



Maternity: Teeth for Two Integration Guide



Improving general health through oral health
for all Oregonians

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Overview

Maternity: Teeth for Two (MT42) is an integration initiative developed to improve the oral health of Oregon's pregnant women and their children by educating prenatal primary care physicians and caregivers on methods of integrating oral health into prenatal care.

The curriculum provides information for pregnant women and the medical workforce on the importance of oral health during pregnancy. It is targeted toward prenatal providers, dental professionals, WIC staff, community health workers, and anyone who provides education and/or care for expecting mothers.

Maternity: Teeth for Two includes:

- 1 hour long training for providers and staff on methods of integrating oral health preventative services into current services
- MT42 Oral Health Integration Guide, including navigation tools
- Culturally appropriate handouts, exam/waiting room posters and anticipatory guidance that can be shared with parents and caregivers
- Continued support and technical assistance from the Oregon Oral Health Coalition (OrOHC) on systems-based implementation, workflow and clinical instruction

The **Maternity: Teeth for Two Integration Guide** exists to assist your clinic/facility in integrating oral into primary care to improve the overall health of your patients. It provides delivery framework on how to assess a patients' oral health, assessment questions and recommended actions, oral health messaging for pregnant women to encourage good habits, recommendations for EMR updates and navigation tools that will help your patients find a dental provider.

Maternity: Teeth for Two is one of OrOHC's three initiatives to integrate oral health into primary care across the lifespan. Other resources available are **First Tooth** and **Oral Health and Chronic Disease**.

Oral Health Delivery Framework

(Modeled after the Qualis Oral Health Delivery Framework)

1. **Ask-** Include oral health questions as part of the routine medical history.
 - Ask patient oral health questions (see **Oral Health Assessment Questions** pg. 6).
 - Questions to assess patient's risk before meeting with the primary care provider can be added to intake either as a pre-appointment questionnaire or embedded into the medical history.
 - Provider interviews the patient regarding problems in the mouth, previous dental visits, and the availability of a dental provider.
2. **Look-** Perform a visual oral exam to determine if the patient is at risk of oral disease and needs treatment. This is not a diagnosis, simply look for signs of oral disease such as dry mouth or inflammation.
(**Oral Health Care Guide** pg. 8)
3. **Decide-**Determine if patient needs a new or urgent referral to dentist based on answers to **Oral Health Assessment Questions** and observations made during visual assessment. Decide if the patient has obvious dental disease. All pregnant patients should be referred to a dentist during pregnancy. (**Oral Health Care Guide** pg. 8)
4. **Act-**Provide oral health education and prevention services as needed. Make appropriate referral to dental provider.
(**Dental Provider Referral Form** and **How to Find a Dentist** in appendix)
5. **Document-** In the patient's medical record, document an overview of the oral health assessment, findings, and services provided. (see **EMR Recommendations** pg. 9-10)
 - Results of oral health assessment should be automatically included in patient chart through EMR Oral Health Assessment prompts.

Workflow Model Chart

MEDICAL ASSISTANT	
ASK	<ul style="list-style-type: none"> • Patient fills out pre-appointment questionnaire. • Questions are given to and reviewed by MA or input into EMR to be followed up on.
LOOK	<ul style="list-style-type: none"> • MA looks for inflammation, decay, oral lesions, and dry mouth. (see Oral Health Care Guide pg. 8)
DECIDE	<ul style="list-style-type: none"> • Is there disease present? • Is there a need for an urgent dental referral?
ACT	<ul style="list-style-type: none"> • Provide Maternity Teeth for Two brochure. • Educate on brushing, flossing, and proper mouth rinse. • If patient needs a referral and does not have a dentist, provide How to Find a Dentist (appendix) reference sheet.
DOCUMENT	<ul style="list-style-type: none"> • Login to EMR system. • Document results from oral health assessment. • Note if a new or urgent referral was made.
Primary Care Provider (PCP)	
ASK	<ul style="list-style-type: none"> • Review questionnaire responses.
LOOK	<ul style="list-style-type: none"> • Look for signs of inflammation, decay, oral lesions, and/or dry mouth. (see Oral Health Care Guide pg. 8)
DECIDE	<ul style="list-style-type: none"> • Is there disease present? • Is there a need for an urgent dental referral?
ACT	<ul style="list-style-type: none"> • Provide fluoride varnish, as needed. This can be delegated to trained staff. • Provide Maternity Teeth for Two brochure. • Educate on brushing, flossing, and proper mouth rinse. • Make a referral based on questionnaire and visual assessment. • Provide After-Visit Summary (AVS) (appendix) and patient education resources.
DOCUMENT	<ul style="list-style-type: none"> • Document an overview of the oral health assessment. • Note if any disease was recognized. • Note if and what care was provided. • Note if a new or urgent referral was made.

