

Inspiring

Behind these smiles are midwives who know the value of good oral health



Advancing oral health in midwifery practice

September 2021

Healthy Families, Healthy Smiles, delivered by Dental Health Service Victoria (DHSV), has been working with Victorian midwives since 2012 to include oral health as part of routine antenatal care. DHSV sponsors eligible Victorian midwives to participate in the Midwifery Initiated Oral Health program (MIOH) which provides the skills and confidence to include oral health promotion in the first antenatal care booking visit. Since our last newsletter (March 2020) another 67 midwives have completed the training, bringing the total to 373. We've completed 13 rounds of MIOH since 2012.

Birthing Outcomes Systems - what does the data say? (2015-2019)



Oral health questions were first included in Birthing Outcomes System (BOS) version 6.3.0 released in July 2015. The BOS is used in 75% of Victorian maternity services. Having oral health included in BOS provides DHSV with an avenue to assess the extent of oral health assessments conducted in pregnant women and subsequent referrals. It also provides some evidence of the extent of the translation of learning from the Midwifery Initiated Oral Health education program (MIOH) learning into the daily practice of midwives providing antenatal care.

In early 2019 DHSV wrote to all forty-eight maternity services who, at the time were using BOS, to request their permission to analyse the oral health data from BOS. Eighteen hospitals agreed for their data to be used as long as maternity services were not identified. The maternity services that agreed may or may not have had midwives trained in MIOH at the time.

The findings provide a snap shot of data from July 2015 – March 2019 as to the whether midwives were including oral health assessment and referral in their practice. In July 2015 only 117 midwives from across the State had completed MIOH. By March 2019 that figure had more than doubled with 279 midwives.

The results

There were 99,609 antenatal visits were recorded across 18 Victorian maternity services between 1 August 2015 and 31 March 2019. Of these:

- Oral health assessments (using BOS) were performed on 39% (n=38,914) of women who saw a midwife during their antenatal care, and 16% (n=6,248) of these women were referred to dental services by the midwife
- Overall, 10% (n=10,173) of all women were referred to dental services regardless of whether they received an oral health assessment
- A large proportion of missing data (i.e. responses to questions/items had not been provided) was observed for oral health assessment (45%) and referral (52%) respectively.

Antenatal Assessment - Maternal Details 2

Date of Interview: Preferred Name:

Mother's Aboriginal Status: Partner's Name:

Father's Aboriginal Status: Present at Interview:

Baby's Aboriginal Status: Partner's Work:

Preferred Language: **Intended Feeding:**

Interpreter Required: **Special Diet:**

Patient's Work: Antenatal Classes:

Year of Arrival to Australia: **Oral Health Assessed:**

Maternal Details Comments: 0 (250) **Dental Health Referral:**

Oral health assessment and referral by midwives using these BOS questions on the Antenatal Assessment – Maternal Details 2

Antenatal Assessment - Physical Check

	Not Checked	Checked NAD	Variance
Teeth and Gums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periphery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Height (cm): Weight (kg): BMI:

Oral health assessment by a clinician completing these BOS questions on the Antenatal Assessment – Physical Assessment page

- Doctors/obstetricians recorded performing oral health examinations on 6% (n=6,472) of the women they saw and identified oral health issues in 17% (n=1,131) of these women (1% of women overall)
- The BOS database does not capture whether oral health referrals were made by clinicians, however, of the women identified by the doctor/obstetrician as having oral disease 37% (n=414) were reported to have received a referral by a midwife.
- Clinician's reported identifying a range of oral health issues including:
 - Teeth issues: cavities, cracked teeth, lost filling, brittle teeth
 - Gum problems including: bleeding gums, gingivitis, receding gums
 - Pain relating to their teeth, wisdom teeth, gum, tooth sensitivity, jaw
 - Other: Abscess, jaw problems, dry mouth, mouth ulcers, plaque/tartar, poor dental hygiene, requires plate
- Feedback from midwives seems to suggest that this page is left to the doctors to complete and in some maternity services it is not used.

39 % of pregnant women had an oral health assessment and of these **16%** were referred to dental services by the midwife.

DHSV hopes to revisit this BOS data in another four years' time to determine any changes over time.



Don't forget to fill in the BOS Maternal Details 2 and lobby your service for these details to become compulsory

Steps to include oral health assessment in the booking in visit

The Centre for Oral Health Outcomes & Research Translation (COHORT) has a useful, short video on how to conduct an oral health assessment. Watch the video here: <https://cohortaustralia.com/oral-health-screening-tool-for-midwives/>

The MIOH steps to include oral health in the booking in visit are:

1. **Ask** the question: "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. **Consent** sought to look into the woman's mouth to confirm any oral health problems she identified
3. **Examine** the teeth and gums
4. **Ask** the question: "Have you seen a dentist in the last 12 months?"
5. **Document** your findings and record in BOS
6. **Advise** the pregnant women that it is safe to see the dentist during pregnancy.
7. **Refer** the pregnant woman if she has not seen her dentist recently.
8. **Check** if she is eligible for the public dental service. If so she will get the next available appointment (not placed on general waitlist).

