



Oral Health Care During Pregnancy

Practice Guidance for Texas
Prenatal and Dental Providers



January 2020



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Department of State Health Services

Oral Health Improvement Program (OHIP)

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Austin, Texas 78756

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Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, 2016-2017.

Texas Department of State Health Services Maternal and Child Health Epidemiology Unit, June 2019.

The following things made it hard to go to a dentist or dental clinic during my most recent pregnancy:

8.5% I could not find a dentist or dental clinic that would take pregnant patients

11.0% I could not find a dentist or dental clinic that would take Medicaid patients

17.6% I did not think it was safe to go to the dentist during pregnancy

27.6% I could not afford to go to the dentist or dental clinic

63.4%

of pregnant women said they had insurance to cover dental care during pregnancy.

19.5% of women needed to see a dentist for a problem during their most recent pregnancy.

11.7% actually went to a dentist or dental clinic about a problem during their most recent pregnancy

33.1%

of women had their teeth cleaned during their most recent pregnancy

White/Other 40.2%

Hispanic 29.3%

Black 23.3%

Black and Hispanic women were significantly less likely to have their teeth cleaned during pregnancy than White/Other women

**Dental care during pregnancy is
Safe, Important, and Recommended**



January 2020

Dear Colleagues,

Good oral health during pregnancy is important for both mother and baby. The oral health of the mother impacts the oral health of her child. Dental cavities (i.e. tooth decay) is the most common chronic disease of childhood in the United States. Pregnancy is a teachable moment for women as they are eager to improve their own health as well as the health of their baby.

Dental care is safe, important, and recommended for pregnant women. This statement is endorsed by the American College of Obstetricians and Gynecologists, the American Dental Association, among others. According to the latest survey of women in Texas, however, only 33.1% of women had their teeth cleaned during their most recent pregnancy (Texas Pregnancy Risk Assessment Monitoring System, 2016-2017). The Oral Health Improvement Program (OHIP) began the Smiles for Moms and Babies (SMB) program to improve the oral health of pregnant women and babies.

Oral Health Care During Pregnancy: Practice Guidance for Texas Prenatal and Dental Providers, is one project of SMB. It serves as a resource for both medical and dental providers. This guidance includes the following information to assist providers:

- Texas statistics on oral health care use during pregnancy
- Practice guidance for prenatal and dental providers
- Visual guide of oral conditions that can occur during pregnancy
- Dental pharmacological chart
- Sample dental referral form
- Educational resources to share with pregnant women

We want you to use this resource to guide how you educate, refer, and treat your pregnant patients. We encourage you to communicate with your medical and dental colleagues for the good of pregnant women and children across Texas.

Sincerely,

Rhonda Stokley, DDS
State Public Health Dental Director
Texas Department of State Health Services

Introduction



Women experience multiple physiological changes during pregnancy, including changes in the oral cavity that may adversely affect their oral health.

Physicians, nurses, and other medical providers are more likely to see pregnant women and infants than are dental providers. It is essential that they address oral health with these patients and make referrals to dentists as necessary.

In the United States, dental caries (i.e. tooth decay) remains one of the most prevalent chronic diseases among children, despite it being preventable.¹ Children born to women with poor oral health and high levels of cavity-causing bacteria are at a higher risk for developing dental caries. Pregnancy represents an opportunity to educate pregnant women on oral health care and connect mom and baby with needed health resources.

Professional oral prophylaxis (teeth cleaning) is a vital component of preventative and therapeutic health; however, only 33.1% of Texas women had their teeth cleaned during their most recent pregnancy.² Barriers for not seeking care include cost, safety concerns, and difficulty finding a dentist who accepts pregnant patients. Providers should inform women that some medical managed-care health plans cover oral health services during pregnancy.