*See **Workflow Explanation** (pg. 4-5) and **Oral Health Care Guide** (pg. 8) for in-depth information

Workflow Explanation

Before Appointment

- Place posters and education materials in the waiting room.
- **(ASK)** Patient fills out pre-appointment oral health questionnaire, or answers the questions added to medical history. (See **Oral Health Assessment Questions** pg. 6)
 - *EMR improvement option: Patient will fill out pre-appointment oral health questionnaire in patient portal. This will need to be added and connected to the EMR chart so the physician and MA can review it later. (See **EMR Recommendations** pg. 9-10)*
 - *It could be available to fill out in the lobby before the appointment on paper or on the computer, then input directly into patient's electronic chart, along with or embedded in medical history.*

Medical Assistant Rooms Patient

- **(ASK)** Review **Oral Health Assessment Questions** (pg. 6) and answers with patient. Input data in EMR system.
- **(LOOK)** Examine mouth if patient reports pain or if they have not seen a dentist during pregnancy. Look for signs of inflammation, decay, obvious lesions, or dry mouth.
- **(DECIDE & ACT)** Follow **Oral Health Care Guide** (pg. 8). Other than medication changes, MA can provide all care suggestions in the guide.
 - Recommend mouth rinse targeted to needs of patient.
 - Educate patient on brushing and flossing techniques.
 - Reinforce the importance of oral disease prevention for optimal overall health.
 - Select brochures/oral health messaging for **AVS** (appendix).
 - *EMR improvement option: Oral health responses could automatically populate targeted oral health education in the AVS.*
 - If the patient does not have a dentist, provide **How to Find a Dentist** (appendix) information sheet as part of AVS. If a patient has urgent oral health needs, populate an urgent referral for the PCP.

- **(DOCUMENT)** information in EMR system.
 - Document responses to ***Oral Health Assessment Questions*** (pg. 6).
 - Document signs of oral health irregularities such as inflammation, decay, or dry mouth.
 - Document if a new or urgent referral is recommended.

PCP conducts encounter

- **(ASK)** Review ***Oral Health Assessment Questions*** (pg. 6) either in EMR chart or with patient.
- **(LOOK)** Examine patient's mouth. Look for signs of inflammation, decay, oral lesions, or dry mouth. (see ***Oral Health Care Guide*** pg. 8)
- **(DECIDE & ACT)**
 - Refer to ***Oral Health Care Guide*** (pg. 8) for more information on specific oral concerns.
 - Recommend appropriate mouth rinses.
 - Prescribe or adjust medication, if needed.
 - Apply fluoride varnish if patient has dry mouth or decay. (This can be delegated to trained staff)
 - Reinforce the importance of oral disease prevention for optimal overall health.
 - Educate patient about prevention of oral disease for optimal overall health and prevention of early childhood caries once baby is delivered.
 - If patient has not seen a dentist during pregnancy, provide a written referral to an appropriate dental provider. This should be delegated to Referral Coordinator or front staff. (see ***How to Find a Dentist*** and ***Dental Provider Referral Form*** in appendix)
 - Provide **AVS** (appendix) with appropriate messaging/brochures.
- **(DOCUMENT)** information in EMR system.
 - Confirm oral health assessment documentation.
 - Document signs of inflammation, decay, oral lesions, or dry mouth.
 - Document care provided and if a new or urgent referral was made.

