

# Fostering Health Equity in Missouri: A Focus on Mothers & Infants

A MATERNAL & INFANT HEALTH CONVENING PRESENTED BY:



The Uplift  
Connection



MISSOURI HOSPITAL ASSOCIATION



Perinatal Quality Collaborative



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**  
Pregnancy-Associated Mortality Review



Missouri Foundation  
for Health

**Integration of medical and dental health for  
pregnant women, infants, and toddlers.  
March 6, 2024**

**Jacqueline Miller DDS, MS, MPH**

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**Missouri State Dental Director**

# Objectives

Prenatal exams should include an oral health review and referral for oral health care.

Poor oral health during pregnancy can contribute to preterm labor, preeclampsia and low birth weight.

Dental care is safe and important for pregnant moms.

Infant and toddler exams should include a knee to knee oral exam and fluoride varnish application once the teeth erupt.

Referral to a dental home by age one.



# **Importance of integration for maternal and child health outcomes**

Comprehensive care

Interconnected health

Preventive strategies

Addressing disparities

Impact on pregnancy

Long-term benefits

# Impact of neglecting dental health during pregnancy

Gestational diabetes

Preterm birth

Preeclampsia

Low birth weight

Respiratory infections

Cardiovascular health

**Common  
concerns and  
misconceptions  
of dental care  
during  
pregnancy:  
Myths &  
Realities**

Myth: Dental treatments are unsafe during pregnancy

Myth: X-rays should be avoided completely

Myth: Local anesthetics pose risks to the fetus

Myth: Dental procedures should be deferred until after pregnancy

Myth: Pregnancy causes irreversible damage to teeth

Myth: Morning sickness will harm teeth

**Safe delivery  
of dental care  
during  
pregnancy:  
timing and  
considerations**

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Preconception

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First trimester

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Second trimester

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Third trimester

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Emergency situations

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Consultation with health care providers

A close-up photograph of a child's mouth, focusing on the upper teeth. Several teeth exhibit significant decay, with dark, irregular cavities visible. Some teeth have been treated with dental fillings or crowns. The tongue is visible in the lower part of the frame, and the overall appearance is one of advanced dental disease.

**Tooth decay is  
the most frequent  
childhood  
disease, but it's  
also the most  
preventable.**

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# Dental Caries Statistics

## Prevalence of Dental Caries

Most common chronic disease in children

5 times more common than asthma

7 times more common than hay fever

## Rate of Dental Caries

Age 2 – 5 years: 28%

Age 6 – 8 years: 52%

Age 12 – 17 years: 59%

80% of decay is found in 20-25% of children

CDCs Oral Health Surveillance Report, 2019 available at <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>

# Early Childhood Caries Can Lead to...

- Extreme pain
- Spread of infection
- Difficulty chewing and poor weight gain
- Falling off the growth curve
- Extensive and costly dental treatment
- Risk of dental decay in adult teeth
- Crooked bite (malocclusion)



# **Preventive strategies for early childhood caries**

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Oral hygiene education

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Early dental visits

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Fluoride supplementation

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Balanced diet

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Bottle feeding practices

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Avoidance of prolonged pacifier use

# Why establish a dental home by age one?

Early prevention and intervention

Oral health education for parents/caregivers

Monitoring dental development

Establishing trust and familiarity

Preventing dental anxiety

Continuity of care

# Establishing lifelong oral health habits

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- Start early
- Lead by example
- Make it routine
- Educate and empower
- Limit sugary foods and drinks
- Regular dental check-ups
- Adapt to life changes
- Stay informed



# Infant and Child Oral Health Program

Infant knee to knee exam allows you to counsel parent and look for decay.

Fluoride varnish application starting at age one.

Can refer patient to usual referral sources if child has decay present.



Dr. Jen demonstrates Knee to Knee exam with mom and child. Crisp and Associates Pediatric Dentistry



## **White/chalky areas can turn into brown spots (cavities)**

- White spots are very beginning phase of dental disease – refer to dentist.
- Improved brushing, feeding habits and application of fluoride varnish, these spots can be stopped from getting worse.



# Fluoride Varnish

- Safe if swallowed—no nausea.
- Easy to learn to apply.
- Easy to perform application.
- Quickly completed.
- Sets on contact with moisture (saliva).
- Not rendered inactive by plaque.
- Taste is tolerable and well accepted.
- Can reverse early decay and can arrest active decay lesions.