In 2012, the American College of Obstetricians and Gynecologists, the American Dental Association, and other organizations issued Oral Health Care During Pregnancy: A National Consensus Statement, which included practice guidance for both prenatal and dental providers. The Texas Oral Health Improvement Program is pleased to contribute to this vital conversation with the release of this state-specific guidance, as the health and safety of pregnant women and children is a top priority.

Early is Key



- Pregnant women should make a dental appointment early in pregnancy.
- Oral health care is safe during all trimesters and should not be postponed or avoided during pregnancy.
- Women should visit the dentist for cleanings, exams, and any treatment needed to maintain or improve their oral health during pregnancy.

It is paramount that prenatal and dental providers:

- Discuss oral changes with women.
- Reinforce positive oral health practices.
- Assure women that oral health care during pregnancy is safe and important.

Myths vs. Facts

Myth: Pregnancy has nothing to do with oral health.

Fact: During pregnancy, physiological changes occur that may adversely affect oral health, such as dental cavities, pregnancy gingivitis, periodontitis (gum disease), pregnancy tumor (pyogenic granuloma), and tooth erosion. These conditions can be prevented and treated, so women should visit the dentist during pregnancy.

Myth: Dentists and dental hygienists do not need to know if a woman is pregnant.

Fact: It is important for dental providers to know that a woman is pregnant as she may be at risk for certain oral conditions. A woman should inform the dental team if she is pregnant, of her expected due date, and if her pregnancy is high risk.

Myth: Gain a child, lose a tooth.

Fact: The fetus does not take calcium from its mother's teeth. The myth likely originated because pregnant women may be at a higher risk for dental caries and therefore possible tooth loss.

Myth: Never get dental X-rays while pregnant.

Fact: Dental X-rays with lead shielding are considered safe during pregnancy by the American Dental Association.³ Even though radiation exposure from dental X-rays is low, once a decision to obtain X-rays is made, it is the dental provider's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Best radiologic practice includes:

- Use of the fastest image receptor compatible with the diagnostic task (F-speed film or digital).
 - Use of protective lead aprons and thyroid collars.
 - Collimation of the beam to the size of the receptor whenever feasible.
 - Proper processing techniques limiting the number of images to the minimum necessary.
-

Myth: Maternal oral health does not affect the future child's health.

Fact: Children born to women with poor oral health and high levels of cavity-causing bacteria are at high risk of developing dental cavities. Restoring active carious lesions before delivery may reduce the child's risk of dental cavities. Pregnancy is an opportune time to educate women on the importance of their own oral health and the health of their future child. Poor prenatal nutrition may also affect a child's tooth development.





ASSESS Pregnant Women's Oral Health Status

During the first prenatal visit:

- Take an oral health history.
- Assess frequency of consuming foods, beverages, and medications that contain sugar and use of tobacco, alcohol, and recreational drugs.
- Check the mouth for problems such as swollen or bleeding gums, untreated dental cavities, mucosal lesions, signs of infection (e.g. abscess), or trauma.
- Document findings in the woman's medical record.

ADVISE Pregnant Women About Oral Health

- Assure women that there is no need to postpone or avoid oral health care during pregnancy. Oral health care, including the use of X-rays, pain medication, and local anesthesia, is safe.
- Advise women to schedule an appointment with a dentist as early in the pregnancy as possible. If urgent care is needed or if the woman does not have a dentist, write and facilitate a formal referral to a dentist with whom you maintain a collaborative relationship. (See sample dental referral form on page 19)
- Encourage good oral health behaviors during pregnancy.
- Explain to women that cavity-causing bacteria can be passed from mother to child after birth. Restoring active carious lesions before delivery may reduce the child's risk of dental cavities.

Oral Health Questions to Ask Pregnant Women

- Do you have any dental problems or concerns?
- Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
- Since becoming pregnant, have you been vomiting? If so, how often?
- Do you have any questions or concerns about getting oral health care while you are pregnant?
- When was your last dental visit? Do you need help finding a dentist?

