



MATERNAL ORAL HEALTH

South Dakota PRAMS, 2018

ORAL HEALTH should be considered an important part of prenatal care because poor oral health during pregnancy can lead to poor birth outcomes. Maternal oral health status is also a strong predictor of offspring oral health status.*

TOP 3 BARRIERS TO DENTAL CARE DURING PREGNANCY

WHITE

1. Could not afford to go to the dentist (20%)
2. Did not think it was safe to go to the dentist during pregnancy (7%)
3. Could not find a dentist that would take Medicaid patients (4%)

AMERICAN INDIAN

1. Did not think it was safe to go to the dentist during pregnancy (23%)
2. Could not afford to go to the dentist (18%)
3. Could not find a dentist that would take Medicaid patients (15%)

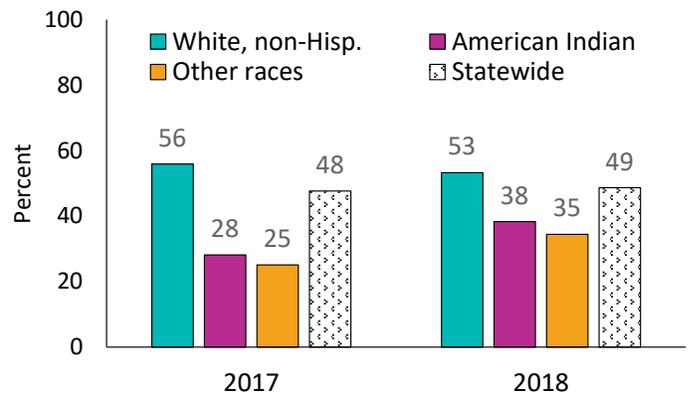
OTHER RACES

1. Could not afford to go to the dentist (21%)
2. Did not think it was safe to go to the dentist during pregnancy (16%)
3. Could not find a dentist that would take Medicaid patients (7%)

CHARACTERISTICS ASSOCIATED WITH MOTHERS WHO HAD THEIR TEETH CLEANED DURING THEIR PREGNANCY WERE:

- ▶ White
- ▶ Non-Hispanic
- ▶ Older
- ▶ More years of education
- ▶ Married
- ▶ Higher household income

Mothers who had their teeth cleaned during their most recent pregnancy by race and year



RISK FACTORS OR BEHAVIORS ASSOCIATED WITH MOTHERS WHO DID NOT HAVE THEIR TEETH CLEANED DURING PREGNANCY WERE:

- ▶ Being uninsured
- ▶ Smoking 3 months before pregnancy
- ▶ Illicit drug use 3 months before pregnancy
- ▶ Delayed or no prenatal care
- ▶ Attended less than 80% of prenatal care visits
- ▶ Emotional abuse during pregnancy
- ▶ Low birth weight
- ▶ Never breast fed
- ▶ Baby being exposed to smoke
- ▶ Having an ACE Score of 4 or more



*CDC Pregnancy and Oral Health: <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>;
more information on the SD 2018 PRAMS visit: <https://doh.sd.gov/statistics/prams.aspx?>