

*Integrating Primary Care, Oral Health, and Community Supports in Texas  
Webinar Series*

# ORAL HEALTH AND THE PERINATAL JOURNEY

May 28, 2026 | Noon–1:00 P.M. CT



**Texas Health Institute** is an independent nonprofit public health institute dedicated to advancing the health of all Texans.

**Texas Primary Care Consortium** is a statewide collaborative with a mission to advance high-quality primary care for all Texans, co-led by Texas Health Institute and the Texas Medical Home Initiative.

**Texas Oral Health Coalition** is a statewide collaborative dedicated to improving oral health to advance the health of all Texans, led by Texas Health Institute.

**Rural Texas Maternal Health Assembly** is co-convened by Texas A&M Rural and Community Health Institute, Texas Health Institute, Texas Organization of Rural and Community Hospitals, Texas Academy of Family Physicians, and Texas Association of Community Health Centers committed to a shared framework for strengthening care in rural communities.



# Oral Health and the Perinatal Journey

Produced by Texas Health Institute in partnership with the Texas Primary Care Consortium, Texas Oral Health Coalition, and Rural Texas Maternal Health Assembly with support from BlueCross BlueShield of Texas.



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# ORAL HEALTH AND THE PERINATAL JOURNEY

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Care System



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# Oral Health and the Perinatal Journey

May 28, 2026



# Pregnancy Risk Assessment Monitoring System (PRAMS)

- PRAMS Survey conducted annually
- State-specific, population-based
- Generalizable
- Evaluates maternal attitudes and experiences before, during and shortly after pregnancy



# The Journal of Maternal-Fetal & Neonatal Medicine



Article: Provider and patient perception about dental care during pregnancy

- Almost everyone agreed or acknowledged that dental care was important
- Most providers acknowledge the connection between oral health and pregnancy outcomes
  - Only 44% of patients received dental care during pregnancy
  - Main limitation to care was financial or lack of coverage
- Large disparity found in perception of safety for several dental procedures:
  - X-rays, periodontal surgery, local anesthesia, narcotic usage



