

Oral and Mental Health During and After Pregnancy

The Importance of Medical-Dental-Behavioral Integration

Many people are familiar with physical changes that accompany pregnancy, including morning sickness, weight gain, and muscle aches. Changes to a pregnant person's oral health may be less well known and more misunderstood.

For example, pregnant persons have a greater risk of developing periodontal disease and dental caries (decay). Periodontal disease, in turn, has been linked to adverse pregnancy outcomes such as low birth weight and preterm birth. While some individuals may be concerned about the safety of receiving dental care during pregnancy, not only is dental treatment safe throughout pregnancy, it is also recommended for pregnant persons to improve their oral and overall health. However, while the number of individuals seeking dental care during pregnancy has been on the rise, a recent estimate suggests that only about two-thirds of pregnant persons seek dental care.

Individuals may also experience mental health issues during pregnancy. In the United States between 2008 and 2020, the number of individuals diagnosed with perinatal mood and anxiety disorders increased by 93%, and cases of perinatal posttraumatic stress disorder increased by 394%. It is estimated that one in eight individuals with a recent live birth experiences symptoms of postpartum depression.

Oral health and mental health are strongly linked to each other. Individuals with mental health conditions such as depression are less likely to brush their teeth, more likely to rate their oral health as poor, and less likely to seek oral health care for those issues than people without mental health problems. Individuals with anxiety may avoid necessary dental care due to this anxiety, which can lead to a cycle of avoidance of care followed by worsening of oral health. Therefore, addressing both oral health and mental health during pregnancy and the postpartum period is particularly important, alongside the more commonly recognized physical changes associated with pregnancy.

The importance of integrating medical, dental, and behavioral

health care during and after pregnancy is paramount. Obstetrician-gynecologists (OB/GYNs) are in an excellent position to refer their pregnant patients for oral and behavioral health care, as they see their patients on a regular basis during pregnancy and for a period of time after birth. In the 2021 State of Oral Health Equity in America survey, CareQuest Institute for Oral Health asked individuals if they were or had ever been pregnant in the past (i.e., whether they had a pregnancy history). Those with a pregnancy history were asked about both their oral and mental health and whether their OB/GYN had referred them for oral health care during their pregnancy. Results of the survey reveal the importance of medical-dental-behavioral integration during and after pregnancy to best support the health of the pregnant and postpartum individual.

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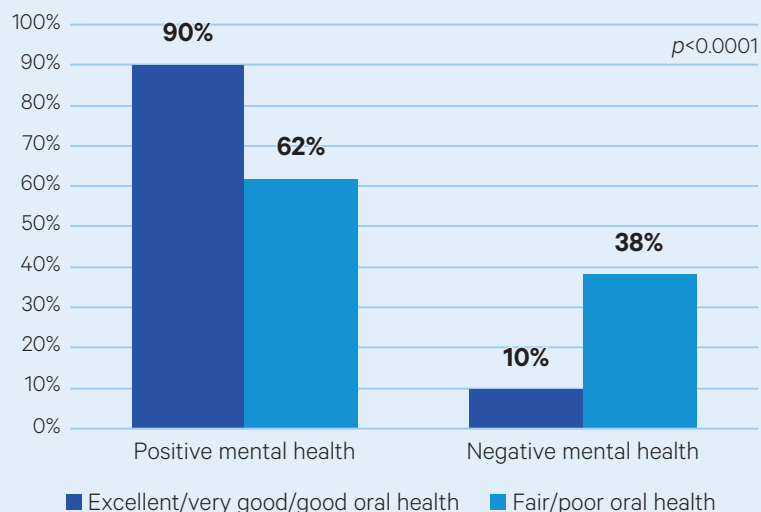




In this survey, 36% of individuals (n=1,928 of 5,320) reported that they were currently or had previously been pregnant.

Of those individuals with a pregnancy history, most (82%) rated their mental health as positive (either excellent, very good, or good), while slightly fewer rated their oral health in the same terms (71%). The majority of those with a pregnancy history who rated their oral health positively also rated their mental health positively (90%), while only one in ten individuals who rated their mental health in negative terms (fair/poor) rated their oral health positively (10%).