Oral Health Tips to Share with Pregnant Women

- See a dentist as early in your pregnancy as possible.
- Brush teeth twice a day with fluoridated toothpaste.
- Floss once a day.
- Choose healthy snacks and avoid foods and drinks containing sugar.
- Drink fluoridated tap water.
- If you vomit, rinse your mouth with a teaspoon of baking soda dissolved in a cup of water and delay toothbrushing for about an hour.

SAFE, IMPORTANT & RECOMMENDED

Prenatal providers are often the “first line” in assessing pregnant women’s oral health. They have the opportunity to identify problems, provide referrals to dentists, and reinforce good oral health practices.

COLLABORATE with Dental Providers

- Establish relationships and a referral process with dentists in the community. (See sample dental referral form on page 19)
- Maintain a list of dentists in the community.
- Share pertinent patient information and coordinate care with dentists.

PROVIDE Support Services (Case Management) to Pregnant Women

- If a woman does not have a dentist, help her obtain care by facilitating referrals to dentists in the community, including those who serve pregnant women enrolled in Medicaid and those who are uninsured.
- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g. domestic violence services), or other needs (e.g. transportation, translation, tobacco cessation).

IMPROVE Health Services in the Community

- On your patient-intake form, record the name and contact information of the woman’s dentist, reason for and date of last dental visit, and previous dental procedures.
- Establish partnerships with community-based programs that serve pregnant women (e.g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; Home Visiting).
- Integrate oral health topics into prenatal classes.
- Provide a referral to a nutrition professional for counseling on food choices or nutrition-related health problems (available at WIC programs).
- Provide culturally and linguistically appropriate care. Ensure that women understand information shared with them by asking them to explain what they heard (i.e. “teach back”).

To Find a Dentist

For help in applying for health care benefits for pregnant women, go to [YourTexasBenefits.com](https://www.yourtexasbenefits.com).

For help finding a dentist, call the 2-1-1 information and referral line. It is available 24 hours a day, 7 days a week. Go to [211Texas.org](https://www.211texas.org).

For More Information

- If you are a Medicaid recipient, you can search for dentists at [TMHP.com](https://www.tmhpc.com).
- If you are in Medicaid Managed Care, you can search for providers on your health plan’s website or call your health plan for assistance.
- If you have private insurance, you can contact your health plan for information and assistance.
- Many of the services are available to anyone, with or without insurance.

Oral Conditions During Pregnancy

Tooth Decay

Increased acidity in the mouth from morning sickness or gastric reflux, increased intake and frequency of sugary foods and beverages, not drinking fluoridated water, and decreased attention to oral hygiene practices will result in an elevated risk of tooth decay.



Pregnancy Gingivitis

An increased inflammatory response to plaque while pregnant can result in gums that swell and bleed more easily. Thorough toothbrushing and flossing can prevent or reduce gingivitis.



Periodontitis

“Gum Disease”

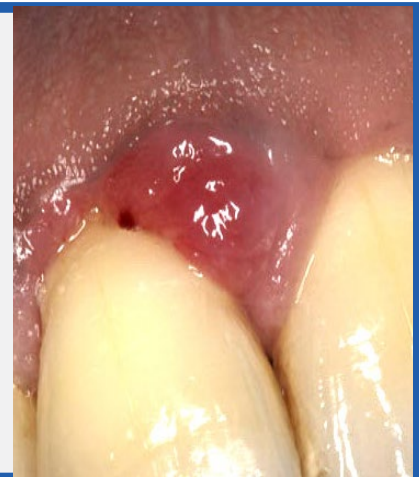
Untreated gingivitis can result in periodontitis, which is the infection of the gums and surrounding bone.