## Dental care during pregnancy

Review the safety of dental care during pregnancy

Make dental providers more comfortable taking care of pregnant women

## Many health care providers are leery of taking care of pregnant women

- Fear of hurting baby
- Fear of causing miscarriage
- Fear of litigation

<https://www.dshs.texas.gov/smilesformoms>

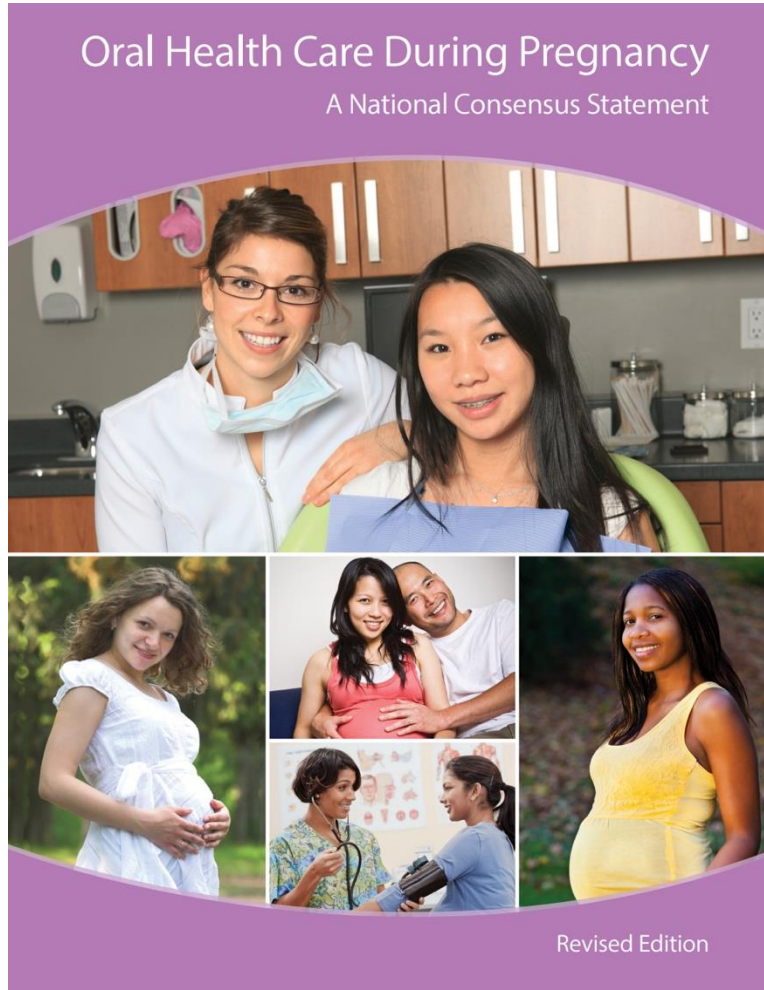
# Oral health and pregnancy outcomes

Positive association between periodontal disease and adverse pregnancy outcomes

- Preterm labor
- Low birth weight
- Preterm low birth weight
- Preeclampsia



# Consensus dental care during pregnancy is safe and important



## Promoting Oral Health During Pregnancy

### UPDATE ON ACTIVITIES

January 2026

This issue is part of a series of updates that highlight recent policies, programs, and resources to help ensure that health professionals and pregnant women and their families are aware of the importance and safety of receiving oral health care during pregnancy. The goal of these efforts is to increase pregnant women's access to and use of oral health care and ultimately improve the oral health and overall health of pregnant women and their children.

The January 2026 issue highlights policies, programs, and resources published from 2023 through 2025 and seminal resources that impact the field. Past issues of *Promoting Oral Health During Pregnancy: Update on Activities* are available [online](#).

The *Promoting Oral Health During Pregnancy* series is intended to support and promote the use of the resource *Oral Health Care During Pregnancy: A National Consensus Statement*. This resource endures as evidence-based guidance for both oral health professionals and prenatal care health professionals.

# Pharmacological considerations for pregnant women



Medications may be indicated for certain health conditions with appropriate provider supervision



Most medications used in dentistry are safe to use during pregnancy with a few exceptions

## Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated health conditions and with appropriate supervision by a health professional.

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
<b>Analgesics</b>	
Acetaminophen	May be used during pregnancy. Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid issuing refills to reduce risk for dependency.
Acetaminophen with Codeine, Hydrocodone, or Oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin (low dose)	May be used after 12 weeks for women at high risk for preeclampsia.
Aspirin	First trimester: Avoid use.
Ibuprofen	Second trimester, 13 up to 20 weeks: May use for short duration, 48 to 72 hours.
Naproxen	Second trimester, 20 up to 27 weeks: Limit use. Third trimester: Avoid use.
<b>Antibiotics</b>	
Amoxicillin	May be used during pregnancy.
Cephalosporins	
Clindamycin	
Metronidazole	
Penicillin	
Ciprofloxacin	Avoid during pregnancy.
Clarithromycin	
Levofloxacin	
Moxifloxacin	
Tetracycline	
<b>Anesthetics</b> Consult with a prenatal care health professional before using general anesthesia, intravenous sedation, oral-inhalation sedation, or enteral-inhalation sedation. Limit duration of exposure to less than 3 hours in pregnant women in the third trimester.	
Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine, Prilocaine)	May be used during pregnancy.
Local anesthetic: Articaine	Avoid during pregnancy; consult with a prenatal care health professional.
Nitrous oxide	Avoid during pregnancy; consult with a prenatal care health professional.
<b>Antimicrobials</b> Use alcohol-free products during pregnancy.	
Cetylpyridinium chloride mouth rinse	May be used during pregnancy.
Chlorhexidine mouth rinse	
Xylitol	

