

NEW MEXICO PERINATAL ORAL HEALTH QUALITY IMPROVEMENT PROJECT



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Dear Colleagues:

Welcome to the second edition of the New Mexico Perinatal Oral Health Resource and Implementation Manual! The manual is a collection of tools and materials that have been developed and compiled as part of a project focusing on increasing oral health care in general medical and prenatal care settings.

The *New Mexico Perinatal and Infant Oral Health Quality Improvement Project* is part of a national initiative funded by the Health Resources and Services Administration focusing on improving the oral health of pregnant women and newborns.

Increased understanding of the impact of oral conditions on both pregnancy outcomes and infant oral health and disease have made action to integrate services and improve dental and medical collaboration a national health priority. In 2014, the Health Resources and Services Administration (HRSA) issued this guidance that supports the project:

Prevention, diagnosis, and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care. Good oral health and control of oral disease protects a woman's health and quality of life and has the potential to reduce the transmission of bacteria from mothers to their children.

The project has three primary components:

- Integrating oral clinical care services into prenatal and well child services, both in primary care settings as well as home visiting programs;
- Providing oral health care education for childbearing families; and
- Creating linkages between prenatal and well child primary care settings and dental care services to promote access to dental medicine services during pregnancy and infancy.



About This Manual

The Manual is

- A reference containing information and resources for conducting oral health risk assessment and management as well as patient education.
- A training and implementations support for participants in the project.
- A compilation of resources for other projects with similar aims.

The manual is a living document. We anticipate updates and revisions on an ongoing basis over the course of the project based on feedback from participating sites and out learning. The project website will house manual updates so participants can keep their materials current.

www.cdd.unm.edu/dhpd/oralhealth

We welcome your comments, questions and suggestions on the contents of the Manual. Our email addresses are below.



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OVERVIEW OF THIS MANUAL

■ **Tab One: Introduction And Overview Of Oral Care In Prenatal Care Services**

The section includes an introduction to the project and schematics about incorporating oral care into clinical prenatal primary care services.

■ **Tab Two: Conducting An Oral Health Screening Exam Using The “4L’s” Technique**

This section contains instructions for conducting a brief oral screening exam for adults and older infants using the “Four L’s” screening oral examination technique, followed by a series of visuals of common problems that may be found during the exam. There is also a visual presentation of the “knee to knee” positioning technique for infants.

■ **Tab Three: Primary Care Oral Health Assessment Using the Primary Care Oral Assessment Tool (PCOAT)**

This section introduces the use of a clinical decision support tool, the PCOAT (Primary Care Oral Assessment Tool) that has been adapted from the Caries Management by Risk Assessment (CAMBRA) for use in primary care settings. The PCOAT may be used to guide screening by history and oral exam, risk assignment, management, and referrals. The section also contains patient interview forms that may be used by a provider, or may be self-administered by the patient.

■ **Tab Four: Patient Self-Management Goal-Setting and Educational Materials**

This section contains two worksheets that can be used to assist patients set goals for themselves or for their children. Each is followed by instructions for primary care providers to be used during the interview process. The resources in this section support teaching/counseling sessions on achievable oral health improvement for adults and children and provide stand alone educational messages on oral health in pregnancy and infancy.

The section also contains four patient education brochures developed by project staff:

- Did You Know? Healthy Teeth and Gums in Pregnancy Keeps You and Your Baby Healthy (English and Spanish)
- How Should I Take Care of My Infant’s Teeth (English and Spanish)
- How Should I Take Care of My Teeth When I am Pregnant? (English)
- Information About Dental Services in New Mexico (English)

■ **Tab Five: Treatment Recommendations for Adults and Children**

The resources in this section are recommendations for treating commonly occurring conditions of adults and children that can be diagnosed and treated in primary care. These include both over the counter and prescription-based treatments. These recommendations have been compiled by the inter-professional clinical project team.

■ **Tab Six: Referring a Patient to the Dentist**

This section contains a sample referral form and strategies to create and maintain dental referral resource lists and facilitate referrals within communities.

■ **Tab Seven: American Academy of Pediatrics Oral Health Coding Fact Sheet For Primary Care Physicians and PCOATS With Billing Codes Included**

The resources in this section support coding and billing practices to document and bill for oral health care services. The **Oral Health Coding Fact Sheet** prepared by the American Academy of Pediatrics is included. Project staff are aware that while the codes listed in the document exist, they are not uniformly activated by states and payers. The section also contains the PCOAT forms with billing codes included.

New Mexico Perinatal Oral Health Project

Prenatal Care: Prenatal Major Themes by Trimester



First Prenatal Visit. Site may choose to split into 2 visits First Trimester About 6-12 gestational weeks

- Patient's History (medical includes oral health, psycho-social, and reproductive)
- Physical Exam with **Oral Health Exam**
- Education re: pregnancy changes, expected path of care, health behavior in pregnancy, and **Oral Health Self-Management Skills**
- Gestational Age/Due Date Determination
- Blood/Urine labs drawn; needed referrals

Oral Health Exam in Pregnancy

- Teeth, lips, gums
- "4 Ls" Assign Dental Risk
- Refer to Dentist as needed
- Flouride Varnish???

Second Trimester 13-27 Weeks

- Continuing follow-up from first trimester assessment (labs, exam findings and concerns)
- Baby movement is felt: Quickening!!!
- Mid-Pregnancy screens for genetic and anatomic results
- **Oral Health Goal Setting**
- Contraception planning.
- Breastfeeding planning.

