



STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
MARGARET M. O'NEILL BUILDING
410 FEDERAL STREET, SUITE 1
DOVER, DE 19901

VOICE: (302) 739-3620
TTY/TDD: (302) 739-3699
FAX: (302) 739-6704

MEMORANDUM

DATE: January 25, 2011

TO: All Members of the Delaware State Senate
and House of Representatives

FROM: Ms. Daniese McMullin-Powell, *DMP/KJP* Chairperson
State Council for Persons with Disabilities

RE: S.B. 11 [Dental Care for Pregnant Medicaid Beneficiaries]

The State Council for Persons with Disabilities (SCPD) has reviewed S.B. 11 which would expand Delaware's Public Assistance Code to provide urgent and preventive dental care for eligible Medicaid recipients who are pregnant or become pregnant while receiving assistance. If passed, the enabling legislation would not become effective until the General Assembly appropriated funds to implement the initiative (lines 18-19). SCPD endorsed predecessor bills in the 145th General Assembly (S.B. 64) and the 144th General Assembly (H.B. 123) which are almost identical to the current proposed legislation.

SCPD endorses S.B. 11 since authorizing Medicaid coverage of dental services for pregnant beneficiaries is important for several reasons. The attached materials, including a policy brief published by the National Oral Health Policy Center, underscore the following:

- Research suggests that periodontal disease may be a significant risk factor for pre-term, low birthweight babies.
- Pregnancy causes hormonal changes which increase the risk of developing gum disease. This is commonly referred to as "pregnancy gingivitis".
- Pregnant women are at risk of developing "pregnancy tumors" which arise from swollen gums.
- Periodontal disease is linked to gestational diabetes.

Thank you for your consideration and please contact SCPD if you have any questions regarding our position or observations on the proposed legislation.

cc: The Honorable Jack A. Markell
Mr. Brian Hartman, Esq.
Governor's Advisory Council for Exceptional Citizens
Developmental Disabilities Council

Medicaid Coverage of Dental Care for Pregnant Women

At a Glance...

Despite the validated importance and safety of dental care during pregnancy, utilization of dental care by at-risk women is low, in large part due to a lack of coverage for this population. This policy brief examines state Medicaid dental coverage for pregnant women and confirms that it is inadequate overall. While states may elect adult dental coverage, few have specifically targeted a dental benefit for pregnant women. Requiring states to provide a guaranteed, comprehensive dental benefit to pregnant women in Medicaid will encourage use of critical dental services. It will also protect dental benefits for pregnant women when states eliminate other adult coverage during challenging economic times.

Oral health plays a significant role during pregnancy in relation to a woman's health, and to the health of her child. Given that Medicaid is the largest financier of births in the U.S., covering more than 40% of total U.S. births¹, it is critical that dental benefits be protected for at-risk pregnant women enrolled in this program.

Importance of Oral Health during Pregnancy

Dental care is important during pregnancy because the physical changes that women's bodies undergo can negatively affect oral health. Hormonal changes can increase women's susceptibility to oral infections such as periodontal disease, and can reduce the body's ability to repair soft tissues in the mouth. Periodontal disease has been linked to adverse birth outcomes, as well as to cardiovascular disease, stroke, and poor diabetes control.²

A mother's oral health status is important to the health of her child. There is a substantial epidemiologic association between periodontal disease and adverse birth outcomes, such as low birth weight, preterm birth, and gestational diabetes. Further, young children acquire the disease that causes cavities through transmission of bacteria primarily from their mothers. Pregnancy is an opportune time to educate women on practices that promote

good oral health, nutrition, and hygiene, both for themselves and for their children. For women with significant tooth decay experience, it is also an opportune time to advise new mothers on how to limit transmission of decay-causing bacteria to their children.

Dental Care Utilization

Dental care is safe throughout pregnancy³; however many women do not access oral health care during the perinatal period. Data gathered across multiple years and reported by multiple states shows that on average only 2 in 5 women accessed dental care during pregnancy, and that less than one-third visited a dentist in the 2-9 months following the birth of their infants.⁴ Many states are implementing innovative approaches to link Medicaid-enrolled pregnant women to dental care, including the use of community health workers, case managers, and creating partnerships between providers and programs that serve pregnant women. However, dental coverage is a key link between education and access to care.

States are required to offer dental services for children in Medicaid. But dental coverage for adults, including pregnant women, is optional and ranges widely across states.