Oral Health Assessment Questions

Ask	Response	
Have you seen a dentist in the last 12 months?	Yes	No
Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?	Yes	No
Do you use products with fluoride or drink fluoridated water?	Yes	No
Do you have a family history of gum disease?	Yes	No
Do you have a dry mouth?	Yes	No
Do you brush at least twice daily?	Yes	No
Do you clean between your teeth 3 or more times per week (e.g. floss or toothpicks)?	Yes	No
If pregnant, have you been vomiting frequently?	Yes	No

Visual Assessment	Recommended Action
Are there visible cavities?	Apply fluoride varnish; recommend fluoride mouth rinse; oral hygiene education; refer to dental home
Are there any abscesses?	Prescribe antibiotics; refer to dental home
Is there obvious gum disease (red and swollen gums, bleeding gums, receding gums, foul odor)?	Recommend anti-gingivitis mouth rinse; oral hygiene education; refer to dental home
Are there any non-traumatic oral lesions?	Prescribe appropriate medication; refer to dental home or ENT if lesions remain after two weeks.
Is there heavy plaque?	Oral hygiene education; refer to dental home.

Oral Health Messages for Pregnant Women

Practice good oral hygiene

- Brush teeth twice daily for two minutes with a soft toothbrush and a pea-sized amount fluoride toothpaste.
- Clean between the teeth with floss or interdental aids one time daily.
- Rinse with cup of water and a teaspoon of baking soda after vomiting to neutralize stomach acid.
- Xylitol gum or mints can reduce decay risk for mom and baby.
- Caregiver's oral germs (bacteria) spread to children before they reach age two.

Eat nutritious food

- Limit foods containing sugar to mealtime.
- Choose water or low-fat milk, and avoid carbonated beverages.
- Choose fruit rather than fruit juice.
- Drink plenty of water to prevent dry mouth







Make a dental appointment

- Do not delay dental treatment until after birth.
- Dental treatment is safe and necessary during pregnancy.
- Choose foods high in vitamins for gum health.

Brochures – available at orohec.org/pregnancy



Oral Health Care Guide

Pregnancy Gingivitis	Increased inflammatory response to dental plaque during pregnancy causes gingiva (gums) to swell and bleed more easily. Thorough brushing and flossing should minimize the inflammation. Professional cleaning may also improve health of gums.	
Pyogenic granuloma (pregnancy tumors)	A benign lesion may result from heightened inflammatory response to oral pathogens. Refer for dental evaluation. Professional cleaning may minimize the tumors.	
Tooth erosion	Erosion of tooth enamel may be more common because of increased exposure to gastric acid during pregnancy. Rinse mouth with baking soda and water to neutralize acid after vomiting. Minimize acid-rich foods like citrus and soda.	
Dental Caries	Pregnancy may result in dental caries due to the increased acidity in the mouth, greater intake of sugar, and decreased attention to prenatal oral health maintenance. Increase fluoride use, improve oral hygiene, and minimize sugar intake.	
Periodontitis	Untreated gingivitis can progress to periodontitis. The teeth may loosen, bone may be lost, and a bacteremia may result. Refer to periodontal treatment early in pregnancy.	
Dry Mouth (xerostomia)	Recommend rinsing with fluoride mouthwash to prevent cavities and saliva substitutes to improve function and comfort. Avoid tobacco, caffeine, and alcoholic beverages. Take frequent sips of water. Advise patient to maintain a healthy diet, avoiding frequent starches and sugars.	

EMR Recommendations

Add oral health history questions to intake process:

- Oral health questions should be integrated into your medical history questionnaire.
 - Include questions from the **Oral Health Assessment Questions**
 - Health history may be completed in the waiting room electronically for easier input into patient's electronic chart.
 - These questions can be included in a patient portal (such as My Chart) for the patient to access and complete pre-appointment.
 - If paper health history form is used, staff (such as receptionist or MA) can input data directly into EMR.