# Dental care during pregnancy is safe

- Regular cleanings, X-rays
- Second trimester is best
- Establish a dental home



## Comfort for pregnant patients



- Keep head higher than feet
- Semi-reclined position
- Allow for frequent position changes
- Small pillow under one hip

# Best practice approach



Medical-dental integration improves patient access to care and overall health outcomes



Implementing changes to workflows, responsibilities, and roles takes time



Consistent coordination and collaboration across providers is critical



- Reduce practice and system level barriers
- Quality of Patient Care
- Referral & Follow-up Process
- Consistency in Oral Health Messaging

## **Opportunities for improvement**

# Oral Health Matters



# Healthy mouth. Healthy body.

- Dementia
- Respiratory health
- Adverse birth outcomes
- High blood pressure
- Diabetes
- Obesity

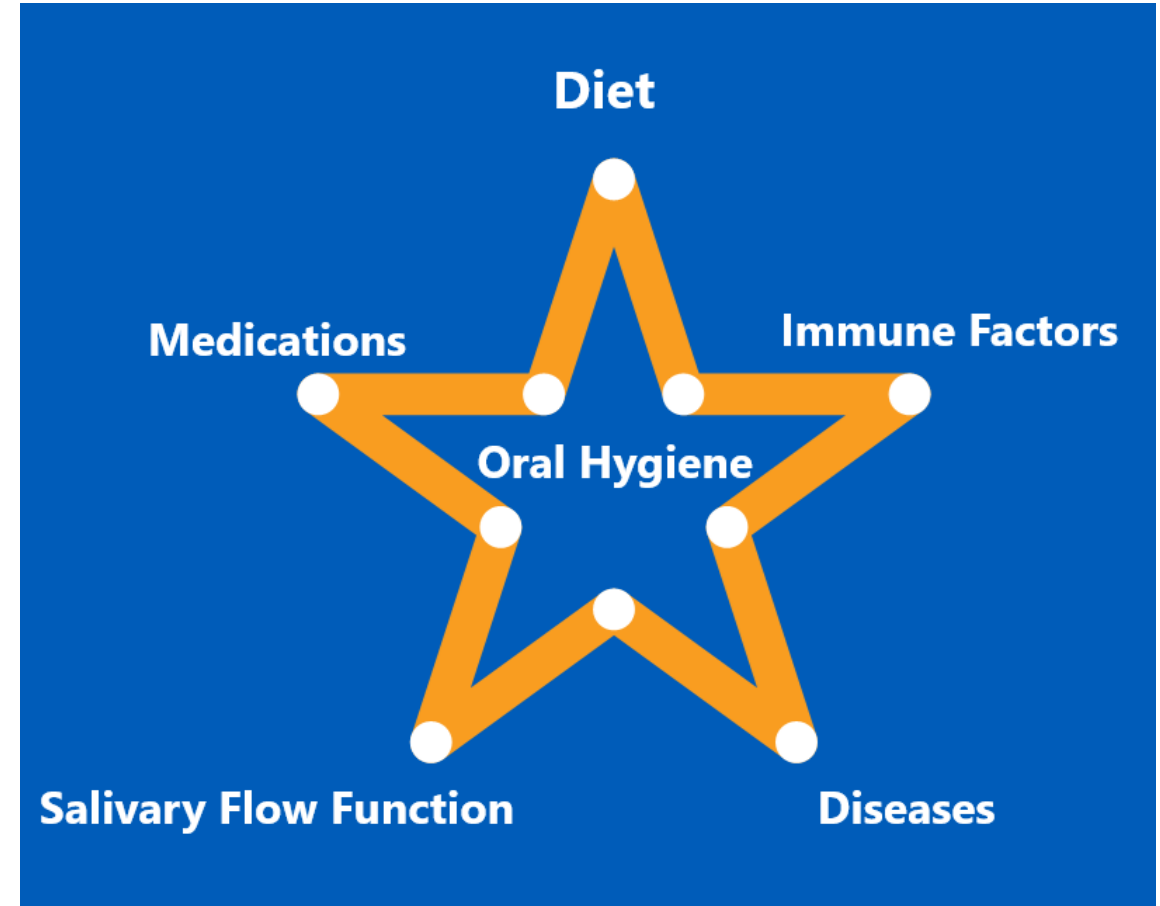


# Dysbiosis of the oral cavity

**Dysbiosis**—condition that occurs when the balance of microorganism in the body is disrupted



Factors that cause disruption



# Impact of dental disease



Pain & difficulty chewing

Poor sleep habits

Malnutrition

Diminished quality of life

Poor work performance

Health concerns

Poor speech articulation

Mental health issues

Low self-esteem

Life threatening infection

# Cost of poor dental health

## The Problem

- **Most common chronic disease** affecting children and adults

## The Alternative

- Prevention and awareness is key for a healthy mouth.
- Reduces the need for expensive dental treatment

## The Numbers

- **2.1 million** emergency room visits were made in 2017
- **\$136 billion** is spent annually on dental care



# Preterm birth and oral health

## Early births can affect a baby's oral development:

- Problems eating & swallowing
- Delayed jaw and overall facial growth
- Weak tooth enamel (outer layer)
- Higher risk for cavities

**15  
million  
preterm  
births a  
year**



Photo Source: freepick.com

# Current unacceptable outcomes

- 30–40% of pregnant women have some form of periodontal disease.
- > 50% of women receive no dental care (including cleaning) during pregnancy.
  - This is directly related to income level.
- Hispanic and African-American women are only half as likely to get their teeth cleaned during pregnancy.



# Why oral health matters during pregnancy?

## Pregnancy tumors

- Lumps that form on the gums