State Recommendations to Improve Access to Dental Care for Pregnant Women in Medicaid

- Establish a comprehensive dental benefit for pregnant women enrolled in Medicaid administratively, or where necessary legislatively. By targeting pregnant women as a specific population with a required dental benefit, pregnant women will be less vulnerable when states contemplate eliminating or reducing dental benefits for the adult Medicaid-enrolled population. Some states have elected this option, such as Louisiana's Expanded Dental Services for Pregnant Women benefit.
- Provide extended dental coverage for women after pregnancy, at least through

the first 6 months post partum (currently pregnant women retain eligibility through the end of the calendar month during which the 60th day after the end of pregnancy occurs).

- Increase income eligibility limits for pregnant women to qualify for Medicaid (above the current minimal federal requirement of 133 percent of the federal poverty level).
- Facilitate a shorter application process for pregnant women to expedite enrollment, and/or offer an electronic application process.
- Grant presumptive eligibility to pregnant women (women may receive care while their eligibility is being determined. Providers are reimbursed for this care).
- Employ eligibility outreach workers to identify and assist in enrolling pregnant women in Medicaid.
- Facilitate education and outreach to pregnant women through community organizations, communications campaigns, and through establishing links with other organizations serving pregnant women, such as Healthy Start and Early Head Start.
- Develop a database of Medicaid benefits provided to pregnant women in each state, to be updated as benefits change, and for the public to access information on available services.

In addition, states now have the option to implement the Immigrant Children's Health Improvement Act (ICHIA), which allows the use of federal funding in providing health coverage to legally-residing immigrant pregnant women and children enrolled in CHIP or Medicaid, eliminating the mandatory five-year waiting period. ICHIA is an option for all states and would allow them to receive additional federal funding to provide health coverage to more residents.

California's Commitment to the Oral Health of Pregnant Women

In 2002, a limited set of "pregnancy-related dental services" (exams, preventive services, treatment of periodontal disease) were included in California's Medicaid coverage of limited categories of pregnant women. In 2005, the State Legislature mandated that Medicaid provide coverage for these services for all pregnant women enrolled in Medi-Cal. These benefits were added, and the legislation was enacted, to promote the health of the mother and of the newborn in light of research showing an association between periodontal disease and adverse pregnancy outcomes. When facing a state budgetary crisis in 2009, dental services for all covered adults were sharply reduced to primarily emergency treatment for pain, trauma, and infection. However, the designated pregnancy-related dental services were retained.⁵ While not comprehensive (restorative treatment is not included in the dental benefit), this designation retains critical preventive and periodontal oral health services for pregnant women.

Conclusion

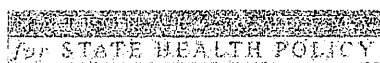
Oral health is key to women's overall health, and especially so during pregnancy. Achieving good oral health may also help prevent dental caries in infants, through reducing transmission of cavity-causing bacteria. Providing dental services for pregnant women saves treatment costs and reduces pain and suffering, both for women and their children. It is essential that states and the federal government consider protecting and promoting specific dental benefits for women during the perinatal period.

Citations

1. The Kaiser Family Foundation. "State Medicaid Coverage of Perinatal Services: Summary of State Findings." November 2009. Available at: <http://www.kff.org/womenshealth/upload/8014.pdf>.
2. Kumar J, Samelson R, eds. 2006. *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. Albany, NY: New York State Department of Health. Available at: <http://www.health.state.ny.us/publications/0824.pdf>.
3. Ibid
4. D'Angelo D, Williams, L, Morrow, B, Cox S, Harris N, Harrison L, Posner SF, Hood JR, Zapata L. 2007. Preconception and interconception health status of pregnant women who recently gave birth to a live-born infant- Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 Reporting Areas, 2004. *Morbidity and Mortality Weekly Surveillance Summaries* 56(SS-10):1-35.
5. California SB 377 (Chapter 643, California Statutes of 2005). Available at http://info.sen.ca.gov/pub/05-06/bill/sen/sb_0351-0400/sb_377_bill_20051007_chaptered.html.

Acknowledgements

This brief was written by Jessie Buerlein, Project Director, Children's Dental Health Project with the assistance of the Medicaid/SCHIP Dental Association past-chair, Dr. Bob Isman and Carrie Hanlon, Policy Analyst, National Academy for State Health Policy who provided invaluable feedback. For more information contact Jessie Buerlein at jbuerlein@cdhp.org or visit www.cdhp.org.



This publication was made possible by grant number U44MC09877 from the Maternal and Child Health Bureau (MCHB) (Title V, Social Security Act), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of MCHB, HRSA, or DHHS.

The National Oral Health Policy Center was created in 2008 as a collaborative effort of the Association of Maternal and Child Health Programs (AMCHP), Association of State and Territorial Dental Directors (ASTDD), Medicaid/SCHIP Dental Association (MSDA), and National Academy for State Health Policy (NASHP) with funding from the federal Maternal and Child Health Bureau of the Department of Health and Human Services, Health Resources and Services Administration. The Policy Center promotes the understanding of effective policy options to address ongoing disparities in children's oral health. The three-year initiative has set out to map a course for improving family oral health by building knowledge and skills of professionals with the ability to steer systems changes.