Information to share with a pregnant woman

Here are some useful oral health tips to provide women during their pregnancy:

- Having a dental check when pregnant has positive benefits for mother as well as baby.
- A dental check is safe for both mother and baby
- Cleaning teeth twice a day with soft headed tooth brush and fluoride toothpaste, even if gums are bleeding, helps keep gums healthy.
- After vomiting rinse mouth out with water and rub some toothpaste over teeth with finger. Wait 30 minutes before brushing.



A pregnant woman is eligible to use public dental services if she:

- Has a health care card or a pension concession card.
- Is a youth justice client in custodial care.
- Is 18 years or under, in out of home care provided by Children, Youth and Families Division of Department of Human Services.
- Is a refugee or asylum seeker.

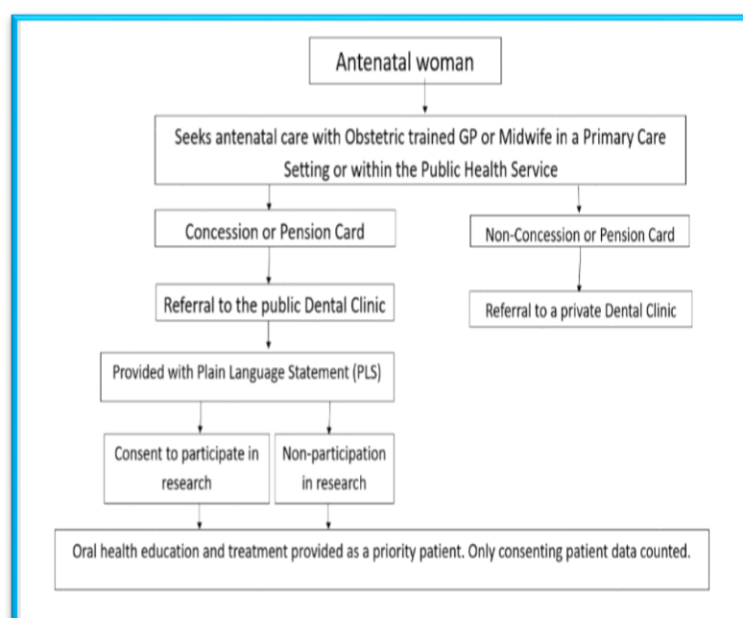
Pregnant women in **VICTORIA** that are eligible for the public dental services are not put on the general waiting list - they are given **PRIORITY ACCESS** and receive the first available appointment.

Echuca Regional Health: a research partnership to increase early referrals of pregnant women

What? A partnership research project was established at Echuca Regional Health (ERH) between its public dental service and antenatal care team with aim of increasing dental referrals early on in pregnancy rather than later when treatment is harder to undertake.

Why? Very few rural women access dental treatment early in their pregnancy, the reasons being safety concerns, cost and distance to access dental services. However, dental treatment in early pregnancy helps the mother care for her teeth and provides an opportunity for anticipatory guidance around managing dental hygiene in her children.

How? Initial meetings were held between the midwives in the antenatal care team lead by Amanda Murphy and the dental team lead by Dr Anjali Ragade. The partnership was expanded to include the obstetric trained GPs involved in shared maternity care. Between December 2018 till November 2020, midwives and GPs provided the pregnant women with a dental referral at the booking in visit (using a tested referral letter) with a copy being faxed to the public dental service.



The flow chart for maternity referrals – permission to use granted by Dr Angali Ragade

Results

During the intervention period, there were 62 pregnant women referred to the dental clinic by midwives and general practitioners, of those 70.9% (44) completed an oral health assessment. This resulted 2.58 times more oral health assessments completed in the intervention period compared to baseline.

	BASELINE PERIOD	INTERVENTION PERIOD
No. of birthing women	343	330
No. mothers eligible for public dental	113	109
No. referrals from antenatal to public dental	0	62
No oral health assessments completed	17	44

Conclusion

The outcomes of this review show that targeted referrals of pregnant women to the dental clinics is successful. It provides an opportunity for more preventative care, and results in fewer emergencies

This is not the first partnership across disciplines involving midwives at ERH. The enhanced maternity care program involves midwives and social services working to support vulnerable pregnant woman throughout their pregnancy and birth.

What now?

Dr Anjali Ragade, who initiated the research, said:

“We are still regularly getting referrals from ERH maternity using the referral form... I send an email each month to all the midwives...giving them the updated status with how many new referrals came in and how many were seen and at what stage they are in their treatment. I am happy to say that we are now able to see more and more pregnant women in their early weeks of pregnancy giving us more time to complete all their treatment.



Echuca Regional Health Public Dental Team Seated L-R Dr Anjali Ragade, pregnant woman, Carmel Beck. (referred by an ERH midwife) Standing L-R Trudi Jones, Monique Whitehead, Amber Sullivan, Julie Leahy

Well done to all involved at Echuca Regional Health!

MIOH Round 15 Now Open - DHSV sponsorships available

Please let your colleagues know that they can apply for sponsorship of the cost of the course fee to undertake the Australia College of Midwives MIOH course. To be eligible they just need to be:

- a) Midwives with positions in antenatal models of care
- b) Koori Maternity Service
- c) Midwifery lecturers and hospital based clinical educators
- d) Nurse Unit Managers of antenatal care services.

[CLICK HERE TO EXPRESS YOUR INTEREST](#)

Contact us

If you have a story about your service including oral health assessment and referral within antenatal care, and would like to share it with other midwives.

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