Improving Wellness in Pregnancy and Childhood

Purpose: Designed to integrate oral health into primary and obstetric care – to increase patient and caregiver knowledge of oral health and increase number of pregnant women and young children accessing oral health services. This model is operational if medical and dental services are separate or co-located.

Core Clinical and Programmatic Components

- **Leadership:** Administrative staff, social workers, dental providers, pediatric providers and perinatal providers (case managers, as appropriate).
- **Education:** All staff receives education on oral-systemic health; pediatric staff receives fluoride varnish training and office staff receives billing and integration training related to fluoride varnish.
- **Patient Population:** Pregnant women and pediatric patients under age three for fluoride varnish and all pediatric ages for assessment and referral.
- **Health Care Services:** Medical staff can deliver oral health education, information about the importance of an early dental home for children, basic oral assessment/screening; pediatric providers can administer fluoride varnish. Office staff can provide billing and integration education. All staff can provide education on oral-systemic health, improve workflow and be knowledgeable about the referral process.
- **Communication and Information Sharing:** Support tools and resources that enable information sharing and coordination between medical and dental providers (co-located or in the community). Tools and resource may include: electronic Health records and templates; a shared scheduling system; protocol for referrals and follow up; and, access to patient health information and data.
- **Measures and Assessments:** Measures can include: utilization of services and health outcomes; preterm birth (HEDIS); child dental visit (HEDIS); periodontal treatment/score; patient satisfaction (PCMH and CAHPS).
- **Financing:** Medicaid/FAMIS MOMS provides comprehensive coverage (excluding orthodontia) for dental and medical care during pregnancy and for two months post-partum; a sliding fee scale may be used for uninsured women. Medicaid provides reimbursement for fluoride varnish application by a medical provider and comprehensive dental benefits for enrolled children.
- **Infrastructure:** Identify current supports and changes necessary to implement model. Examples include: expanded capacity in dental/medical clinics; clinical information systems (electronic health records or templates); staff training; and case managers.
- **Community Supports:** Identify additional clinical and social supports (such as transportation, WIC, food pantries, etc.)

Key Background Information

- Pregnant women and children enrolled in Medicaid can access a comprehensive dental benefit. Most private insurance offers enhanced dental coverage during pregnancy.
- Non-dental providers can be reimbursed by insurance for applying fluoride varnish to children through age three.
- Pregnant women with periodontal disease may be up to eight times more likely to deliver prematurely, and over 18% of preterm low birth weight babies may be attributable to periodontal disease.[1,2]
- Mothers can spread oral bacteria to their babies, putting baby at risk for developing tooth decay. Reducing bacteria in a mother's mouth through dental care during pregnancy significantly reduces her risk of developing oral diseases and spreading decay-causing bacteria to her baby.[4]
- Dental disease is the most common childhood disease– five times more common than asthma.[19]
- Only 45.7% of Virginia's Medicaid-enrolled children are getting dental care.[21]
- Children who have their first preventive dental visit before age have, on average, 40% lower dental costs than children who visit the dentist after their first birthday.[24]

This document was adapted from care models created through grant funding awarded to Virginia Center for Health Innovation from the Centers for Medicare & Medicaid Services. Citations available upon request: info@vaoralhealth.org.