Current Location: [Delta Dental > Oral Health and Wellness > Dental Care Topics > Pregnancy/Children's Oral Health](#)

Fri, May 4, 2007

Pregnancy and Oral Health

There are two major dental concerns for pregnant women -- avoiding dental emergencies and/or treatment in the last trimester and preventing periodontal (gum) disease.

If you are trying to become pregnant or have recently learned that you are, try to schedule a dental check-up and a prophylaxis (cleaning) within the first trimester.



If you are trying to become pregnant or have recently learned that you are, you should try to schedule a dental check-up and a prophylaxis (cleaning) within the first trimester. It is better to have dental work completed within the fourth to sixth month of pregnancy than to deal with potential complications from anesthesia, medication or extensive procedures during the last trimester. If you have a dental emergency in the third trimester, consult your obstetrician and call your dentist. Definitely postpone all elective procedures until after you give birth.

It is common for pregnant women to develop "pregnancy gingivitis." Gingivitis is an inflammation of the gums and surrounding tissues. It is characterized by redness, swelling, tenderness and bleeding. The primary cause is an increased level of hormones - especially estrogen and progesterone, which correlates with an increase in dental plaque (a sticky mixture of bacteria, food and debris). This condition starts to become evident in the second trimester. If you had gingivitis prior to your pregnancy, it will probably worsen. Left untreated, it could lead to bone loss around the teeth.

Pregnant women also risk developing "Pregnancy tumors" that are benign growths that arise out of swollen gums. Normally, the treatment is to leave them alone until they break on their own. However, if they interfere with eating or oral hygiene, they may have to be surgically removed.

Emerging evidence shows that periodontal disease may be a significant risk factor for pre-term, low-birthweight babies. Although more research is needed to confirm the direct association to pregnancy outcomes, expectant mothers are advised to be concerned about periodontitis as with all other infections.

Prevention

To prevent or minimize "pregnancy gingivitis," take extra care and time with good brushing and flossing techniques to remove plaque. It is advisable to have a professional prophylaxis in the first or second trimester. Eat a good balanced diet, getting plenty of vitamins C and B12. Smokers should refrain from smoking for the entire pregnancy.

Related Oral Health & Wellness Information

- [Eating Right for Your Oral Health](#)
- [Preventing Gum Disease](#)
- [Preventing Tooth Decay](#)
- [Preventive Dentistry: Toothbrushing](#)
- [TMJ Problems: A Real Grind](#)
- [The Developing Dentition: What to Expect](#)
- [Child's First Visit to the Dentist](#)
- [Care of Primary Teeth \(Baby Teeth or Deciduous Teeth\)](#)
- [Are You Thumbing Your Mouth at Me?](#)
- [Dental Health from Birth to Age 3](#)

[<< BACK TO ORAL HEALTH AND WELLNESS](#)

Oral Health Center

Dental Care and Pregnancy

FONT SIZE

A A A

It's important for you to take good care of your teeth and gums while you are pregnant. Pregnancy causes hormonal changes that increase your risk of developing gum disease, which in turn, can affect the health of your developing baby.

Below are some tips to help you maintain good oral health before, during and after your pregnancy.

Before You Get Pregnant

Make a dental appointment before getting pregnant (if possible). That way, your teeth can be professionally cleaned, your gum tissue can be carefully examined, and any oral health problems can be treated in advance of your pregnancy.

While You Are Pregnant

Dental Care

Tell your dentist (and doctor) if you are pregnant. As a precautionary measure, dental treatments during the first trimester and second half of the third trimester should be avoided as much as possible. These are critical times in the baby's growth and development and it's simply wise to avoid exposing the mother to procedures that could in any way "influence" the baby's growth and development. However, routine dental care can be received during the second trimester. All elective dental procedures should be postponed until after the delivery.

Tell your dentist the names and dosages of all medications you are taking – including medications and prenatal vitamins prescribed by your doctor – as well as any specific medical advice your doctor has given you. Your dentist may need to alter your dental treatment plan based on this information. Certain drugs – for example, such as tetracycline – can affect the development of your child's teeth and should not be given during the pregnancy.

Avoid dental X-rays during pregnancy. If X-rays are essential (such as in a dental emergency), your dentist will use extreme caution to safeguard you and your baby. Advances in technology have made X-rays much safer today than in past decades.

