changes during pregnancy can increase the risk of periodontal disease, which is linked to adverse birth outcomes including preeclampsia (high blood pressure during pregnancy), preterm birth, and 1 low-birthweight infants. All women need to be informed about oral health changes that may occur during pregnancy. This includes understanding the importance and safety of receiving oral health care while pregnant and what coverage for perinatal oral health care is available through Medicaid or private insurance.³”

Strategic Framework for Improving Perinatal Oral Health

- Monitoring Perinatal Oral Health Status Collecting, analyzing, and reporting data in a timely manner are essential at the national, state, and local program levels for monitoring perinatal oral health status, disseminating findings, launching effective perinatal oral health programs, and evaluating such programs.
- Educating and Engaging Women of Reproductive Age
- Promote Partnerships The perinatal period offers women opportunities to access oral health care that they may not have during other periods of their lives. To make perinatal oral health a priority, health professionals must first understand the importance of oral health across the lifespan before sharing information with pregnant women.
- Messaging and Communication Leading to Developing Policies and Plans
- Promote the Delivery of High-Quality Care through a Competent and Adequate Oral Health Workforce
- Support, Conduct, and Promote Research
 - Oral Health Care During Pregnancy: A National Consensus Statement
 - Smiles for Life: A National Oral Health Curriculum <https://www.smilesforlifeoralhealth.org/courses/pregnancy-and-women/>



The screenshot displays the Smiles for Life website interface. At the top, a green navigation bar contains the logo 'Smiles for Life' with the tagline 'A national oral health curriculum' and a menu with items: Continuing Education, Resources, About Us, SFL Media, Contact Us, My Account, and Login. The main content area features the title 'Pregnancy and Women's Oral Health' in green. Below the title are two green buttons: 'Register for Courses' and 'Login'. An orange button labeled 'Click Here to take the Pre-test' is positioned to the right. On the left side, there is a photograph of a smiling pregnant woman in a white dress. To the right of the photo, a paragraph of text describes the course's focus on oral health during pregnancy. Below this text, the heading 'Educational Objectives for the Oral Health and the Pregnant Patient Course:' is followed by a bulleted list of seven objectives.

Smiles for Life
A national oral health curriculum

Continuing Education Resources About Us SFL Media Contact Us My Account Login

Pregnancy and Women's Oral Health

Register for Courses Login

Click Here to take the Pre-test

This course addresses the importance of oral health before, during, and after pregnancy. Clinicians will explore the prevalence of oral disease during pregnancy and its consequences for both mothers and children, as well as review dental treatment guidelines for pregnant women.

Educational Objectives for the Oral Health and the Pregnant Patient Course:

- Elicit risk factors for periodontal disease and dental caries
- Perform an oral examination using proper anatomical terms and terminology
- Reduce the risk of caries transmission from mother to child
- Apply the evidence for periodontitis affecting perinatal outcomes
- Manage common oral conditions in pregnancy
- Counsel pregnant patients about the safety of dental care and improve dental access through interprofessional collaboration
- Acknowledge and address health inequity as it applies to pregnant women and oral health
- Promote and address oral health issues across the lifespan for women

Oral Health Care During Pregnancy: A National Consensus Statement Revised Edition

The 2026 revised edition includes updates on dental amalgams, aspirin to prevent preeclampsia, and nitrous oxide.

Aspirin (low dose)	May be used after 12 weeks for women at high risk for preeclampsia.
Aspirin	First trimester: Avoid use. Second trimester, 13 up to 20 weeks: May use for short duration, 48 to 72 hours.
Ibuprofen	Second trimester, 20 up to 27 weeks: Limit use.
Naproxen	Third trimester: Avoid use.