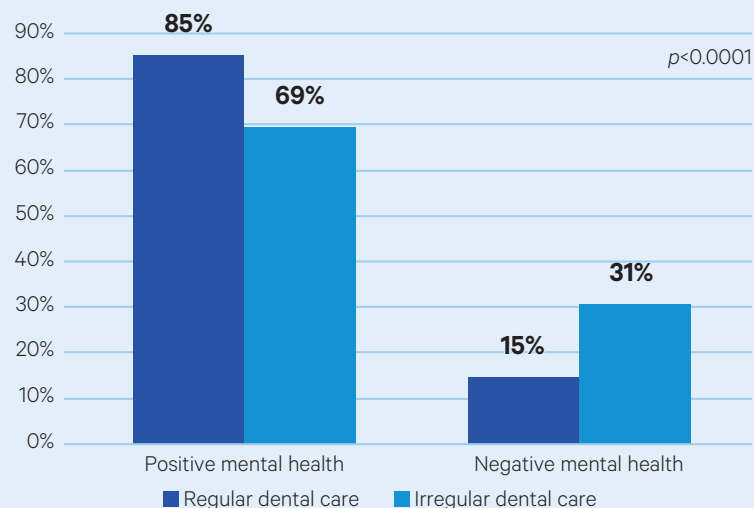
Self-Rated Oral Health by Self-Rated Mental Health



Most respondents with a pregnancy history (79%) indicated that they see a dentist regularly (i.e., they have seen a dentist in the previous 12 months).

While the majority of those (85%) who see a dentist regularly rated their mental health positively, only 69% of those who do not see a dentist regularly rate their mental health in similarly positive terms.

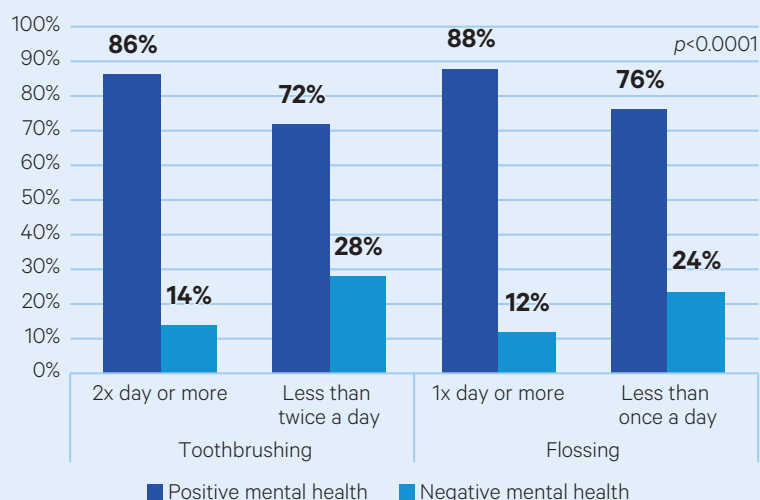
Regularity of Dental Visits by Self-Reported Mental Health Status



Most respondents reported brushing their teeth twice a day or more (71%), and just over half (51%) reported flossing once a day or more.

Of those who reported brushing twice a day or more, 86% rated their mental health in positive terms, compared to 72% of those who brushed less than twice per day. A similar pattern emerged regarding flossing, with 88% of regular flossers rating their mental health positively compared to 76% of those who don't floss regularly.