<https://pointsoflightonline.org/>

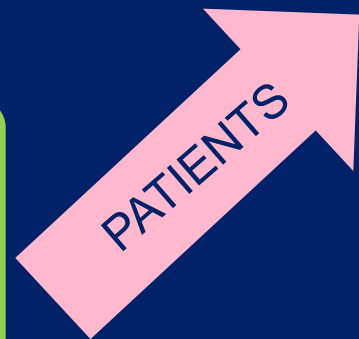


PEDIATRIC  
DENTIST

GENERAL  
DENTIST



PEDIATRICIAN



# Tips to Clean Baby's Teeth

Begin cleaning your baby's mouth during the first few days by wiping the gums with a clean, moist gauze pad or washcloth.

- When your child's teeth begin to come in, brush them gently with a child-size toothbrush and water. A baby's front four teeth usually push through the gums at about 4 to 6 months of age.
- For children older than 2, talk to your dentist about starting to brush your child's teeth with a small amount of fluoride toothpaste. Be sure they spit out the toothpaste.
- Until you're comfortable that your child can brush on his or her own, continue to brush your child's teeth twice a day with a child-size toothbrush and a small amount of fluoride toothpaste.

# Toothbrushing Recommendations

Age	Toothbrushing Recommendations <small>(CDC, 2001)</small>
< 1 year	~ Clean teeth with soft toothbrush
1–2 years	~ Parent performs brushing
3–6 years	~ Pea-sized amount of fluoride-containing toothpaste 2x/day ~ Parent performs or supervises
> 6 years	~ Brush with fluoridated toothpaste 2x/day





Use a smear (left) of fluoridated toothpaste on your baby's teeth as soon as they erupt, and a pea-sized dollop (right) between ages 3 to 6, say new recommendations from the American Dental Association.

COURTESY OF THE AMERICAN DENTAL ASSOCIATION

# Optimizing Oral Hygiene: Flossing

## When to Use Floss

- Once a day  
(preferably at night)
- When any 2 teeth touch





CWF achieves  
25% decay  
reduction in all  
citizens  
regardless of  
income or other  
socio-economic  
factors.

# COMMUNITY WATER FLUORIDATION (CWF)



# **Make sure to drink fluoridated water**

- More bottled water consumption means less fluoride intake.



# Oral Flora: How Does Infection Occur?

- Transmitted mainly from mother or primary caregiver to infant
- Window of infectivity is first 2 years of life
- Earlier child colonized, the higher the risk of caries

# Minimize Risk for Infection

Caregivers who can reduce the amount of bad bacteria in their mouth can increase the odds that their baby will not inherit it.



# Early Childhood Caries: Who is at Greatest Risk?

- Children from low SES (eg. Medicaid eligible)
- Children whose caregiver and/or siblings have decay
- Poor access to dental care



# The Best Indicators For Increased Caries Risk Are:

Inadequate exposure to fluoride systemic or topical



Use a smear (left) of fluoridated toothpaste on your baby's teeth as soon as they erupt, and a pea-sized dollop (right) between ages 3 to 6, say new recommendations from the American Dental Association.

COURTESY OF THE AMERICAN DENTAL ASSOCIATION

# The Best Indicators For Increased Caries Risk Are:

## Caries Risk Are:

Fermentable Carbohydrate  
Consumption



INSTAGRAM/DELISHDOTCOM

# Tips to Prevent Early Childhood Caries

Tooth decay in infants and toddlers is often referred to as baby bottle tooth decay.



The most common cause of tooth decay in babies is frequent, prolonged exposure of the baby's teeth to drinks that contain sugar.

# PARENTS NEED TO BE AWARE IT'S NOT THE BOTTLE.....IT'S THE BEVERAGE!

- Milk, juice, soda, Kool-aid and Gatorade can all cause ECC.
- Water and sugar free drinks should be the only things offered in a night-time bottle.