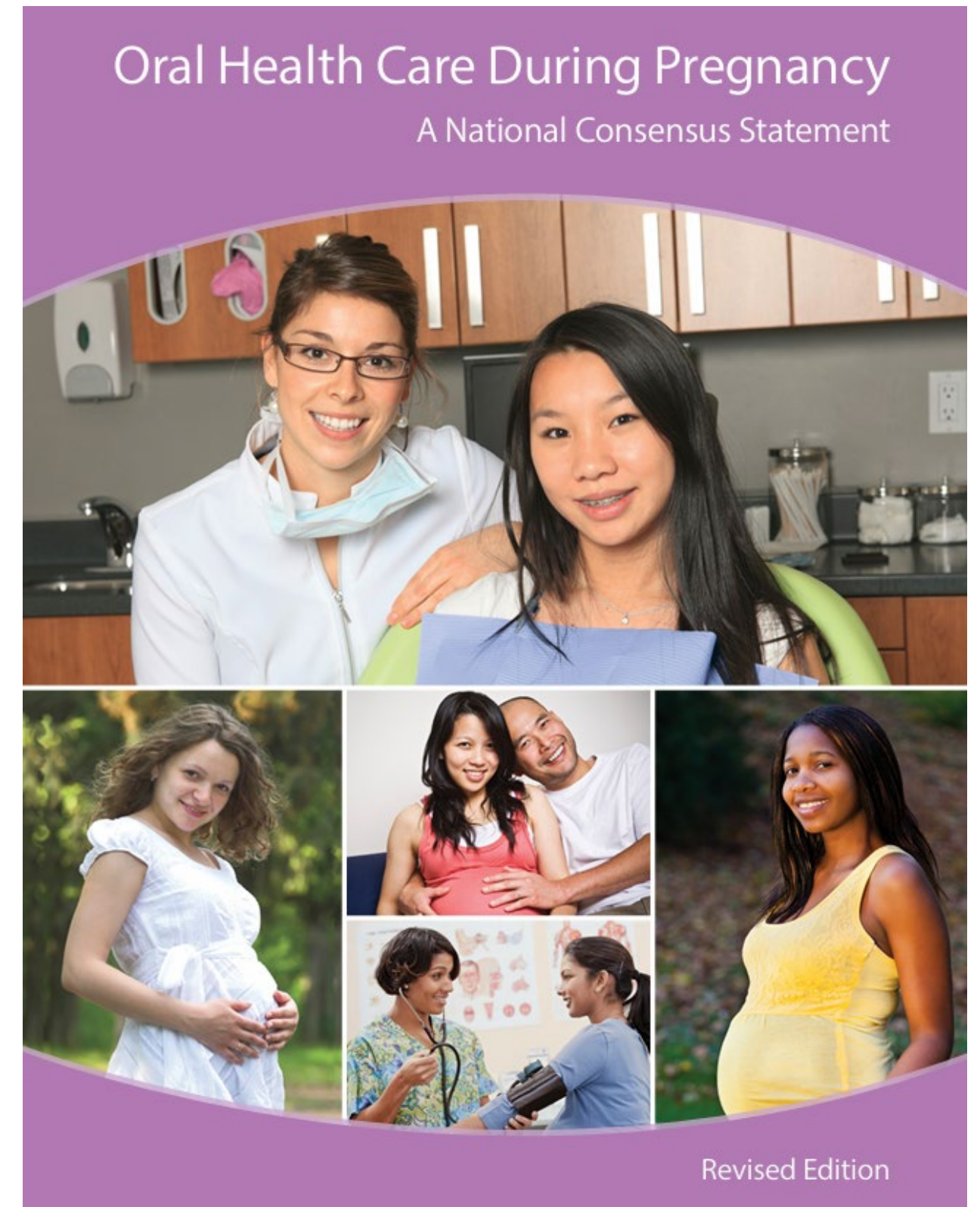
Amalgam Use

Use standard practice when placing restorative materials. Avoid using dental amalgam during pregnancy, if possible and appropriate. Use a rubber dam during endodontic procedures and restorative procedures.

Nitrous Oxide

Nitrous oxide is classified as a pregnancy risk group Category C medication, meaning that there is a risk of fetal harm if administered during pregnancy. It is recommended that pregnant individuals, both patients and staff, avoid exposure to nitrous oxide.¹⁸ The National Institute of Occupational Safety and Health (NIOSH), a federal agency affiliated with the Centers for Disease Control and Prevention, recommends use of a [scavenging system](#) and exposure limits of N₂O concentrations in dental operations to approximately 25 ppm during analgesia administration.¹⁹

Dental offices that use nitrous oxide-oxygen can review best management practices on the [Nitrous Oxide](#) Oral Health Topic page.



ADA Policies Related to Pregnancy

Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients

(Trans.2005:330)

Resolved, that the following ADA Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients be adopted.

Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients

1. Dentists are encouraged to inquire about pregnant or postpartum patients' history of alcohol and other drug use, including nicotine.
2. As healthcare professionals, dentists are encouraged to advise these patients to avoid the use of these substances and to urge them to disclose any such use to their primary care providers.
3. Dentists who become aware of postpartum patients' resumption of tobacco or illegal drug use, or excessive alcohol intake, are encouraged to recommend that the patient stop these behaviors. The dentist is encouraged to be prepared to inform the woman of treatment resources, if indicated.

American Dental Association

Adopted 2005; Reviewed 2017

Comprehensive Statement on Oral Health Services During Pregnancy

(Trans.2024:XXX)

Resolved, that the following Comprehensive Statement on Oral Health Services During Pregnancy be adopted.

Comprehensive Statement on Oral Health Services During Pregnancy

Resolved, that the ADA encourage all pregnant persons and persons of child-bearing age to have a regular dental examination and dental treatment as needed throughout all stages of pregnancy, and be it further

Resolved, that the ADA acknowledges that preventive, diagnostic, restorative and surgical dental treatment rendered to promote health and eliminate disease is safe throughout pregnancy, is supported by the American College of Obstetrics and Gynecology, and is effective at maintaining the oral and overall health of the pregnant person, and be it further

Resolved, that dental coverage of pregnant persons be extended for one-year post-partum to be included in all dental benefit programs to improve the dental health of the pregnant person as well as to promote Age One dental visits for very young children, and be it further

Resolved, that the ADA support federal advocacy efforts to increase funding for women's oral health research, ensure that women are adequately represented as research subjects in dental clinical trials, and help disseminate research information, on women's oral health issues as needed and appropriate.