Toothbrushing and Flossing Frequency by Self-Rated Mental Health

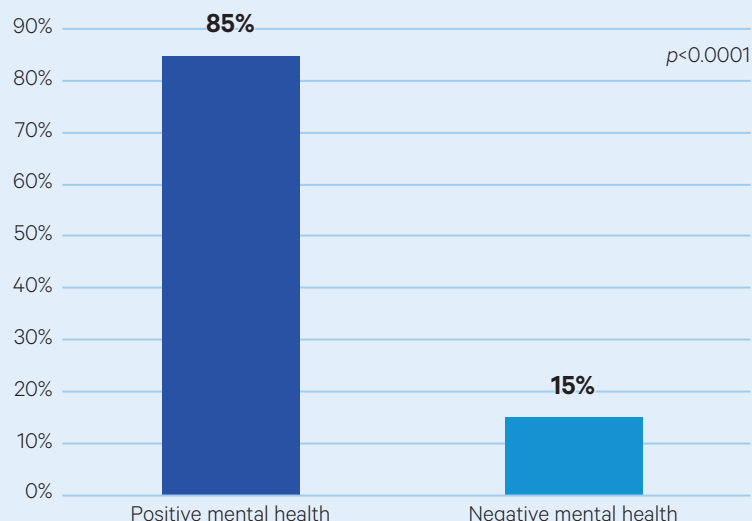




Seventeen percent of individuals with a pregnancy history reported that they have difficulty doing daily activities due to problems with their oral health.

Nearly one-third of individuals who reported having such difficulties very often, fairly often, or occasionally rated their mental health negatively (30%), while most individuals saying they hardly ever or never had such difficulties rated their mental health positively (85%). Most adults (85%) who said they hardly ever or never have difficulties doing their daily activities due to oral health problems reported positive mental health, compared to 15% who reported negative mental health.

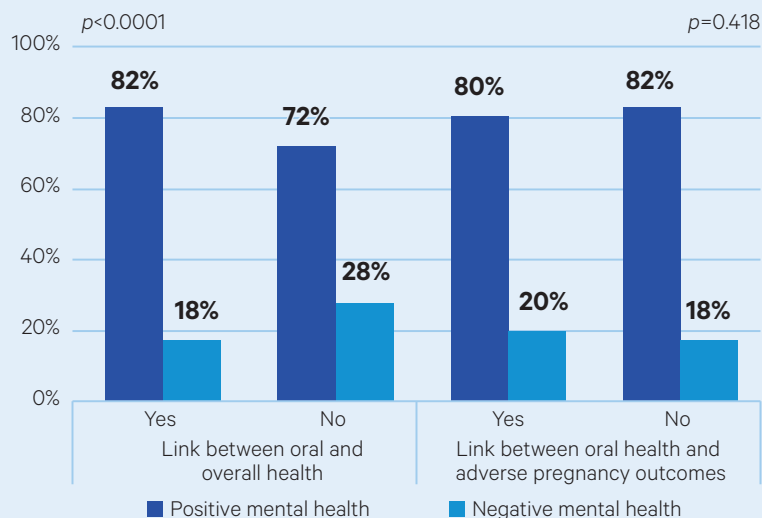
Hardly Ever/Never Having Difficulty Doing Daily Activities due to Oral Health Problems by Self-Reported Mental Health Status



Nearly all respondents (96%) said they believe that oral health and overall health are connected, while fewer (81%) believe that adverse pregnancy outcomes may be linked to oral health.

A majority of individuals who agreed that oral health is connected to overall health rated their mental health positively (82%), similar to the number (80%) who believe that oral health is related to pregnancy outcomes rated their oral health positively.

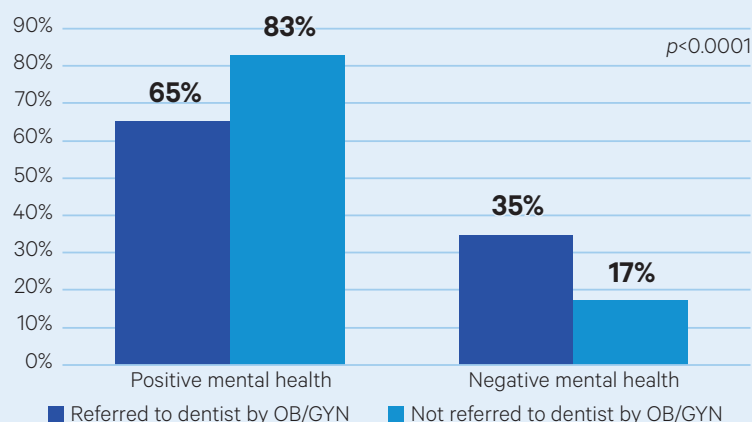
Belief that Overall Health and Pregnancy Outcomes Are Linked to Oral Health by Mental Health



Four percent of adults with a pregnancy history said they had received a referral to a dentist during their pregnancy.