Pyogenic Granuloma

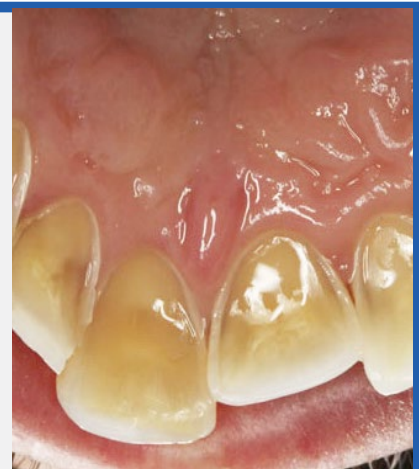
“Pregnancy Tumor”

Occurs in approximately 5% of pregnancies. These lesions may result from a heightened inflammatory response to oral pathogens and usually regress after pregnancy without treatment.



Tooth Erosion

Vomiting from morning sickness and gastric reflux may lead to tooth erosion. Rinsing with one teaspoon of baking soda dissolved in a cup of water after vomiting helps neutralize acid.





ASSESS Pregnant Women's Oral Health

- Ask questions about pregnancy when taking a medical and oral health history.
- Assess frequency of consuming foods, beverages, and medications that contain sugar and use of tobacco, alcohol, and recreational drugs.
- Perform a comprehensive oral examination, which includes risk assessments for dental cavities, periodontal disease, and oral and oropharyngeal cancer.
- Take X-rays to diagnose oral diseases, as needed.

ADVISE Pregnant Women About Oral Health

- Assure women that there is no need to postpone or avoid oral health care during pregnancy. Oral health care, including the use of X-rays, pain medication, and local anesthesia, is safe.
- Encourage good oral health behaviors during pregnancy.
- Explain to women that cavity-causing bacteria can be passed from mother to child after birth. Restoring active carious lesions before delivery may reduce the child's risk of dental cavities.

COLLABORATE with Prenatal Providers

- Establish relationships and a referral process with prenatal providers in the community.
- Share pertinent patient information and coordinate care with prenatal providers.
- Provide oral health training and resources to prenatal providers.
- Consult with prenatal providers, as necessary – for example, when considering:
 - Co-morbid conditions that may affect management of oral health problems (e.g. diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders);
 - The use of intravenous sedation or general anesthesia; and
 - The use of nitrous oxide as an adjunctive analgesic to local anesthetics.

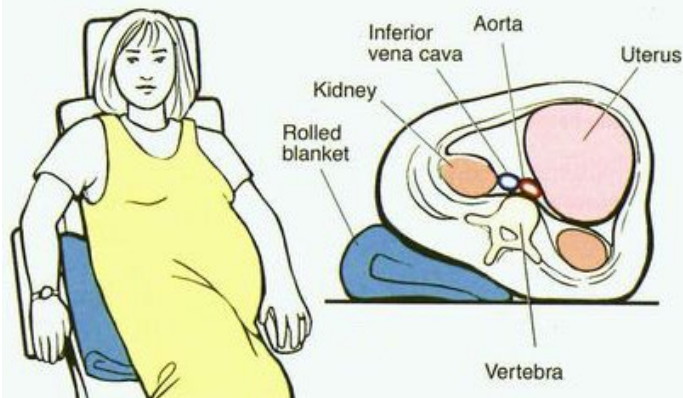
Questions to Ask Pregnant Women

- How many weeks pregnant are you? (When is your due date?)
- Do you have any questions or concerns about getting oral health care while you are pregnant?
- Have there been any changes in your diet?
- Since becoming pregnant, have you been vomiting? If so, how often?
- Have you received prenatal care?
- Do you need help finding a prenatal provider?

Oral Health Tips to Share with Pregnant Women

- Brush teeth twice a day with fluoridated toothpaste.
- Floss once a day.
- Choose healthy snacks and avoid foods and drinks containing sugar.
- Drink water with fluoride. About 73% of Texans served by a community water system (as opposed to a private well) drink fluoridated water from their tap. Most water filters do not remove fluoride.
- If you vomit, rinse your mouth with a teaspoon of baking soda dissolved in a cup of water and delay toothbrushing for about an hour.

