

CDC Chronic Disease/Oral Health Grant

Tobacco/Pregnancy/Oral Health Collaboration



We Protect Lives.

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BUILDING COMMUNITY PARTNERSHIPS TO ADDRESS TOBACCO USE BY PREGNANT WOMEN IN GEORGIA

Objectives for the Dental Team

- Assist in the expansion of the oral disease prevention workforce by engaging primary (obstetrics and gynecology, chronic disease) care teams in the fight against oral disease- A Common Ground
- Learn more about the association between oral health/tobacco/pregnancy/infant mortality
- Incorporate the medical/dental patient centered care model into practice

Why is This collaboration important for families in Georgia?

- We know the negative consequences of tobacco use for maternal and infant health
- Tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates

Fiore MC, Jaen CR, Baker, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009.

Tobacco and Women's Health

 Cigarette smoking kills an estimated 178,000 women in the United States annually.¹ The three leading smoking-related causes of death in women are lung cancer (44,000), heart disease (41,000), and chronic lung disease (37,500).¹

Smoking and Women's Health

Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix.² Women who smoke double their risk for developing coronary heart disease and increase by more than ten-fold their likelihood of dying from chronic obstructive pulmonary disease.^{2,3}

Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).²

Reproductive Health

- Smoking has a damaging effect on women's reproductive health and is associated with reduced fertility and early menopause.
- Postmenopausal women who smoke have lower bone density than women who never smoked.² Women who smoke have an increased risk for hip fracture than never smokers.²

Collaboration For Healthy Pregnancies and Healthy Babies

- Women who smoke during pregnancy subject themselves and their developing fetus and newborn to special risks, including pregnancy complications, premature birth, low-birthweight infants, stillbirth, and infant mortality.
- The ideal result for a pregnancy is
 - A full-term pregnancy without unnecessary interventions
 - The delivery of a healthy baby
 - A healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family.

Secondhand Smoke Exposure

There is no safe level of breathing others people's smoke.

- Pregnant women who breathe other people's cigarette smoke are more likely to have a baby who weighs less.
- Babies who breathe in other people's cigarette smoke are more likely to have ear infections and more frequent asthma attacks.
- Babies who breathe in other people's cigarette smoke are more likely to die from <u>Sudden</u> <u>Infant Death Syndrome (SIDS)</u>. SIDS is an infant death for which a cause of the death cannot be found.

Dental Motivators for Quitting

- Georgia Medicaid eligible pregnant Moms are covered for dental services during the pregnancy
- Get Dental Services
 - Public Health
 - FQHC
 - Private Practice
 - Volunteer Clinics
- Train the dental team to address smoking

Dental Infections Are a Health Concern

- Gingivitis is prevalent for 60-75% of pregnant women
- Although largely preventable through evidence-based interventions
 - Periodontal disease and caries in women of childbearing age are highly prevalent, particularly among low-income women and members of racial and ethnic minority groups.
- Whereas periodontal disease is a chronic, local oral infection, systemic inflammation may also occur.

Dental Professionals Can Assist With Common Oral Concerns During Pregnancy

- Enamel Erosion due to gastric acid exposure
- Higher carbohydrate exposure increasing caries rate
- Up to 5% of pregnant get pregnancy tumors
- Support for other concerns: Teeth can loosen because of increased levels of progesterone and estrogen effecting the periodontium

Georgia Pregnancy Risk Assessment Monitoring System (PRAMS) 2009-2013

Table 1. Proportion of participants during the 12 months before they got pregnant with their new baby who had their teeth cleaned by a dentist or dental hygienist, by year, Georgia PRAMS 2009-2013

Survey Year	Weighted %	(95% Confidence Interval)
2009	39.5	(35.0-44.3)
2010	49.8	(45.0-54.7)
2011	46.6	(42.2-51.0)
2012	39.7	(35.8-43.7)
2013	48.1	(42.4-53.8)

Table 2. Prevalence of Oral Health Behaviors Among PRAMS Participants, Georgia PRAMS 2012-2013*

Oral Health Behavior	Weighted %	(95% Confidence Interval)
Went to see a dentist for a problem	9.3	(7.5-11.4)
Needed to see a dentist for a problem	12.9	(10.9-15.3)
Had teeth cleaned during pregnancy	34.7	(31.7-38.0)
Talked to dentist about how to care for teeth/gums	37.9	(34.8-41.2)
Had teeth cleaned any time during the 12 months before pregnancy	42.2	(54.5-61.0)
Had insurance to cover dental care	47.6	(44.3-50.9)
Knew importance of caring for teeth/gums during pregnancy	88.9	(86.6-90.8)

Note: *These questions were available on the PRAMS survey starting in 2012

Many of the Women who seek services during pregnancy have waited

Table 3. Prevalence of oral health problems among PRAMS participants who experienced any problems with their teeth or gums during pregnancy, Georgia PRAMS 2012-2013*

Oral Health Problem	Weighted %	(95% Confidence Interval)
Cavities	50.4	(41.7-59.0)
Toothache	49.6	(41.0-58.3)
Tooth pulled	36.2	(28.3-45.0)
Painful gums	33.8	(26.0-42.4)
Other	20.4	(14.2-28.4)
Injury	**	**

Note: *These questions were available on the PRAMS survey starting in 2012 **Suppressed due to counts ≤ 30

Referrals Can Assist

Table 4. Proportion of participants who experienced barriers to visiting a dentist or dental clinic when they had problems with their teeth or gums during pregnancy, Georgia PRAMS 2012-2013*

Oral Health Problem	Weighted %	(95% Confidence Interval)
Could not afford to go	27.0	(19.6-35.8)
Didn't take Medicaid	17.7	(11.8-25.6)
Didn't think it was safe	17.5	(11.6-25.6)
Didn't take pregnant women	16.1	(10.5-24.0)

Note: *These questions were available on the PRAMS survey starting in 2012 **Suppressed due to counts ≤ 30

Treating Tobacco Use and Dependence

Value of Partnerships

- Implementing Guidelines with same population targeted by professionals
- Use of same toolkit with clear and concise steps
- All partners using a patient-centered form of guiding and strengthening motivation to change
- In absence of time or expertise we know brief counseling with the 2 A's can be effective, but with multiple messaging from health professionals challenges to motivate may be reduced

Dentistry Messaging

- Highlight
 - Gingivitis normal during pregnancy is an elevated risk for smokers
 - Puffy, red, bleeding gums
 - Periodontal disease
 - Gingival recession
 - Esthetics and cosmetics changes with smoking
 - Quitting leads to whiter healthier teeth
 - Bone attachment loss
 - Dental caries
 - Delayed healing
 - Diminished sense of taste and smell

Pharmacological Products for Quitting smoking

- These have not been proven to be helpful for pregnant women
- Pregnant women for many reasons may find it more difficult to quit during pregnancy but are more willing to quit due to protecting the baby
- Xylitol gum may be a good substitute for the cigarette and will assist with preventing caries

Oral Health Cancer

- Oral leukoplakia
- Oral Cancer
- Pharyngeal Cancer

We have the opportunity to save thousands of dollars in health care expenses, improve the health of a patient and their infant and just possibly save a life.

ASK, Advise, Assist, and Arrange for a patient to quit smoking and that happens.

Reasons for Unwillingness or readiness for quitting

- May be reduced when healthcare professionals are messaging to pregnant women with a consistent message
 - Increase information on the health effects for Mom and infant
 - Support when women may fear or have concerns about results of quitting
 - Consistent messaging on support

Questions???

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