While nearly two-thirds (65%) of those who received such a referral rated their mental health as positive, 35% of those receiving an oral health referral rated their mental health as negative.

Referred to Dentist by OB/GYN by Self-Rated Mental Health



Calls to Action

The results of this survey suggest that oral health and mental health interact with each other within a sample of individuals with a pregnancy history. Those with poorer self-rated oral health, irregular dental care, less regular toothbrushing and flossing, and difficulties doing their everyday activities due to oral health problems reported negative mental health in greater percentages than positive mental health. While those who feel that oral health and overall health are connected reported positive mental health in greater proportions, there were no differences in self-rated mental health between those who do and those who do not feel that oral health is linked to adverse pregnancy outcomes. Individuals with a pregnancy history who received a referral to a dentist from their OB/GYN during their pregnancy reported positive mental health in higher percentages than those who did not receive such a referral.

Given the relationship between oral health and mental health in individuals with a [pregnancy history](#) (and [across the lifespan](#)), there are increasing calls for the [integration of medical, dental, and behavioral health care](#). In such a model, medical, dental, and behavioral health providers are able to easily screen and refer patients amongst themselves and are able to read all clinical notes in a mutual patient's [interoperable electronic health record](#). Our survey results found that only 4% of adults with a pregnancy history received a referral to a dentist during their pregnancy. An integrated model would allow an OB/GYN to easily refer a pregnant patient for oral health care and a behavioral health consultation. If these providers are colocated in the same building, the patient may be able to see multiple providers during the same visit, saving time and improving the health of both the birthing parent and newborn.

Methodology

[The State of Oral Health Equity in America \(SOHEA\)](#) survey is a nationally representative survey of consumer and patient attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health (formerly DentaQuest Partnership for Oral Health Advancement). The survey was administered in January and February 2021 to adults aged 18 and older by NORC at the University of Chicago as part of the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, nonzero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 16,986 was used with a final sample size of 5,320 for a survey completion rate of 31.3% and a final weighted cumulative response rate (through all phases of panel recruitment and retention and survey completion) of 5.2%. All data presented account for appropriate sample weights. The margin of error for this survey is 1.86%.

Respondents were categorized as having a pregnancy history if they answered “yes” to the question, “Have you ever been pregnant?” Respondents were categorized as having positive mental health if they responded to the question, “In general, how would you rate your mental or emotional health?” with “excellent,” “very good,” or “good.” Respondents were categorized as having negative mental health if they responded to this question with “fair” or “poor.”

The restricted response options for demographic questions in this survey and report (particularly for race and ethnicity) represent a current limitation of the data. Future data analyses and reports from the SOHEA survey will employ equitable data collection methods, focused on questions that allow more granular reporting of such factors as race, ethnicity, language, disability, sexual orientation, and gender identity (REALD-SOGI). By collecting data in this manner, we will be able to more accurately detect and describe oral health inequities, which is a key step in creating a health care system that is accessible, equitable, and integrated for all.

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A key barrier to effective medical-dental-behavioral integration for pregnant persons is a lack of understanding of the importance (and low risk) of dental care during pregnancy within the wider health care community, as well as mental health risks that can arise during pregnancy. [Interprofessional education training opportunities](#) in medical, dental, and behavioral health training programs can provide a foundation for students who can then go on to engage in integrated health care practice. Continuing education programs for medical, dental, and behavioral health providers — ideally integrated across the different health professions — can reinforce the importance of whole-person, integrated care for pregnant persons. Such programs also give providers opportunities to meet colleagues in other health professions and establish multi-directional referral pathways.

Medical-dental integration is essential to addressing whole-person health [throughout the entire lifespan](#), and the pregnancy and postpartum periods are particularly important to the health of birthing parents and their newborns. Implementing change within clinical settings, educational institutions, and health information technology will be necessary to meet the challenge of improving the oral, behavioral, and overall health of pregnant persons and the next generation.

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