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.

Policies and Programs

Building State Capacity for Integration

The Building State Capacity for Integration Learning Collaborative (LC), launched in January 2025, is a 16-month project focused on improving systems-level capacity for integrating oral health care and prenatal care. The Consortium for Oral Health (consortium) selected five state teams led by oral health program staff from Idaho, Michigan, Pennsylvania, Rhode Island, and West Virginia to participate in the LC. The project is funded by the Maternal and Child Health Bureau.

Each state oral health program involved partners from state agencies, managed care organizations, nonprofit organizations, and coalitions to participate in project activities. State project teams used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool* to assess systems-level factors, prioritize needs, and develop action plans to improve integration of oral health care and prenatal care in their states.

The consortium provides technical assistance via all-team webinars and individual team coaching calls to help teams create practical action plans, monitor progress, address challenges, and report achievements. The LC will run through April 2026. The consortium expects a second LC cohort from October 2026 through January 2028. A call for applications will be issued in spring 2026.

Maternal and Child Health–Improving Oral Health Integration Projects

In 2024, the Maternal and Child Health Bureau funded eight Maternal and Child Health–Improving Oral Health Integration (MCH-IOHI) projects—Colorado, Connecticut, Montana, New York, Puerto Rico, South Carolina, Texas, and Wisconsin—to advance the integration of preventive oral health care (POHC) into primary care. Four of these projects (New York, Puerto Rico, Texas, and Wisconsin) include pregnant women in their target population. Projects are implementing a two-tier, state-level and local-level improvement approach that addresses three core functions: (1) policy and practice; (2) education and outreach; and (3) data, analysis, and evaluation.

State-Level Approach

All MCH-IOHI projects completed an environmental scan to gain knowledge about factors that could impact the integration of oral health care into primary care for the target population at the state level. The results of the environmental scan are presented in *Maternal and Child Health–Improving Oral Health Integration (MCH-IOHI): Environmental Scan Chartbook 2025*. The New York, Puerto Rico, and Texas projects used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool* to identify policy and practice improvement opportunities for perinatal oral health. Additional activities include:

- New York project: Working to address reimbursement strategies for oral health services provided by community health workers, integration of POHC into value-based care models, and enhancements to the state's oral health data system.
- Puerto Rico project: Working to advance health professional education and training for medical providers and oral health providers by integrating maternal and child oral health topics across professional organizations' curricula and accredited continuing education courses.
- Texas project: Working with their state oral health partners to make existing oral-health-surveillance data, including data from the Pregnancy Risk Assessment Monitoring System (PRAMS), more accessible via a dashboard.
- Wisconsin project: Collaborating with their state oral health partners to analyze Medicaid dental claims data to assess the percentage of women enrolled in Medicaid with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy, among other measures.

Local-Level Approach

The New York, Puerto Rico, Texas, and Wisconsin projects are working with selected community health centers to integrate POHC into prenatal care for pregnant women. The Wisconsin project is also working with a hospital with a rural health clinic. The projects meet regularly with each site to support the implementation of its model of care and to monitor progress. The projects are also conducting oral health literacy knowledge and skills assessments of health providers and staff in participating clinics to inform training plans, as well as oral health literacy gaps analyses of pregnant women, to guide the development of anticipatory guidance and educational materials. In addition, the projects are working with participating sites to document the provision of POHC in their electronic health record and to provide project metrics monthly to allow for performance monitoring over time.

Oral Health Care for the Pregnant Pediatric Dental Patient

The American Academy of Pediatric Dentistry, Councils on Clinical Affairs and Scientific Affairs, provides recommendations for preventive, diagnostic, and therapeutic oral health care for pregnant adolescents. It offers recommendations for dietary considerations; pharmacotherapy; and smoke, tobacco, alcohol, and illicit-substance exposure. It also offers recommendations related to common oral conditions associated with pregnancy, oral health care during pregnancy, and legal considerations.