Positioning Pregnant Women in the Dental Chair



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.

PROVIDE Oral Disease Management and Treatment to Pregnant Women

- Provide emergency and routine oral health care at any time during pregnancy.
- Position women appropriately in the dental chair.
- Develop, discuss, and provide women with a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy.
- Use standard practice when placing restorative materials such as amalgam and composite. Although data are limited, the U.S. Food and Drug Administration concluded in 2008 that fetuses are not at risk for adverse health effects from amalgam placement or removal during pregnancy.⁴
- Use a rubber dam and high speed evacuation during endodontic and restorative procedures.

PROVIDE Support Services (Case Management) to Pregnant Women

- If the woman does not have a prenatal provider, explain the importance of prenatal care. Assist pregnant women with finding a prenatal provider in the community, especially those who accept Medicaid and other health care assistance programs.
- Help pregnant women complete applications for insurance or other sources of coverage, social services (e.g. domestic violence services), or other needs (e.g. transportation, translation, tobacco cessation).

IMPROVE Health Services in the Community

- On the patient-intake form, record the name and contact information of the woman's prenatal provider.
- Accept pregnant women enrolled in Texas Medicaid. Check medical plan as extra dental services may be offered.
- Establish partnerships with community-based programs that serve pregnant women (e.g. WIC, Early Head Start, Home Visiting).
- Provide a referral to a nutrition professional for counseling on food choices or nutrition-related health problems (available at WIC programs).
- Provide culturally and linguistically appropriate care. Ensure that women understand the information shared with them by asking them to explain what they heard (i.e. "teach back").

Dental Pharmacological Considerations for Pregnant Women

	MAY BE USED	MAY BE USED IN SHORT DURATION	AVOID OR NEVER USE
Analgesics*	<ul style="list-style-type: none"> ◦ Acetaminophen ◦ Acetaminophen with Codeine, Hydrocodone or Oxycodone 	48 to 72 hours, avoid during 1st and 3rd trimesters <ul style="list-style-type: none"> ◦ Aspirin ◦ Ibuprofen ◦ Naproxen 	
Antibiotics	<ul style="list-style-type: none"> ◦ Amoxicillin ◦ Cephalosporins ◦ Clindamycin ◦ Metronidazole ◦ Penicillin 		Avoid! <ul style="list-style-type: none"> ◦ Ciprofloxacin ◦ Clarithromycin ◦ Levofloxacin ◦ Moxifloxacin Never Use! <ul style="list-style-type: none"> ◦ Tetracycline
Anesthetics	<ul style="list-style-type: none"> ◦ Local Anesthetics with Epinephrine (e.g. Lidocaine) ◦ Nitrous Oxide ◦ Consult with a prenatal provider before using nitrous oxide, intravenous sedation or general anesthesia 		
Therapeutic Agents	<ul style="list-style-type: none"> ◦ Chlorhexidine mouth rinse ◦ Professionally applied topical fluorides <i>Use alcohol-free products during pregnancy</i>		

February 2018

*Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days) and avoid issuing refills to reduce risk for dependency.

Tips for Good Oral Health During Pregnancy

The health of your teeth and gums is important because it affects the health of you and your child. Getting dental care while you are pregnant is safe and important during pregnancy. If your mouth is healthy, you will give your baby a healthy start! Do the following to help keep you and your baby healthy.

Practice Good Oral Hygiene

- Brush teeth twice a day with fluoride toothpaste.
- Floss once a day to prevent red, puffy gums.
- If you vomit, rinse your mouth with a teaspoon of baking soda dissolved in a cup of water to stop acid from attacking your teeth. Delay toothbrushing for about an hour.

