Is MIOH influencing the numbers of pregnant women accessing public dental services?

You might be wondering if the MIOH education program is making any difference to the number of eligible pregnant women accessing the public dental service? The findings of a randomized control trial conducted by Western Sydney University strongly suggests that oral health awareness building from the midwives was a contributing factor to the uptake of dental services (George, A., Dahlen, H., Blinkhorn, A., Ajwani, S et al 2018).

Looking at the Graph 1 you can see that since 2012, when the MIOH education program began in Victoria, there has been a yearly increase in the numbers of pregnant women accessing the public dental service. The data is more likely to be underreported due to limitations in the dental electronic record keeping system. Graph 2 shows the growing number of midwives in the workforce who have completed MIOH. This steady increase in midwives putting their training into practice is playing a role with pregnant women accessing public dental services.

Graph 1: Pregnant women accessing dental services in Victoria

Graph 2: Progressive total of Midwives trained in MIOH 2012 - 2017
Coverage of Midwives trained in MIOH throughout Victoria 2012- March 2018

**Grampians Region**
- Ballarat Health Services - 7 midwives
- Djerrirwarra Health Service - 6 midwives
- East Grampians Health Service - Yet to participate
- Edenhope & District Memorial Hospital - 1 midwife
- West Wimmera Health Service - 2 midwives

**Hume Region**
- Albury Wodonga Health - 10 midwives
- Alpine Health - Yet to participate
- Alexandra District Health (ANC) – Yet to participate
- Benalla Health – 4 midwives
- Goulburn Valley Health - 1 midwife
- Northeast Health - 3 midwives
- Kilmore & District Hospital – 6 midwives
- Mansfield District Hospital - Yet to participate
- Numurkah Hospital - 2 midwives
- Yarrawonga Hospital - 1 midwife
- Rumbalara Aboriginal Co-operative - 1 midwife

**Loddon Mallee Region**
- Bendigo Health Services- 15 midwives
- Castlemaine Health – Yet to participate
- Cohuna District Health – Yet to participate
- Echuca Regional Health- 3 midwives
- Kerang & District Health -1 midwife
- Mallee Track Health & Community Service – 1 midwife
- Maryborough District Health Service – 5 midwives
- Mildura Base Hospital – 4 midwives
- Robinvale District Health Service -1 midwife
- Swan Hill District Health – 1 midwife
- Coomealla Aboriginal Health Service - 1 midwife
- Njernda Aboriginal Corporation – 2 midwives
- Swan Hill Aboriginal Health Service – 1 midwife
- Murray Valley Aboriginal Health Service – 1 midwife
- Mildura District Aboriginal Health Service – 1 midwife

**Barwon South Western Region**
- Barwon Health - 11 midwives
- Casterton Memorial Hospital – 1 midwife
- Colac Area Health - 1 midwife
- Portland District Health - 4 midwives
- Terang Mortlake Health Service - 1 midwife
- South West Health Care - 3 midwives
- Western District Health Service - Gunditjimara Aboriginal Cooperative - 1midwife
- Wathaurung Aboriginal Health Service-2 midwives

**Gippsland Region**
- Latrobe Regional Hospital - 7 midwives
- West Gippsland Health Care Group - 7 midwives
- Central Gippsland Health Service - 5 midwives
- Bairnsdale Regional Health -2 midwives
- Bass Coast Regional Health - 5 midwives
- Gippsland Southern Health Service – 2 midwives
- Orbost Regional Health-1midwife
- South Gippsland Hospital – 1 midwife
- Ramahyuck Aboriginal Health Service -3 midwives
- Gippsland & East Gippsland Aboriginal Co-operative – 2 midwives

**North Metro Region**
- Mercy Hospital for Women – 16 midwives
- The Royal Women’s Hospital– 17 midwives
- Northern Health – 16 midwives (including KIMS)
- Victorian Aboriginal Health Service – 2 midwives

**Southern Metro Region**
- Peninsula Health – 14 midwives
- Sandringham Hospital– Yet to participate
- Monash Health
  - Dandenong – 8 midwives
  - Clayton – 1 midwife

**Western Metro Region**
- Western Health – 2 midwives
- Werribee Mercy Hospital – 3 midwives

**Eastern Metro Region**
- Eastern Health Box Hill Hospital – 6 midwives
- Eastern Health The Angliss Hospital – 3 enrolled 2018

**Eastern Metro Region**
- Eastern Health The Angliss Hospital – 3 enrolled 2018

**241 midwives trained**
Looking at access to public dental services across the regions

Graph 3 looks at dental referrals across the health regions of Victoria. There have been increases in all the regions, but for some regions the rise has not been consistent. In the Southern Region where the antenatal service has a strong partnership with the local public dental service results are more dramatic.

Graph 4 highlights the number of trained MIOH midwives in each Department of Health and human Services Region. More midwives from Eastern Region are presently enrolled in Round 8 of MIOH.