Don't skip your dental checkup appointment simply because you are pregnant. Now more than any other time, regular periodontal (gum) examinations are very important because pregnancy causes hormonal changes that put you at increased risk for periodontal disease and for tender gums that bleed easily – a condition called pregnancy gingivitis. Pay particular attention to any changes in your gums during pregnancy. If tenderness, bleeding or gum swelling occurs at any time during your pregnancy, talk with your dentist or periodontist as soon as possible.

Follow good oral hygiene practices to prevent and/or reduce oral health problems.

Coping With Morning Sickness

If morning sickness is keeping you from brushing your teeth, change to a bland-tasting toothpaste during your pregnancy. Ask your dentist or hygienist to recommend brands.

Rinse your mouth out with water or a mouth rinse if you suffer from morning sickness and have bouts of frequent vomiting.

Dental Care During Pregnancy

Page 2 of 2

Avoid sugary snacks. Sweet cravings are common during pregnancy. However, keep in mind that the more frequently you snack, the greater the chance of developing tooth decay. Additionally, some studies have shown that the bacteria responsible for tooth decay are passed from the mother to the child. So be careful of what you eat.

Eat a healthy, balanced diet. Your baby's first teeth begin to develop about three months into your pregnancy. Healthy diets containing dairy products, cheese and yogurt are a good source of these essential minerals and are good for your baby's developing teeth, gums, and bones.

After You've Had Your Baby

If you experienced any gum problems (including pregnancy gingivitis or a pregnancy tumor) during your pregnancy, see your dentist soon after delivery to have your entire mouth examined and your periodontal health evaluated.

Reviewed by the doctors at The Cleveland Clinic Department of Dentistry

WebMD Medical Reference provided in collaboration with The Cleveland Clinic



Edited by Jay H. Rosoff, DDS on March 01, 2007

Portions of this page © The Cleveland Clinic 2000-2005

Prenatal Dental Care

The old adage, "A tooth for every child" is not true! You can take steps to assure your own dental health -- and to give your baby the best possible start toward a lifetime of good dental health too!

We Need to Know

Much of the baby's critical development happens in the early weeks, often before you are certain that you are pregnant. Because you don't to take chances on having anything go wrong, it is important that you let us know if you even suspect you are pregnant.

Dental Care During Pregnancy

Anything that disturbs the mother's health, may affect her baby -- and your dental health is important to both of you. To prevent a dental emergency from arising, it is important that you see us at your regular examination and hygiene appointments.

Routine and preventive dental care can be provided at any time during a normal pregnancy; however, since most women feel their best during the second trimester, it is usually recommended that any extensive care be scheduled at that time.

If necessary, emergency care can be provided at almost any time during pregnancy, but it is preferable to avoid any such emergency situation. Your toothache can affect your baby's health and you don't want that to happen.

Radiographs (x-rays)

We take x-rays of your teeth only when necessary. However, if you are pregnant, or suspect you are pregnant, every effort will be made to postpone all radiographs. If radiographs must be taken, a lead-lined apron will be used to protect you and your baby.

Dentistry, Drugs and Pregnancy

We will insure that no drugs or medications are used during your treatment that could have adverse effects on your baby. The good news is, that there have been no adverse effects reported on the use of local anesthetics during pregnancy. This means regular dental care can be provided with safety and comfort.

Special Problems

You may notice early in your pregnancy that your gums are red, swollen and bleed easily when you brush. This is known as Pregnancy Gingivitis, and is believed to occur in response to the hormonal changes in the mother's body.

Pregnancy Gingivitis usually goes away after the birth of your baby. However, should you develop this condition you should contact us. Any irritant on the teeth, such as calculus (tartar) or plaque, will make the Pregnancy Gingivitis more severe. Professional cleaning and dental care can help to eliminate this problem and to make you feel more comfortable.

Diet and Dental Health

It is not true that the baby absorbs calcium from the mother's teeth during pregnancy. Your baby is dependent upon your diet to provide the calcium, phosphorous and other vitamins and minerals necessary for the formation of healthy teeth.

It is important that you carefully follow the well-balanced diet recommended by your obstetrician. Also, you should avoid eating too many sugar-rich foods.

What About Dental Care For The Baby?

When your baby is born, all 20 of the primary teeth, and some of the permanent teeth will be in the various stages of formation. Your good health and balanced diet during pregnancy help to assure optimal prenatal development of these teeth.

After birth you can continue to assure proper development of your baby's teeth by asking your pediatrician about fluoride supplements. Good diet and early learning of good dental health habits are important too.

Your baby should be ready for that all important first visit with us about the time he or she is two years old. It is best if you plan this visit before the child has a dental problem. In the meantime, we will be happy to answer any questions you may have about your baby's dental health and development.

Return