Get Dental Care

- Tell the dentist and dental hygienist that you are pregnant and your due date.
- All dental treatment should be completed before delivery.
- Dental care, including the use of X-rays, most pain medications, and local anesthesia, is safe during pregnancy.
- Changes to your body when you are pregnant may make your gums sore or puffy and may make them bleed. This problem is called gingivitis (inflammation of the gums). If gingivitis is not treated, it may lead to periodontal (gum) disease, which can cause tooth loss.

Eat Healthy Foods

- Eat a balanced and nutritious diet.
- Avoid foods high in sugar. Also avoid beverages high in sugar like juice, fruit-flavored drinks, and soda.
- If you have problems with nausea, eat small amounts of healthy foods throughout the day.
- Drink fluoridated water throughout the day, especially between meals. Most tap water in Texas contains fluoride which prevents cavities. Most water filters do not remove fluoride.

Practice Other Healthy Behaviors

- Attend prenatal classes.
- Stop use of all tobacco products and recreational drugs. Avoid secondhand smoke.
- Do not drink alcohol.
- Take folic acid and iron supplements as recommended by your prenatal doctor or nurse.



For help finding a dentist, call 2-1-1 or visit: [211Texas.org](https://www.211Texas.org)

Consejos para una buena salud bucal durante el embarazo

El cuidado de los dientes y las encías es esencial porque afecta no solo tu salud, sino la del bebé. Recibir atención dental durante el embarazo es seguro y sumamente importante. Si cuidas tu salud bucal, también cuidarás la salud de tu bebé. Sigue estos consejos para proteger tu salud y la de tu bebé.

Practica una buena higiene bucal

- Cepíllate los dientes dos veces al día con una pasta que contenga flúor.
- Usa hilo dental una vez al día para prevenir que las encías se inflamen o enrojeczan.
- Si vomitas, enjuágate la boca con una cucharadita de bicarbonato de sodio disuelta en una taza de agua para evitar que el ácido del vómito te dañe los dientes. Espera una hora para cepillarte los dientes.

Consigue atención dental

- Diles a tu dentista e higienista dental que estás embarazada y cuál es tu fecha estimada del parto.
- Todo el tratamiento que necesites debe finalizarse antes del nacimiento.
- Las radiografías, la mayoría de los medicamentos para el dolor y la anestesia local se pueden administrar de forma segura durante el embarazo.
- Los cambios que se producen en tu cuerpo durante el embarazo pueden causar dolor, inflamación o sangrado de las encías. Esta afección se conoce como gingivitis (inflamación de las encías). Si no se trata, la gingivitis podría ocasionar otras enfermedades periodontales (de las encías) que, a su vez, pueden causar la pérdida de dientes.

Come alimentos sanos

- Lleva una dieta nutritiva y balanceada.
- Evita los alimentos y las bebidas con alto contenido de azúcar como los jugos, las bebidas con sabor a frutas y los refrescos.
- Si tienes náuseas, come porciones pequeñas de alimentos saludables a lo largo del día.
- Bebe agua con flúor varias veces al día, especialmente entre comidas. En la mayor parte de Texas el agua de la llave contiene flúor, que ayuda a prevenir caries. La mayoría de los filtros para agua no eliminan el flúor.

Adopta otras prácticas saludables

- Asiste a clases prenatales.
- No consumas tabaco ni drogas recreativas. No te expongas al humo de segunda mano.
- No tomes alcohol.
- Toma ácido fólico y suplementos con hierro como te lo recomiende el médico.



Para localizar un dentista, llama al 2-1-1 o visita 211Texas.org (en inglés)

Tips for Good Oral Health During Infancy

To Keep Child Cavity Free:

- Beginning soon after birth, clean your child's gums daily with a clean, wet washcloth.



- Do not put your child to bed with a bottle. Children should be weaned from a bottle between 12 and 14 months.
- Avoid saliva-sharing activities (sharing utensils, cleaning pacifier in your mouth) as cavity-causing bacteria can be passed from mother to child.