If you need help to link and develop a partnership with your local public dental service please contact us (details page 7)

If you would like to increase the number of MIOH trained midwives in your region or maternity service please contact us
At present 4 out of the six Victorian universities with Schools of Nursing and Midwifery across Victoria have had lecturers who completed MIOH or who have enrolled for 2018.

- Monash University – 2 midwifery lecturers
- Victoria University – 1 midwifery lecturer
- Deakin University – 1 midwifery lecturer enrolled 2018
- Australian Catholic University - 1 midwifery lecturer enrolled 2018

MIOH has been written up as a unit for the Bachelor of Midwifery at Western Sydney University (Duff,M.,Dahlen,H., Burns,E.et al 2018).

Preliminary discussions with the Victoria Midwives Academic Group chairperson Dr Jane Morrow Associate Professor, School of Nursing, Midwifery & Paramedicine (Vic) Australian Catholic University, are underway as to the possibility of MIDAC adapting the unit for Victorian midwifery curricula.

At present out of the 54 public maternity services in Victoria, 37 (69%) have one or more midwives trained in MIOH. The larger maternity services with only one MIOH trained midwife have not been included.

We hope that the following maternity services might consider promoting the MIOH to their midwives working in the antenatal care clinic. DHSV would be happy to work with you to provide access to the MIOH Education Program, contact us to discuss this further (see contact details on page 7).

<table>
<thead>
<tr>
<th>Alpine Health</th>
<th>Mansfield District Hospital</th>
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<tbody>
<tr>
<td>Castlemaine Health</td>
<td>Monash Health – Casey</td>
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<tr>
<td></td>
<td>Monash Health – Clayton*</td>
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<tr>
<td>Colac Area Health*</td>
<td>South Gippsland Hospital</td>
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<tr>
<td>East Grampians Health Service – Arara</td>
<td>Southwest Health Care – Camperdown</td>
</tr>
<tr>
<td>Goulburn Valley Health*</td>
<td>Swan Hill District Health*</td>
</tr>
<tr>
<td>Kyneton District Health Service</td>
<td>Western District Health Service</td>
</tr>
</tbody>
</table>

*has a single midwife who completed MIOH

In terms of the Birthing Outcomes System, 47 of the 54 public maternity services utilise BOS. Thirty-seven of those services have more than one midwife trained in MIOH who could be recording oral health data in BOS system. This is a great way to track how oral health is being included in midwifery practice. Since there is no central data storage with BOS, DHSV plans to contact all the BOS super users to obtain permission to acquire data on the two oral health questions that are included in BOS. All the oral health data would be aggregated as state data so there is no hospital identity.
1. “Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, broken teeth, toothache or any other problems in your mouth?”

2. “Have you seen a dentist in the last 12 months?”

Once you have completed your oral health assessment please remember to record your findings in BOS.

Recording oral health in BOS provides an important way to measure the extent of
• inclusion of oral health into practice
• raising awareness of important of oral health in pregnancy
• access to oral health care in the antenatal period.

Assess: presence of oral health problems
Advise: it’s safe to see the dentist and provide oral health advice
Refer: for a dental check

In Antenatal Assessment – Maternal Details 2

And in Antenatal Assessment – Physical Check
Did you know?

MIOH has been extensively written up in international journals since 2010


https://doi.org/10.1186/s12884-016-1163-x


Don’t wait for pain!
A case study of a service taking up an oral health initiative for pregnant women

Latrobe Community Health Service took up the challenge with key partners who wanted to improve access for eligible pregnant women. Of the few pregnant women that did access dental care, they noted it was late in the pregnancy and often as an emergency when the pain could not be tolerated anymore. In 2016 only 30 pregnant women accessed the service.

Latrobe Community Health Service established a partnership with the Gippsland Primary Health Network, particularly the GP support team, Latrobe Regional Hospital and its local midwifery service with the aim to capture more pregnant local women for dental treatment and create awareness of the importance of good oral hygiene/health during pregnancy.

The local Primary Health Network concentrated on general practitioners (GPs) in the Latrobe and Baw Baw region, providing a dental referral pad and a fact sheet for GPs about including oral health in their pregnancy care.

The Latrobe Regional Hospital, through the Unit Manager, made a concerted effort to encourage more midwives involved in antenatal care to enrol in the MIOH course – this brought the total to seven midwives. The midwives were provided with the same dental referral pad.

The initiative began in June 2017 and in the first two months saw 50 eligible pregnant women treated, and as of March 2018 there has been a 30% increase in pregnant women accessing the public dental service.

Congratulations to Latrobe Community Dental Service, the PHN and Latrobe Hospital midwives for championing the cause of good oral health for pregnant women.

Contact us:

Gillian Lang
Health Promotion Officer
Healthy Families, Healthy Smiles
P: 9341 1162
E: gillian.lang@dhsv.org.au

Natalia Okelo
Health Promotion Lead
Healthy Families, Healthy Smiles
P: 9341 1313
E: natalia.okelo@dhsv.org.au