## Pregnancy gingivitis

- Puffy red gum tissues with some tenderness & shiny gum tissue



Photos courtesy of enjoyteeth.com

# Self-care for pregnant moms...

- Don't share toothbrush, replace toothbrush every 3 months or after being sick
- Brush teeth 2x a day, 2 minutes, floss and use fluoride rinse
- Eat healthy foods and drink plenty of water and milk
- When throwing up, swish with 1 teaspoon baking soda and water
- Don't smoke, vape, do drugs or drink alcohol



# Why oral health matters during pregnancy



# New recommendations



## ADA Releases Updated Recommendations to Enhance Radiography Safety in Dentistry

Recommendations include appropriate, justified use of dental X-rays, discontinuing use of lead abdominal aprons, thyroid collars

CHICAGO, Feb. 1, 2024 – The use of lead abdominal aprons or thyroid collars on patients when conducting dental X-rays is no longer recommended, according to an expert panel established by the American Dental Association (ADA) Council on Scientific Affairs. Additionally, dentists should take into consideration the diagnostic information needed from X-rays to benefit patient care or substantially improve clinical outcomes.

The Journal of the American Dental Association published the new [recommendations](#) today, which aim to improve radiation protection in dental radiography and cone-beam computed tomography (CBCT). Medical physicists with the U.S. Food and Drug Administration (FDA) supported the panel's development of these recommendations – the first on dental imaging safety and radiation protection from the Council since 2012. The Council's recommendations are also aligned with recent recommendations released by the American Academy of Oral and Maxillofacial Radiology.

# Dental care during pregnancy



**Preventive care:**  
Radiographs, Teeth Cleanings, Fluoride



**Sedatives:**  
Local anesthetic & Nitrous Oxide



**Restorative dental care:**  
Fillings, root canals & extractions

Prevention, diagnosis and treatment of oral conditions are **SAFE** during pregnancy



American Dental Association  
specifically supports



## When to start dental visits

- **Exam:** When the first baby tooth comes in at 6 months or no later than a child's 1<sup>st</sup> birthday.
- **Finding providers:** start with a pediatrician and a pediatric dentist
- **Happy Visits:** Go meet your dental team and dentist.