American Dental Association

Adopted 2024

Dental Care During Pregnancy is Safe

Work in Collaboration with Prenatal Care Health Professionals

- Consult with prenatal care health professionals, as necessary—for example, when considering the following:
- Co-morbid conditions (e.g., diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders) that may affect oral health management.
- The use of intravenous sedation or general anesthesia.
- The use of nitrous oxide as an adjunctive analgesic to local anesthetics (oral-inhalation sedation).
- The use of oral sedatives with nitrous oxide (enteral inhalation sedation)

Provide Oral-Disease Management and Treatment to Pregnant Women

- Provide emergency or acute care at any time during the pregnancy, as indicated by the oral condition.
- Develop, discuss with women, and provide a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy.
- Discuss benefits and risks of treatment and alternatives to treatments
- Use standard practice when placing restorative materials.
- **Avoid using dental amalgam during pregnancy, if possible and appropriate.**
- Use a rubber dam during endodontic procedures and restorative procedures.
- Position pregnant women appropriately during care:
 - Keep the woman's head at a higher level than her feet.
 - Place the woman in a semi-reclining position, as tolerated, and allow frequent position changes.
 - Place a small pillow under the right hip, or have the woman turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.
- Follow up with pregnant women to determine whether preventive and restorative treatment has been effective.

Two Collaborative Practices

NC Perinatal Oral Health Program to improve maternal-child oral health outcomes and WI Maternal and Child Health: Improving Oral Health Integration

NC [Perinatal Oral Health Program](#) (Practice #36017)

The Perinatal Oral Health Program (POH), part of North Carolina's Division of Public Health-Oral Health Section, aims to improve the overall standard of care for pregnant women by educating healthcare providers on the importance and safety of dental care during pregnancy and collaborative practice to improve maternal-child oral health outcomes. The one-hour educational program targets medical, dental, and pregnancy support service providers. The Oral Health Section is comprised of twenty regional public health dental hygienists who recruit and deliver perinatal oral health trainings each fiscal year.



WI [Maternal and Child Health: Improving Oral Health Integration](#) (Practice #56008)

In efforts to reduce the disease burden for young children and prenatal populations, Children's Health Alliance of Wisconsin (the Alliance) and the Medical College of Wisconsin launched the Wisconsin Medical Dental Integration (WI MDI) project in 2019 to create a statewide system change to increase early access to preventive dental care through integrating a dental hygienist into primary care teams. The integrated preventative oral health care (POHC) approach necessitates support at the state level including policy implementation, addressing education requirements and surveillance.



Wisconsin county maps

Medical-Dental-Behavioral Integration

- Resources available from the National Maternal and Child Health
- Resource Center (OHRC)

March 2026



OHRC Update

Featuring the latest resources to promote oral health

Subscribe

News from OHRC

The following news and resources are featured by the [National Maternal and Child Oral Health Resource Center](#) (OHRC).

Maternal and Child Health—Improving Oral Health Integration: Overview and Project Profiles—2025

This report provides an overview of the Maternal and Child Health—Improving Oral Health Integration program to integrate preventive oral health care into primary care to increase access to care for infants, children, adolescents, and pregnant women, including those with special health care needs. It features profiles for each participating project and describes their partnerships, state-level and local-level strategic approaches, core activities, early successes and lessons learned, and early challenges.

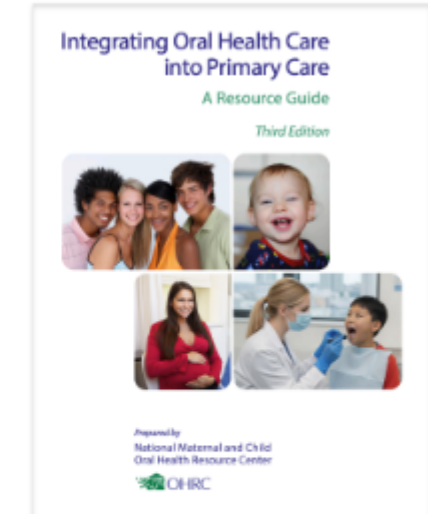


- Read [Maternal and Child Health—Improving Oral Health Integration: Overview and Project Profiles—2025](#)
- Visit the [project website](#)

New Resource Guide on Integration

To help professionals implement the integration of oral health care into primary care, OHRC produced [Integrating Oral Health Care into Primary Care: A Resource Guide](#) (3rd ed.). The guide features materials published in 2021–2025, as well as seminal materials, focusing on policy, practice guidance, professional education and training, and program development (national and state efforts). It also lists organizations that may serve as resources.

See more [OHRC publications for professionals](#).



THANK YOU

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