Integrate Oral Health Assessment into provider workflow:

- Include "Oral Health Assessment" section in EMR chart. There are multiple options based on provider preferences.
 - A *Smart Set* can be created under *Best Practices*.
 - An "Oral Health Assessment" button can be added to *Screenings* that target specific demographics (e.g. early childhood, pre-natal, chronic disease management).
 - Dot phrases offer flexibility based on provider preference—*Progress Notes* are on area where dot phrases have been used effectively.

Integrate oral health into other areas of the EMR:

- Use oral health options in relevant EMR menus.
 - These EMR sections could include *Chief Complaint*, *Chart Review*, or *Physical Exam* to remind providers to utilize the assessment and integrate oral health messaging into long-term care plan. An example could be "mouth pain", "oral health concerns", or "difficulty chewing".
- To ensure proper follow-up with dietician, dental professional, CHW, or other providers, create oral health *Goal Template* under *Patient Goals*.
 - This could include "learn about dry mouth", "learn about improving home hygiene", or "reduce dietary sugar"

After-Visit Summary will include:

- Summary of care provided—such as fluoride instructions, mouth rinse options, or "completed oral health assessment".
 - This information should be automatically included in the AVS once the assessment is marked complete by provider.
 - This should be an easy-to-read review of oral health concerns for the patient & referred specialists (e.g. lesion, dry mouth, morning sickness, etc.).
- Patient education—includes at-home resource materials targeted to patient demographic and assessment outcome.
 - This patient specific education should be automatically included in AVS based on assessment responses. (e.g. messaging regarding dry mouth)
- Referral information—includes pertinent oral health specialist information with simple follow-up steps.

Referrals:

- Refer to dental providers with whom you share referral agreements.
- The AVS should be sent with a standard referral request to partnering dental providers. The format and communication systems will vary depending on your EMR systems and application.

Follow-Up and Recall:

- Many EMR systems already include automated recall messaging. This may be used for data collection and management to track progress.
- The Patient Portal may be used to assist in managing dental re-care.



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Appendix

After-Visit Summary (AVS)

This document can be given to the patient for reference as to what was discussed during the appointment. If your clinic already has this, you can add the oral health messages to your current AVS.

Patient Name:	Date of appointment: / /
Current Systemic Conditions:	
Oral Health messages discussed, brochures provided:	
Current medications:	
Primary Care Clinic Name & Logo Address/Phone/Fax	

Dental Provider Referral Form

Patient Information

Patient Name: _____ DOB: ____ / ____ / ____

Referral to

Dental Provider Name: _____

Phone: _____

Address: _____

Referral Information

Reason for Referral: ☐ Routine ☐ Signs of gum disease ☐ Pain ☐ Other

☐ This patient is cleared for routine dental evaluation and care

Known Allergies: _____

Significant Medical Conditions: ☐ None ☐ Yes (specify)

Medications:

Provider Information

Primary Care Provider: _____

Phone: _____

Signature: _____ Date: _____

How to Find a Dentist

Privately Insured

Patients with private insurance should contact their dental insurance provider for a list of in-network dentists. If insurance is provided through their employer, patients should contact HR for information on their dental health plan benefits.

Uninsured

Provide uninsured patients with a list of local low-cost dental services.
See www.orohe.org/resources-by-region/ for a list of low-cost options.

Oregon Health Plan/ Medicaid

Patients with Oregon Oral Health Plan (OHP) have dental coverage. Most patients will be enrolled in a Coordinated Care Organization (CCO), and assigned a Dental Care Organization to manage dental needs. Some patients may have open card or fee-for-service (FFS) dental coverage.

1. Contact DCO for assigned dental provider or a list of dentists to choose from. Dental plan information can be found on the CCO ID card or OHP Coverage Letter.
2. If patients do not know their DCO, they may contact their CCO for dental plan information.
3. Providers can determine a patient's assigned DCO using the Medicaid Provider Web Portal.
4. Open Card or FFS members should contact OHP client services for help finding a dentist.

