

# Dental Benefits for Pregnant Women Enrolled in Medicaid and FAMIS MOMS

**Providing comprehensive oral health benefits for the 15,000 pregnant women enrolled in Medicaid and FAMIS MOMS will save VA money and improve birth outcomes.**

Providing dental benefits to the 15,000 pregnant women enrolled in Medicaid and FAMIS MOMS will reduce the prevalence of preterm birth, cut-down on emergency dental expenditures, and reduce the cost of dental care for children. The cost of providing dental benefits to pregnant women enrolled in Medicaid and FAMIS MOMS is \$3,627,804 GF.

## Consider these facts:

### ❖ Dental coverage can reduce the number of pre-term and low-birth weight babies:

- Higher levels of hormones, dietary changes and vomiting during pregnancy put pregnant women at a higher risk for cavities and periodontal disease.<sup>1</sup>
- 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.<sup>2,3</sup>
- The average costs during the first year of life for a preterm baby are more than ten times that of a baby born at full term; the cost of an average preterm birth is \$50,000 in the first year of life.<sup>4</sup>
- More than 25% of all pregnant women have periodontal disease.<sup>5,6</sup> Managing periodontal disease requires comprehensive treatment procedures such as scaling and root planing in addition to preventive care.

### ❖ Dental coverage can reduce visits to the emergency department for dental issues:

- Uninsured individuals are found to visit the emergency department for dental issues more than any other diagnosis. The average cost of these visits is \$669; no treatment is provided.<sup>7</sup> Cost to Medicaid for periodontal treatment is less than \$100 per quadrant.<sup>8</sup>
- Oral conditions that require restorative care, such as decayed and broken teeth, can lead to dangerous infections that, if left untreated, can spread throughout the body.<sup>9</sup>

### ❖ Dental coverage can reduce the cost of oral health care for children:

- 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.<sup>10</sup>
- A child is four times more likely to visit a dentist if a parent visits a dentist. If that child begins preventive dental care by age one, dental care costs during preschool years will be 40% lower.<sup>11</sup> Less than 24% of children enrolled in Virginia Medicaid have a dental visit by age one.<sup>12</sup>
- Reducing tooth decay in early childhood can reduce the need for children to receive costly dental treatment in the operating room under general anesthesia. In 2011, Virginia Medicaid spent \$7 million treating dental issues in the operating room.<sup>13,14,15</sup>

**For more information, contact Sarah Holland, Executive Director of the Virginia Oral Health Coalition, at [sholland@vaoralhealth.org](mailto:sholland@vaoralhealth.org) or 804.269.8721.**

<sup>1</sup> Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral Health Resource Center.

<sup>2</sup> Jeffcoat M, Parry S, Sammel M, Clothier B, Catlin A, Macones G. Periodontal infection and preterm birth: successful periodontal therapy reduces the risk of preterm birth. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2011; 118 (2): 250.

<sup>3</sup> McGaw, T. Periodontal Disease and Preterm Delivery of Low-Birth-Weight Infants. *J Can Dent Asso*. 2002; 68(3):165-9.

<sup>4</sup> The March of Dimes Foundation. *The Cost of Prematurity to US Employers*. 2008.

<sup>5</sup> Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics. March 2012. M. Jeffcoat, J. Blum, and F. Merkel, School of Dental Medicine, University of Pennsylvania, Philadelphia, PA, United Concordia Companies, Inc. (UCCI), Harrisburg, PA. Based on three years of data.

<sup>6</sup> Shenoy RP, Nayak DG, Sequeira PS. Periodontal disease as a risk factor in pre-term low birth weight - An assessment of gynecologists' knowledge: A pilot study. *Indian J Dent Res* 2009;20:13-6

<sup>7</sup> Washington State Hospital Association. *Potentially Avoidable Emergency Room Use*. February 2011.

<sup>8</sup> Department of Medicaid Assistance Services. *Medicaid Reimbursement Schedule*.

<sup>9</sup> US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*; Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>10</sup> Ramos-Gomez FJ, Weintraub JA, Gansky SA, Hoover CI, Featherstone JD. Bacterial, behavioral and environmental factors associated with early childhood caries. *J Clin Pediatr Dent* 2002;26(2):165-73.

<sup>11</sup> American Academy of Pediatric Dentistry. "Get It Done In Year One" (July 28, 2010). Retrieved from <http://www.aapd.org/assets/2/7/GetItDoneInYearOne.pdf>.

<sup>12</sup> 2013 Smiles For Children Annual Report.

<sup>13</sup> Brambilla E, Felloni A, Gagliani M, Malerba A, Garcia-Goday F, Strohmer L. Caries prevention during pregnancy: results of a 30-month study. *J Am Dent Assoc*. 1998; 129:871-877.

<sup>14</sup> Casamassimo PS, Thikkurissy S, Edelstein BL, Maiorini E. Beyond the dmft: The human and economic cost of early childhood caries. *JADA*. 2009; 140(6):650-7.

<sup>15</sup> Department of Medical Assistance Services.