# Maine AAP: Office-based Display Showing the Amounts of Sugar in SDs

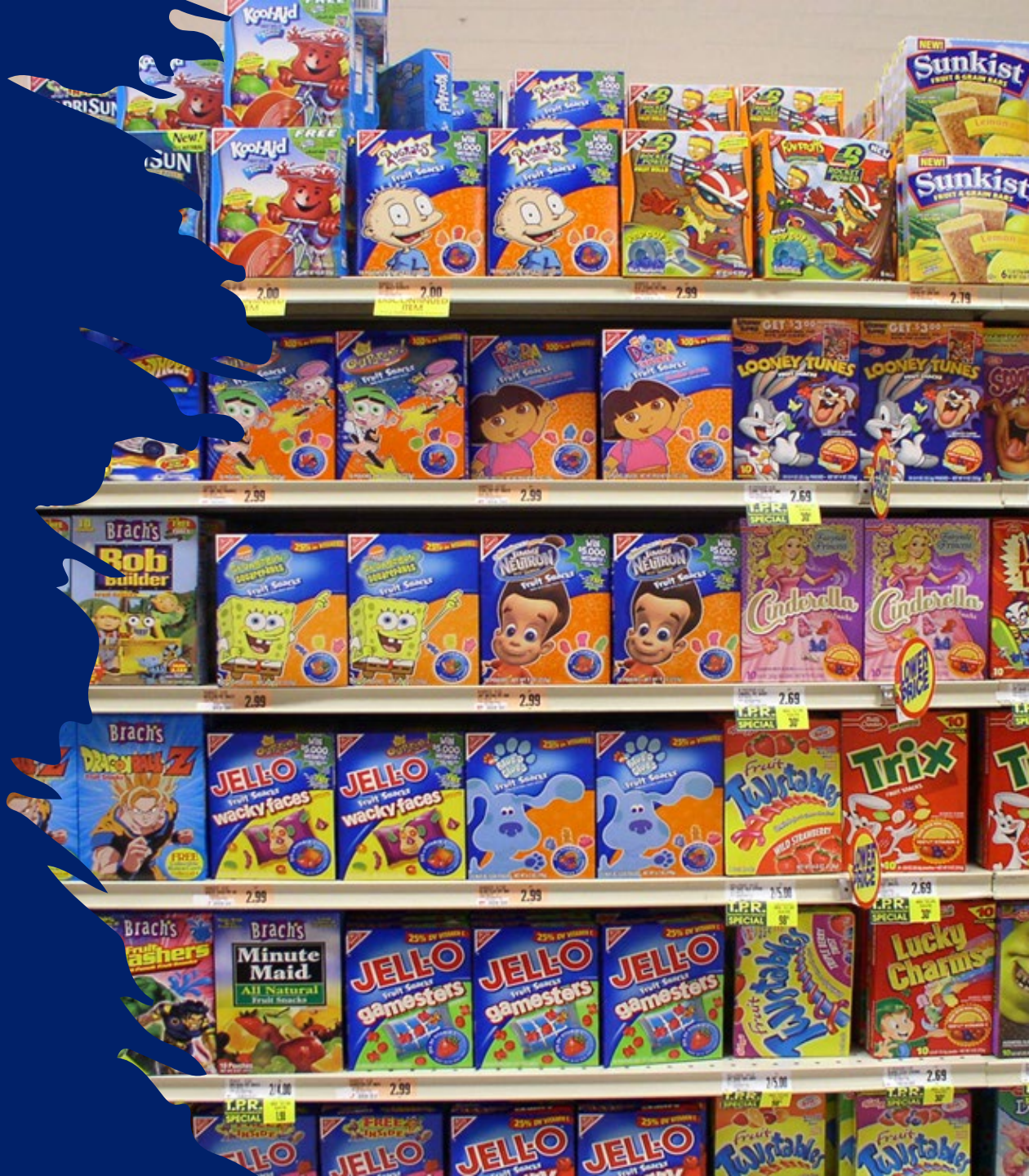


Maine Center for Public Health and Let's Go!





**WHAT IS THE  
MOST COMMON  
CAUSE OF  
CAVITIES IN  
CHILDREN OVER  
3 YEARS OLD?**



# These snacks look nutritious, but are they good for the teeth?



# The Top 3 Ingredients are Sugars!

Appears healthy but there are hidden added sugars.

Vitamin C 100%

Not a significant source of Dietary Fiber, Vitamin A, Calcium and Iron.

\* Percent Daily Values are based on a 2,000 calorie diet.