DCOs	CCOs
Access Dental 1-877-213-9357	AllCare..... 1-888-460-0185
Advantage Dental 1-866-268-9631	Cascade Health Alliance..... 1-888-989-7846
Capitol Dental..... 1-800-525-6800	Columbia Pacific CCO 1-855-722-8206
CareOregon Dental..... 1-888-440-9912	Eastern Oregon CCO..... 1-888-788-9821
Family Dental Care..... 1-866-875-1199	FamilyCare Inc..... 1-800-458-9518
Kaiser 1-800-813-2000	Health Share of Oregon 1-888-519-3845
Managed Dental	Intercommunity Health Network..... 1-800-832-4580
Care of Oregon..... 1-800-538-9604	Jackson Care Connect..... 1-855-722-8208
ODS Community Health 1-800-342-0526	PacificSource Community Solutions..... 1-800-431-4135
Willamette Dental 1-855-433-6825	PrimaryHealth of
	Josephine County 1-800-471-0304
	Trillium Community
	Health Plan 1-877-600-5472
	Umpqua Health Alliance..... 1-800-676-7735
	Western Oregon
	Advanced Health 1-800-264-0014
	Willamette Valley
	Community Health..... 1-866-362-4794
	Yamhill Community
	Care Organization 1-855-722-8205



Fluoride Varnish & Toothbrush Suppliers

Oral Health America's "Smiles Across America" (SAA) Product Donation Project:

<https://oralhealthamerica.org/our-work/smiles-across-america/product-donation/>

Based on eligibility requirements, your practice may qualify to receive free fluoride varnish.

Supplier	Varnish Name	Website	Regional Provider	Regional Provider Contact Info.
Centrix	Fluorodose	www.centrixdental.com	Tom Kosturko	800-235-5862 ext. 7509 tkosturko@centrixdental.com
			Matt Swinton	800.235.5862 ext 7501 mswinton@centrixdental.com
Crosstex Int.	Proguard Sparkle V	www.crosstex.com	Crosstex – CA Facility (closest)	800-707-2737 crosstexca@crosstex.com
Henry Schein	Acclean	www.henryschein.com/dental-supplies.aspx	Rep. call line	800-372-4346
Patterson Dental	UltraThin Varnish Fluorodose	www.pattersondental.com	Find a local rep.	www.pattersondental.com / ContactUs/MyLocalTeam
Premier Dental	Enamel Pro Varnish	www.premusa.com	Tadd Zettlemoyer, Customer Service Dir.	tzettlemoyer@premusa.com
Preventech	Vella Varnish	www.preventech.com	Jim Laufer	425-396-0573 jjlaufer@comcast.net
Pulpdent	Embrace Varnish	www.pulpdent.com	Jim Laufer	425-765-5329 JJlaufer@comcast.net
Sentry	NuShield	www.sentrymedical.com	Carrie Regier	Carrie.r@sentrydental.com
VOCO America	Profluoride Varnish	www.voco.com/us/home	Find a local rep.	voco.com/us/service/contactPerson/index.html
Organization	Phone	Website	Toothbrush Names	
Henry Schein	1-800-372-4346	www.henryschein.com	Infant Toddler Safety Toothbrush/Teether, Aquafresh Infant Toothbrush, Infant Toddler Toothbrush, adult toothbrushes	
Patterson Dental	1-800-328-5536	www.pattersondental.com	Infant Toddler Safety Toothbrush/Teether, Aquafresh Baby Training Toothbrush, Patterson Junior Toothbrush, P27 Junior Toothbrush, adult toothbrushes	
Plak Smacker	1-800-558-6684	www.plaksmacker.com	Infant Brush, Lil Grip Toothbrush, Junior Youth Toothbrush, Children's Sparkle Toothbrush, adult toothbrushes	

Estimated Costs

- Fluoride varnish (32 unit dose – 0.25 ml) ~ \$45.00
- Toddler toothbrush (per unit) \$0.25 - \$2.00

Try ordering directly through your medical supply company first; some companies have a medical and dental division within their organization.