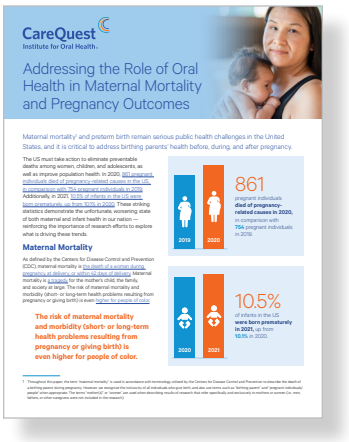
Transforming Maternal Health (TMaH) Model
In December 2023, the Centers for Medicare & Medicaid Services (CMS) announced the new Transforming Maternal Health (TMaH) Model, a voluntary, 10-year service-delivery and payment model designed to improve health outcomes, including oral health outcomes, for mothers and their newborn infants enrolled in Medicaid and the Children's Health Insurance Program (CHIP).

In January 2025, CMS announced that the District of Columbia and the following states were selected to participate in the TMaH Model: Alabama, Arkansas, California, Illinois, Kansas, Louisiana, Maine, Minnesota, Mississippi, New Jersey, Oklahoma, South Carolina, West Virginia, and Wisconsin.

The model will support participating state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth, and postpartum care that addresses physical health, mental health, and social needs women experience during pregnancy. The model aims to improve access to health care, outcomes, and experiences for mothers and their newborn infants, while also reducing overall program expenditures.

Resources

Addressing the Role of Oral Health in Maternal Mortality and Pregnancy Outcomes
This brief provides information about the role of oral health in maternal mortality and preterm birth. It includes statistics on the number of pregnant women who died of pregnancy-related causes and on the percentage of infants born prematurely in 2019 and 2020. Background information on both issues is presented, and comparisons by race, ethnicity, and educational attainment are offered. The brief was produced by the CareQuest Institute for Oral Health.



Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication—Final Recommendation Statement

This report provides U.S. Preventive Services Task Force (USPSTF) recommendations for the use of aspirin to prevent preeclampsia in pregnant women. Information about other related issues is also offered. Topics include the importance of using low-dose aspirin to prevent preeclampsia, recognition of risk status, assessment of net benefit, practice considerations, an update of previous USPSTF recommendations, supporting evidence, research needs and gaps, and recommendations of professional organizations. The report was produced by the U.S. Preventive Services Task Force.

Best Practice Approach: Perinatal Oral Health (update)
This report provides a description of perinatal oral health, including its significance and background, barriers to accessing oral health care for pregnant and postpartum women, and a strategic framework for improving perinatal oral health. It also includes

guidelines and recommendations, research evidence, and state practice examples. The report was produced by the Association of State and Territorial Dental Directors and the National Maternal and Child Oral Health Resource Center.

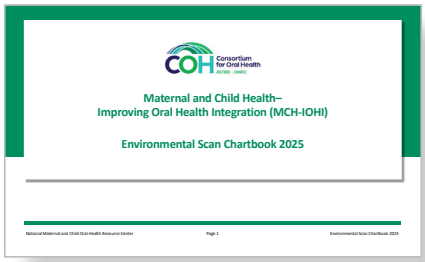
Dental Care Is Safe and Important During Pregnancy
This infographic recommends seeking routine and emergency oral health care at any stage of pregnancy. It explains that oral health is essential to overall health and well-being across the lifespan and notes that during pregnancy, women may be more prone to tooth decay and gum disease than at other times in their lives. It also shares that a mother's oral health is a strong predictor of their child's oral health. The infographic was produced by the Centers for Disease Control and Prevention.

Expanding Access to Oral Health Care
This brief provides information on expanding access to oral health care in New York. It discusses challenges to accessing oral health care among young children, children without insurance, children living in poverty, non-Hispanic black children, children from non-English-speaking households, and children with special health care needs. It addresses structural inequities that create barriers to achieving good oral health and difficulties that pregnant women, who are at high risk for oral health problems, may face in accessing oral health care. Policy recommendations are included. The brief was produced by the Schuyler Center.

Fluoride: Fact Sheet for Consumers
This fact sheet presents background information on fluoride and discusses the following topics: recommended intakes for infants, children, adolescents, and adults from birth to over age 19, including pregnant and breastfeeding adolescents and women. It also discusses sources of fluoride, types of fluoride supplements, fluoride and health, health risks from excessive fluoride, interactions of fluoride with medications, fluoride and healthy diets, and where to find more information about fluoride. The fact sheet is written in simple language. The fact sheet was produced by the National Institute of Health, Office of Dietary Supplements.

Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood
This report shares best practices for health professionals for providing oral health care to pregnant women and young children. It presents trends, discusses national efforts and Massachusetts' efforts to address oral health for these population groups, and provides information about the role of health professionals in improving oral health among pregnant women and young children. Guidelines for prenatal care health professionals, pediatric professionals, and oral health professionals are included. The report was produced by the Massachusetts Department of Public Health.

Maternal and Child Health–Improving Oral Health Integration (MCH-IOHI): Environmental Scan Chartbook 2025
This chartbook contains data about factors that could impact the integration of oral health care into primary care for infants, children, adolescents, and pregnant women at high risk for oral disease in seven states (Colorado, Connecticut, Montana, New York, South Carolina, Texas, and Wisconsin) and one jurisdiction (Puerto Rico). Topics include scope of practice; Medicaid billing and reimbursement; use of dental hygienists, dental therapists, and community health workers; and use of teledentistry. The chartbook was produced by the National Maternal and Child Oral Health Resource Center.



Medicaid-Covered Dental Visits During and After Pregnancy

This brief provides information on Medicaid-covered dental visits and dental-related emergency department visit rates during the perinatal period. The information is based on 2018–2019 Medicaid and State Children's Health Insurance Program encounter data and dental claims from over 200,000 women during the postpartum period from 45 states and the District of Columbia. It presents variation in receipt of oral health care during the perinatal period according to enrollee age, state of residence, extent of Medicaid coverage of dental services, and state Medicaid expansion status. The brief was produced by the Urban Institute.

Oral and Mental Health During and After Pregnancy: The Importance of Medical-Dental-Behavioral Integration

This report discusses the importance of integrating oral health care and mental health care into obstetrical care to improve the overall health of women during and after pregnancy. It explains why poor oral health and mental health may be a particular problem for women during and after pregnancy, and how oral health and mental health are linked. The report also explains the role obstetricians can play in identifying oral health and mental health problems in pregnant and postpartum women. The report was produced by the CareQuest Institute for Oral Health.

Oral Health Care During Pregnancy: A National Consensus Statement (revised edition)

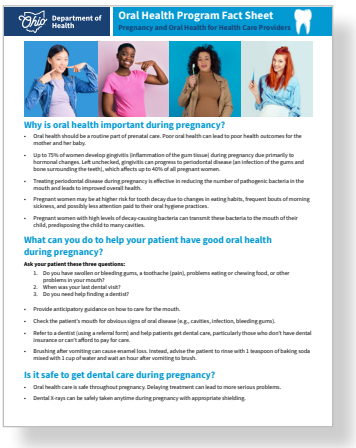
This report includes a consensus statement that resulted from an expert workgroup meeting held in 2011 convened by the Health Resources and Services Administration in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association. It contains guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women. The 2026 revised edition includes updates on dental amalgams, aspirin to prevent preeclampsia, and nitrous oxide.

Oral Health in North Dakota: Opportunities and Need to Promote Oral Health Equity

This booklet provides information about oral health needs in North Dakota and opportunities to promote good oral health in the state. It addresses oral health for children, adolescents, adults, pregnant women, adults in long-term care, and indigenous people. It also addresses Medicaid and oral health, oral cancers, cleft lip or palate, water fluoridation, workforce, oral health equity, underserved communities, meeting oral health needs in North Dakota, and burden of oral disease. The booklet was produced by the North Dakota Department of Health and Human Services, North Dakota Oral Health Program.

Oral Health Program Fact Sheet: Pregnancy and Oral Health for Health Care Providers

This fact sheet explains why good oral health during pregnancy is important and lists oral health problems that pregnant women may experience. It offers tips for how health professionals can help their patients achieve or maintain good oral health during pregnancy, including by asking questions, checking the woman's mouth for signs of oral disease, providing referrals to a dentist, and advising patients on what to do after vomiting to promote oral health. Information on the safety of getting oral health care during pregnancy is included. The fact sheet was produced by the Ohio Department of Health, Oral Health Program.