**INGREDIENTS:** Grapes, Strawberries, Apples, Oranges, Apples and Lemons Juice Concentrates, Corn Syrup, Sugar, Gelatin, Sorbitol, Malic Acid, Natural and Artificial Flavors, Sodium Citrate, Ascorbic Acid (Vitamin C), Mineral Oil\*, Carnauba Wax\*, Red 40, Yellow 5, Yellow 6, Blue 1. \*Adds a dietarily insignificant amount of fat.

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Calories from Fat	0
% Daily Value*	
<b>Total Fat</b> 0g	<b>0%</b>
<b>Sodium</b> 50mg	<b>2%</b>
<b>Total Carbohydrate</b> 21g	<b>7%</b>
Sugars 13g	
<b>Protein</b> 0g	
Vitamin C	25%

Not a significant source of saturated fat, cholesterol, dietary fiber, vitamin A, calcium and iron.

\*Percent Daily Values are based on a 2,000 calorie diet.

**INGREDIENTS:** GRAPES FROM CONCENTRATED CORN SYRUP, SUGAR, DRIED CORN SYRUP, MODIFIED CORN STARCH, CELLULOSE, CITRIC ACID, SODIUM CITRATE, DEXTROSE, MALIC ACID, VITAMIN C (ASCORBIC ACID), COLOR (RED 40, YELLOW 5 & 6, BLUE 1 AND OTHER COLOR ADDED), MINERAL OIL, NATURAL AND ARTIFICIAL FLAVOR, CARNAUBA WAX, SULFITING AGENTS, BEESWAX.

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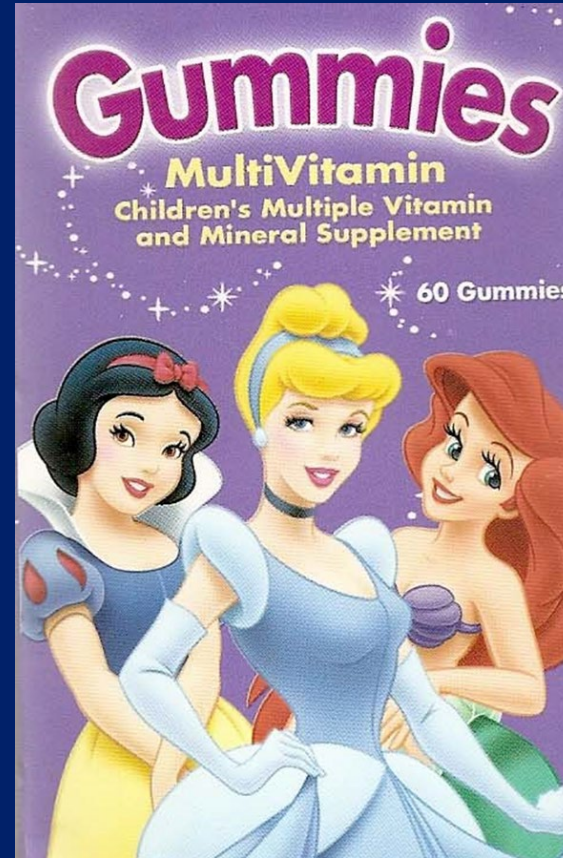
Calories per gram.  
Fat 9 • Carbohydrate 4 • Protein 4

**INGREDIENTS:** DRIED CHERRIES, DRIED CRANBERRIES, DRIED STRAWBERRIES, DRIED BLUEBERRIES, **HIGH FRUCTOSE CORN SYRUP** JUICE CONCENTRATE, (SOUR CHERRY, BLACK RASPBERRY, RED RASPBERRY AND MARION-BERRY), DEXTROSE, NATURAL FLAVORS, ASCORBIC ACID.

**CAUTION: MAY CONTAIN PIT FRAGMENTS**

# Nutritional Eating Habits

- Sticky foods are worse for the teeth because they don't wash off the teeth as quickly.
- If you snack often, your mouth does not get a chance to clear the food of your teeth.



# Nutritional Eating Habits

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- Anything that breaks down into carbohydrates can cause cavities.
- This includes starchy foods like potato chips and crackers.



**10,000  
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Development**



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## Rural Parish Clinic- Dental

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114 ROOT CANALS

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Jacqueline Miller, DDS, MS, MPH

[Jacqueline.Miller@health.mo.gov](mailto:Jacqueline.Miller@health.mo.gov)

(573) 526-3838



**QUESTIONS?**