# Baby teeth matters

Even before the first tooth comes in, **the baby teeth and the permanent teeth** are still developing underneath the gums.



# Rules of "2"



Rules of 2  
for a  
healthy mouth



Visit the dentist 2 times a year



Brush your teeth 2 times a day



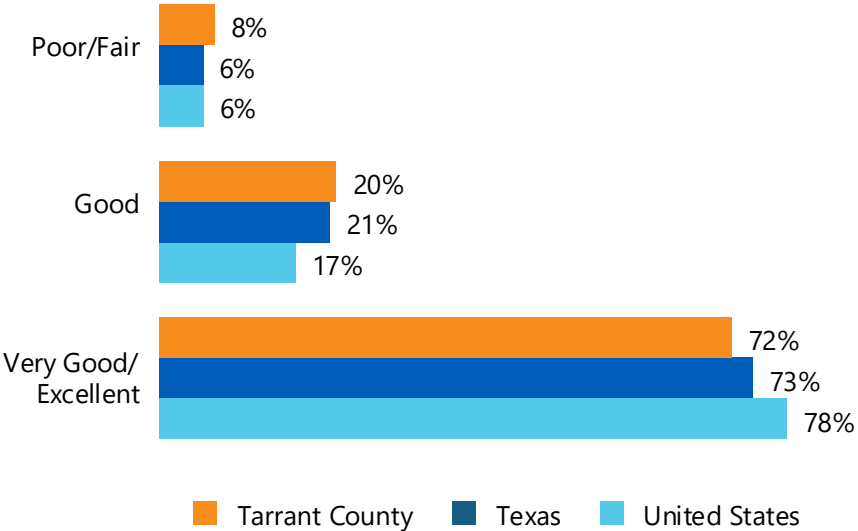
Brush your teeth for 2 minutes

# Cook Children's 2024 Community Health Needs Assessment

The rate of children with less than ideal oral health is **higher in Tarrant County** compared to national and state estimates.<sup>1</sup>

Approximately **2 in 7 (about 328,300)** children in Cook Children's eight-county service area does not have excellent or very good oral health.<sup>1</sup> Child oral health is achieved through **proper preventive care and prompt treatment** for dental problems for both children and pregnant women.<sup>2</sup>

Percent of children (ages 1-17) who have poor/fair, good, or very good/excellent condition of teeth as rated by their caregiver.



## What can YOU do?



Support the research showing how oral hygiene prevention protocols are effective.



Rely on multidisciplinary teams to enforce oral care standards to improve overall patient outcomes.