- Once teeth come in, start brushing twice a day with a smear of fluoride toothpaste for children under age 3. For children ages 3 and above, a pea-sized amount of fluoride toothpaste should be used.
- Avoid giving your child foods and drinks containing sugar. Children should not have fruit juice during their first year.
- Lift the child's lip once a month to look for cavities. The child should see a dentist immediately if there are signs of cavities.
- At the one-year well-child visit, ask your doctor about your child's oral health and the use of fluoride.
- Children should have their first dental visit before age 1 or when their first tooth appears in the mouth.

How to Relieve Teething Pain

- Use over-the-counter pain medicine (acetaminophen, ibuprofen) and/or chilled teething rings.
- Do not use teething gels.

Tips on How to Brush a Young Child's Teeth

- Use a small, child-sized toothbrush.
- Lay child down on a comfortable surface (changing table).
- Position yourself behind child's head.
- Give child a toy to hold.
- Brush 2 - 3 teeth at a time.



Early Cavities

Chalky white spots at the gum line that can be reversed with fluoride.



Moderate Cavities

Light brown or dark in color, teeth look chipped.



Severe Cavities

Brown or black in color, teeth appear rotted away or broken.

Consejos para la salud bucal de los lactantes

Para que tu hijo esté libre de caries:

- Limpia sus encías a diario con una toallita húmeda.



- No lo duermas con el biberón. Lo ideal es retirarle el biberón entre los 12 y los 14 meses.
- Evita llevarte a la boca objetos que compartes con tu bebé (como cubiertos) y limpiar el chupón con tu boca, ya que podrías transmitirle las bacterias que provocan caries.



- Una vez que le hayan salido los dientes, y hasta los 3 años, empieza a cepillarle los dientes dos veces al día con un poquito de pasta con flúor. Después de los 3 años usa un poco más de pasta; una gota del tamaño de un chicharo es suficiente.
- Evita darle alimentos y bebidas que contengan azúcar. Los niños menores de 1 año no deben tomar jugos de fruta.
- Revisa los dientes de tu hijo una vez al mes, levantándole los labios, para estar segura de que no tenga caries. Si detectas cualquier signo de caries, llévalo de inmediato al dentista.
- En la cita médica de los 12 meses, pregúntale al médico sobre la salud bucal de tu bebé y el uso del flúor.
- Los niños deben recibir atención dental antes del primer año o cuando salga el primer diente.

Cómo calmar el dolor por la salida de los dientes

- Dale medicamentos que no requieren receta médica, como ibuprofeno o acetaminofén, y mordederas frías.
- No le apliques geles dentales.

Consejos para cepillarle los dientes a tu hijo

- Usa un cepillo de dientes pequeño y especial para niños.
- Recuéstalo en una superficie cómoda, como el cambiador de pañales.
- Colócate detrás de su cabeza.
- Dale un juguete que pueda tomar con sus manos.
- Cepilla 2 o 3 dientes a la vez.



Caries temprana

Manchas blancas junto a la encía que pueden corregirse con flúor.



Caries moderada

Manchas de color café claro u oscuro; los dientes se ven astillados.



Caries severa

Manchas de color café claro u oscuro; los dientes se ven podridos o rotos.

DENTAL REFERRAL FORM FOR PREGNANT WOMEN

SECTION A: PRENATAL PROVIDER TO COMPLETE AND SEND TO DENTAL PROVIDER

Patient Referred to: _____ Referral Date: _____
(Dentist Name/Practice)

Patient Information:

Name: _____ DOB: _____
(Last) (First) mm dd yyyy

Estimated Delivery Date: _____
mm dd yyyy

Known Allergies and Precautions: (Specify, if any)

The following are considered safe during pregnancy:

Dental Procedures:

Oral Examination
Dental Prophylaxis
Scaling and Root Planing
Extraction
Dental X-ray with Lead Shielding
Local Anesthetic with Epinephrine
Root Canal
Restorations | Fillings

Medications:

Amoxicillin
Cephalosporins
Clindamycin
Metronidazole
Penicillin
Acetaminophen
Acetaminophen with Codeine
Hydrocodone or Oxycodone

Patient may NOT have: Ciprofloxacin, Clarithromycin, Levofloxacin, Moxifloxacin, Tetracycline
(Specify any other)

REFERRING PRENATAL PROVIDER

Name: _____ Signature: _____
(Please Print)

Date: _____ Phone #: _____

Email: _____ Fax #: _____

SECTION B: DENTAL PROVIDER TO COMPLETE AND RETURN FORM TO PRENATAL PROVIDER

Summary of Findings/Diagnosis:

Treatment Plan:

DENTAL PROVIDER

Name: _____ Signature: _____
(Please Print)

Date: _____ Phone #: _____

If you are a Medicaid recipient, you can search for dentists at [TMHP.com](https://www.tmhpc.com). If you are in Medicaid Managed Care, you can search for providers on your health plan's website, or call your health plan for assistance. If you have private insurance, you can contact your health plan for information and assistance. Many of the services are available to anyone, with or without insurance.



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Resources

[American Academy of Pediatrics: Oral Health Tool Kit](https://aap.org/en-us/about-the-aap/aap-press-room/campaigns/tiny-teeth/Pages/default.aspx)

aap.org/en-us/about-the-aap/aap-press-room/campaigns/tiny-teeth/Pages/default.aspx

[American Academy of Pediatrics: Campaign for Dental Health](https://ilikemyteeth.org/oral-health-pregnancy)

ilikemyteeth.org/oral-health-pregnancy

[American Academy of Pediatric Dentistry](https://aapd.org/media/Policies_Guidelines/BP_PerinatalOralHealthCare.pdf)

aapd.org/media/Policies_Guidelines/BP_PerinatalOralHealthCare.pdf

[American Dental Association](https://ada.org/en/member-center/oral-health-topics/pregnancy)

ada.org/en/member-center/oral-health-topics/pregnancy

[National Maternal and Child Oral Health Resource Center](https://mchoralhealth.org/PDFs/oralhealthpregnancyresguide.pdf)

mchoralhealth.org/PDFs/oralhealthpregnancyresguide.pdf

[Oral Health Pregnancy Consensus Statement](https://mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf)

mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf

[Smiles for Life: A National Oral Health Curriculum](https://smilesforlifeoralhealth.org)

smilesforlifeoralhealth.org

Citations

¹ Centers for Disease Control and Prevention. 2017. Children's Oral Health. cdc.gov/oralhealth/basics/childrens-oral-health/index.html

² Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, 2016-2017. Texas Department of State Health Services Maternal and Child Health Epidemiology Unit, June 2019. phpa.health.maryland.gov/mch/Documents/MD%20PRAMS%20Report%202015%20Births.pdf

³ American Dental Association, Council on Scientific Affairs, U.S. Food and Drug Administration. 2012. Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (rev.). Chicago, IL: American Dental Association. ada.org/~media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx

⁴ Federal Register. 2009. Guidance for Industry and Food and Drug Administration Staff; Class II Special Controls Guidance Document: Dental Amalgam, Mercury, and Amalgam Alloy; Availability. 74:148. [gpo.gov/fdsys/pkg/FR-2009-08-04/pdf/E9-18445.pdf](https://www.gpo.gov/fdsys/pkg/FR-2009-08-04/pdf/E9-18445.pdf)

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Page 13, Wilkins, E. 2009. Clinical Practice of the Dental Hygienist, 10th ed. Philadelphia: Lippincott Williams & Wilkins.

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Pages 17 & 18, image on top left: National Maternal and Child Oral Health Resource Center

Pages 17 & 18, images on right: Alberta Health Services - Oral Health

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**Let Women Know That Dental Care
During Pregnancy Is
SAFE
IMPORTANT &
RECOMMENDED**



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