

5-1-2013

# Prenatal Oral Health Education in U.S. Obstetrics and Gynecology Residencies and Dental Schools: Results of a National Survey

Megan Weeks

*University of Massachusetts Medical School, Megan.Weeks@umassmed.edu*

Judith A. Savageau

*University of Massachusetts Medical School, judith.savageau@umassmed.edu*

Hugh Silk

*University of Massachusetts Medical School, hugh.silk@umassmemorial.org*

Follow this and additional works at: <http://escholarship.umassmed.edu/ssp>

 Part of the [Community Health and Preventive Medicine Commons](#), [Dentistry Commons](#), [Maternal and Child Health Commons](#), [Medical Education Commons](#), [Obstetrics and Gynecology Commons](#), and the [Women's Health Commons](#)

---

## Repository Citation

Weeks, Megan; Savageau, Judith A.; and Silk, Hugh, "Prenatal Oral Health Education in U.S. Obstetrics and Gynecology Residencies and Dental Schools: Results of a National Survey" (2013). University of Massachusetts Medical School. *Senior Scholars Program*. Paper 153.

<http://escholarship.umassmed.edu/ssp/153>

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Senior Scholars Program by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

# Prenatal Oral Health Education in U.S. Obstetrics and Gynecology Residencies and Dental Schools: Results of a National Survey

Megan Weeks, BS, MS-IV Judith Savageau, MPH Hugh Silk, MD, MPH

Department of Family Medicine and Community Health, University of Massachusetts Medical School



## Background:

- Poor oral health, particularly periodontal disease, has been linked to adverse pregnancy outcomes such as preterm birth and low birth weight.
- Vertical transmission of caries-causing bacteria in the mother increases the risk of childhood caries.
- No national guidelines exist; however, 2 state consensus documents outlining prenatal oral health guidelines for health care professionals do exist (NY, 2006; and CA, 2010).
- Prenatal oral health is being under-addressed in clinical practice: only 50% of women who report a dental problem in pregnancy receive oral health care.
- Both obstetricians and dentists feel oral health is important in pregnancy, yet many are uncomfortable referring or treating during pregnancy.

## Objective:

- To assess the current status of prenatal oral health training including number of hours and topics covered, barriers to training, and potential areas in which we might focus future efforts to increase prenatal oral health care delivery to patients.

## Methods:

- Online and hard copy surveys were sent to 240 OB/Gyn residency program directors and 60 dental school deans.
- Eight-question survey including demographics, details of present oral health curriculum, awareness of resources, and barriers to inclusion of more prenatal oral health topics.

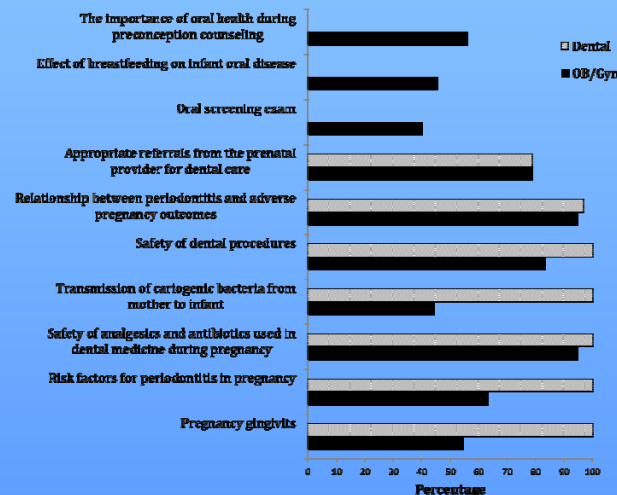
U.S. OB/Gyn Residency Program Director Opinions on Prenatal Oral Health Education

Survey Statement	Strongly Disagree % (n)	Disagree % (n)	Neutral % (n)	Agree % (n)	Strongly Agree % (n)
It is important for OB/Gyn residents to address basic oral health care issues of their prenatal patients.	2.1 (2)	2.1 (2)	19.8 (19)	60.4 (58)	15.6 (15)
I am satisfied with the level of competence that my residents achieve in prenatal oral health by graduation.	3.1 (3)	21.9 (21)	42.7 (41)	31.3 (30)	1.0 (1)
It is important for dentists to be trained in the specific oral health care issues of pregnant patients.	1.1 (1)	2.1 (2)	8.5 (8)	45.7 (43)	42.6 (40)
ACGME should add prenatal oral health competencies for OB/Gyn residency programs.	12.6 (12)	28.4 (27)	34.7 (33)	17.9 (17)	6.3 (6)

U.S. Dental School Dean Opinions on Prenatal Oral Health Education

Survey Statement	Strongly Disagree % (n)	Disagree % (n)	Neutral % (n)	Agree % (n)	Strongly Agree % (n)
It is important for dental students to address the specific oral health care issues of pregnant patients.	3.2 (1)	0 (0)	0 (0)	19.4 (6)	77.4 (24)
I am satisfied with the level of competence that my students achieve in prenatal oral health by graduation.	3.2 (1)	9.7 (3)	16.1 (5)	51.6 (16)	19.4 (6)
It is important for obstetricians to address their patients' basic oral health care issues.	3.2 (1)	0 (0)	0 (0)	41.9 (13)	54.8 (17)
CODA should add prenatal oral health to its Accreditation Standard for Dental Education Programs.	6.5 (2)	25.8 (8)	25.8 (8)	29.0 (9)	12.9 (4)
The ADEA should make prenatal oral health an educational priority for dental schools.	3.2 (1)	16.1 (5)	54.8 (17)	12.9 (4)	12.9 (4)

Prenatal Oral Health Topics Covered in U.S. OB/Gyn Residency Programs and Dental Schools who Teach at Least 1 Hour of Prenatal Oral Health Education



## Results:

- 97 OB/Gyn programs (40.4%) and 31 dental schools (52.5%) responded.
- 55% of OB/Gyn responders were university-based, though all program types were represented; all dental school responders were university-affiliated; all geographic regions in the U.S. were represented.
- 94% of dental schools provide prenatal oral health education; 61% provide at least 3 hours.
- 39% of OB/Gyn residencies provide prenatal oral health education, most only 1-2 hours.
- 65% of dental schools and 45% of OB/Gyn residencies are aware of current prenatal oral health guidelines.
- Residencies that exposed trainees to these oral health guidelines were 3 times more likely to have oral health training.
- Barriers to prenatal oral health education included lack of faculty expertise for OB/Gyn residencies, too few pregnant patients for dental schools, and competing clinical priorities for the trainees' time and effort for both specialties.
- 23% and 42% of residencies and schools, respectively, agreed accreditation standards for prenatal oral health should be adopted; however, the majority of both specialties agreed they would add more prenatal oral health education if the American College of Obstetrics and Gynecology (ACOG) issued a formal policy.

## Conclusions and Future Directions:

- Less than half of obstetrics and gynecology residencies in our survey include prenatal oral health in their curriculum; the majority of dental schools include at least 3 hours.
- Future efforts should focus on formal policy from ACOG, distribution of evidence-based guidelines to educators, and increased exposure of dental students to pregnant patients.

## Acknowledgements:

The authors would like to thank Gail Sawosik and Parag Kunte for their assistance with data analysis, and Laura Silk and Penny Armstrong for their editing and guidance with written presentation.

The study was reviewed by the Institutional Review Board at the University of Massachusetts Medical School and determined to be exempt.