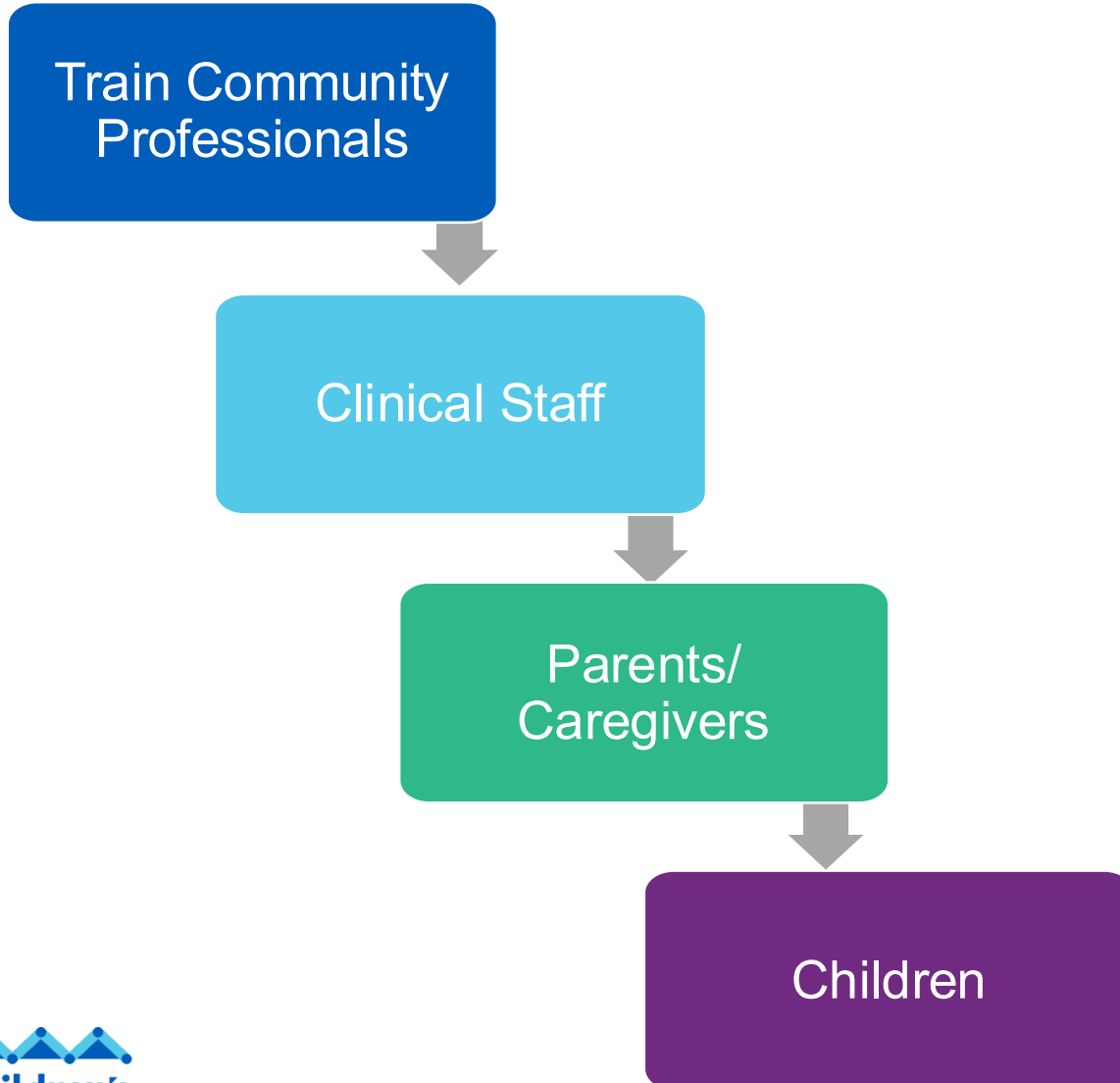


Make oral care no longer an option but a medical intervention.



Turn oral health into teachable moments.

# The ripple effect





**Thank You!**

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# WHOLE-PERSON CARE DURING AND AFTER PREGNANCY

June 18, 2026 | Noon–1:00 P.M. CT



# Texas Oral Health Coalition Summit

June 4-5, 2026



# Connect with us



Texas Health Institute @txhealthinst

Texas Primary Care Consortium @txpcc

Texas Oral Health Coalition @txohc



# Resources

[Dental Care During Pregnancy | Texas DSHS](#)

[Dental Pharmacological Considerations for Pregnant Women](#)

[Dental Referral Form for Pregnant Women](#)

[Guidance for Oral Health Professionals](#)

[Guidance for Prenatal Care Health Professionals](#)

[Information for Prenatal and Dental Providers | Texas DSHS](#)

[National Maternal and Child Oral Health Resource Center](#)

[Oral Health Care During Pregnancy: A National Consensus Statement](#)

[Oral Health Checklist for Prenatal Providers](#)

[Pharmacological Considerations for Pregnant Women](#)

[Pregnancy | DentaQuest](#)

