

The Importance of Oral Health Care During Pregnancy

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Oral health is integral for overall health throughout the lifespan, including during pregnancy. A strong body of research shows that receiving dental care during pregnancy is safe and medical organizations have recommended it for [advancing oral and overall health](#). However, disparities in access to dental care and oral health outcomes during pregnancy still exist.

Background and Policy Considerations

Supporting dental care during pregnancy is an important priority not only for the health of the pregnant person, [but also for the future health of the infant and child](#). While data support the value of oral health care before, during, and after pregnancy, state Medicaid programs are not required to cover oral health care for adults, including people who are pregnant. As a result, the availability of oral health coverage for these populations varies tremendously by state. Some states offer no dental benefits to adults, while others offer coverage only during pregnancy, but discontinue benefits postpartum. Additionally, among states that offer Medicaid dental benefits during pregnancy, the specific services that are covered vary by state. [This inconsistency of oral health coverage](#) for pregnant people in terms of enrollment, availability, and benefits acts as an acute structural barrier to care.

Additionally, even when states do offer adult dental benefits, because they are optional, they are often among the first benefits cut when states face budgetary issues. The repercussions of this are particularly harmful for pregnant people, as [two in three Medicaid enrolled people are of reproductive age](#). Moreover, unlike some kinds of medical coverage for pregnant people that treat gestation as a [unique time for care](#), most states do not differentiate between pregnant people and others in terms of Medicaid dental benefits. Additionally, even states that offer dental benefits for pregnant people often only offer time-limited benefits (usually 30-60 days postpartum). This kind of coverage negates the importance of dental care before, during, and after pregnancy for both the pregnant person and child's dental health. Lastly, enrollment can be another barrier to coverage, as many states require that pregnant people who are already enrolled, re-enroll once they are pregnant for [access to additional benefits](#). If anything, the uneven landscape of dental benefits for pregnant people points to a larger issue: The lack of dental benefits for all adults.

Oral Health Outcome and Disparities

Coverage-related barriers, including the uneven landscape of Medicaid adult dental benefits, as well as other systemic factors create barriers to accessing oral health care during pregnancy, particularly for marginalized populations, and lead to oral health disparities.

Research has shown that pregnant people with periodontal (gum) disease are at a higher risk for [poor birth outcomes](#) such as low birth weight during gestation and at delivery, preterm delivery, and risk of preeclampsia. [Periodontal disease during pregnancy](#) disproportionately affects

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historically marginalized people, including African Americans, some Latinx populations, low-income populations, and adults with less than a high school education. Conversely, receiving dental care during pregnancy has been shown to decrease children's risk of developing dental caries, the most common chronic disease of childhood.

Recommendations for Advocates

Inclusive Outreach

For real improvement to occur, advocates have a unique role to play in oral health systems change. One first step is to consider inclusive outreach and communications plans. Firstly, oral health advocates should strive to use [gender inclusive language](#) in all communications about oral health and pregnancy. People of all genders can get pregnant and need access to dental care when they do.

Medicaid and Integration

Advocates can push for the expansion of Medicaid dental benefits during pregnancy and for simplified enrollment procedures to improve access. Additionally, advocates can push for policies that improve integration of dental care with other health care and social support services. Research has demonstrated that [integrating oral health education and referrals](#) to dental care, where needed, into non-dental settings can decrease caries rates. Receiving prenatal care also [decreases children's future development of dental caries](#), as well as the number of teeth extractions. In addition, advocates can also consider other ways of expanding the reach of the dental delivery system beyond the limits of the dental office, such as expanding the scope of dental hygienists and [authorizing dental therapists](#).

Public Education

Information on the benefits of receiving dental care during pregnancy is not always consistent. Advocates can help ensure there is consistent public messaging about the safety and health benefits of receiving dental care during pregnancy by providing direct outreach and education to consumers and/or providers. Additionally, this messaging can be achieved by advocating for greater investment for community health workers, who can provide culturally appropriate oral health education in community settings. Research has found that children whose parents receive oral health education and tools during pregnancy [are 1.5 times less likely to develop caries](#). [Community health workers are especially vital](#) as they can provide dental interventions that are more culturally competent and targeted where they are most needed.

Given the importance and time sensitivity of dental care for a pregnant person and child's oral health outcomes, oral health care during pregnancy must be centered amongst all stakeholders.