Third Trimester 28 Weeks until Birth

- Education for labor and birth
- Hospital and birth center tours offered; preparation for planned home births.
- **Oral Health follow-up on referrals and infant oral health planning**
- Pediatric care plan.
- Car seat.

Postpartum

- Breastfeeding
- Screen for Depression
- Nutrition
- **Reinforce Mom and Baby oral health: xylitol gum, babe gum care, fluoride varnish with first tooth**
- Apply Flouride Varnish for infant

**Entry into Care:
Could be any
pregnancy week.**

OVERVIEW of PRENATAL CARE

Component	Entry to Care (Visit 6-8 and 10-12 Weeks)	Visit 2: 10-12 Weeks	Visit 3: 16-18 Weeks	Visit 4: 22 Weeks
Recommended Care 1 st Prenatal Visit (May be divided into two visits)	<ul style="list-style-type: none"> • History and physical, including oral exam (teeth and gums: “4L’s) • Height and weight/BMI • Full obstetric/pregnancy history • Confirm LMP and send for dating ultrasound as indicated • Screening: <ul style="list-style-type: none"> ○ Formal alcohol, drug and smoking ○ Intimate partner violence ○ Depression ○ Oral Health Risk Determination (PCOAT based) 	<ul style="list-style-type: none"> • Weight • Blood pressure • Offer fetal aneuploidy • Fetal heart tones • Assess fundal height • [Depression screening] 	<ul style="list-style-type: none"> • Weight • Blood pressure • Offer fetal aneuploidy screen prn • Schedule OB ultrasound for anatomy • [Depression screening] 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal heart tones • Measure fundal height (start measurements)
	Labs: Refer to Specific Site Protocols or UNM document			
Counseling Education Intervention	<ul style="list-style-type: none"> • Trimester Specific Education • Patient specific resources (home visiting programs, community resources) • Discuss ethnic genetic disease carrier status screening • Discuss fetal aneuploidy screening/schedule as appropriate • Prenatal and lifestyle education <ul style="list-style-type: none"> ○ Physical activity ○ Nutrition, including folic acid review ○ Oral Health, including xylitol gum and review of dental hygiene, including: ○ Oral Health Self-management Goal Setting ○ Review patient specific modifiable risk factors ○ Nausea and vomiting • Warning signs • Course of care and resources (OB triage) • Screen and document for beliefs regarding blood transfusions • Give information about advanced directives 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Fetal growth • Review lab results from first visit • Breastfeeding • Nausea and vomiting • Physiology of Pregnancy • Follow-up of modifiable risk factors • Preterm delivery risk assessment follow-up as indicated 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Physiology of pregnancy • Quickening • Preterm delivery risk assessment follow-up as indicated 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Follow-up on Modifiable risk factors • Childbirth classes • Family Issues

Component	Entry to Care (Visit 6-8 and 10-12 Weeks)	Visit 2: 10-12 Weeks	Visit 3: 16-18 Weeks	Visit 4: 22 Weeks
Plan of Care	<ul style="list-style-type: none"> • Site specific protocols for UNM document for immunizations, nutritional supplements, including folic acid • Condition-specific treatments • Referrals, including dental 	<ul style="list-style-type: none"> • Follow-up referrals including dental 	<ul style="list-style-type: none"> • Possible US for anatomy • Check on dental referrals 	<ul style="list-style-type: none"> • Schedule GDM • Preterm labor precautions • Postpartum contraception (BTL sign)
Recommended Care	<ul style="list-style-type: none"> • Trimester specific precautions • Psychosocial risk factors • Prenatal and lifestyle education • Oral health goals and dental referral follow-up • Follow-up of modifiable risk factors • Work • Fetal Growth • Postpartum Contraception (sign BTL/PP IUD consents) 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal Heart Tones • Fundal Height • Assess fetal position 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal Heart Tones • Fundal Height • Culture for group B streptococcus • Lab follow-ups 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal heart tones • Measure fundal height • Schedule NSST/BPP after 41 weeks • Pediatric opti...
Plan of Care	<ul style="list-style-type: none"> • AB Rh/AB [RhoGam] [Hepatitis B Ag] • Tetanus/pertussis booster • Tdap per CDC 2013, between 22-36 weeks ideal, ok> 20 weeks 	<ul style="list-style-type: none"> • Follow-up on referrals • Provide Dental referrals for dentists who see infants/young toddlers 		<ul style="list-style-type: none"> • Postpartum contraception (BTL sign)

For questions or comments, please contact:
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Please also take note of the many references in end notes, also accessible on the Wiki OB/GYN web page:
<http://unmobgyn.pbworks.com/w/page/83785075/FrontPage>. Last updated 10/2015.

This rubric is intended to provide a guide to assure high quality care delivery to each routine OB patient in the UNMH system receiving antenatal care and postpartum care. This guide is designed to delineate a standard of care that is up to date, evidence based, and both provider and patient friendly. The best effort will be made to incorporate recommendations into the Power Chart EMR for ease of use. In order to keep this document current, please inform the Prenatal Standardization of Care Collaborative lead Monica Slinkard Philipp, CNP mmlinkardphilipp@salud.unm.edu, of any evidence based updates that should be incorporated. In an attempt to represent the various services, the Prenatal Standardization of Care Collaborative core team consists of Dr. Emilie Sebesta (Pediatrics), Kelly Gallagher, CNM (Midwifery), Dr. Sarah Gopman (Family Practice), Dr. Jody Stonehocker (OB/GYN), and Monica Slinkard Philipp, CNP (M&FP).