Department of Health

Oral Health Program Fact Sheet

Pregnancy and Oral Health for Health Care Providers

Why is oral health important during pregnancy?

- Oral health should be a routine part of prenatal care. Poor oral health can lead to poor health outcomes for the mother and her baby.
- Up to 75% of women develop gingivitis (inflammation of the gum tissue) during pregnancy due primarily to hormonal changes. Left unchecked, gingivitis can progress to periodontal disease (an infection of the gums and bone surrounding the teeth), which affects up to 40% of all pregnant women.
- Treating periodontal disease during pregnancy is effective in reducing the number of pathogenic bacteria in the mouth and leads to improved overall health.
- Pregnant women may be at higher risk for tooth decay due to changes in eating habits, frequent bouts of morning sickness, and possibly less attention paid to their oral hygiene practices.
- Pregnant women with high levels of decay-causing bacteria can transmit these bacteria to the mouth of their child, predisposing the child to many cavities.

What can you do to help your patient have good oral health during pregnancy?

Ask your patient these three questions:

1. Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
2. When was your last dental visit?
3. Do you need help finding a dentist?

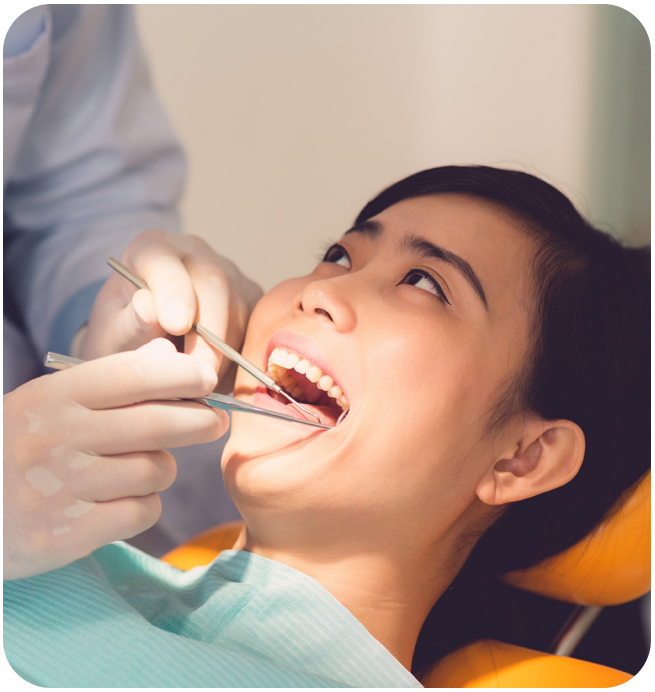
- Provide anticipatory guidance on how to care for the mouth.
- Check the patient's mouth for obvious signs of oral disease (e.g., cavities, infection, bleeding gums).
- Refer to a dentist (using a referral form) and help patients get dental care, particularly those who don't have dental insurance or can't afford to pay for care.
- Brushing after vomiting can cause enamel loss. Instead, advise the patient to rinse with 1 teaspoon of baking soda mixed with 1 cup of water and wait an hour after vomiting to brush.

Is it safe to get dental care during pregnancy?

- Oral health care is safe throughout pregnancy. Delaying treatment can lead to more serious problems.
- Dental X-rays can be safely taken anytime during pregnancy with appropriate shielding.

Oregon Oral Health Surveillance System

This report provides data about oral-health-related issues in Oregon. Topics include adults; pregnant women; children and adolescents from birth through age 17; and children, adolescents, and adults enrolled in Medicaid. Additional topics include incidence of cleft lip and/or cleft palate in newborns, oral and pharyngeal cancer incidence and mortality, the oral health workforce, and the oral health infrastructure. The report was produced by the Oregon Health Authority, Oral Health Program.



Preventive Dental Visit: What Works Evidence Accelerator—Summarizing Effective Strategies for MCH

This brief provides background information and a summary of effective strategies to advance the national performance measures on preventive dental visits for children and adolescents and for pregnant women. The strategies support increasing the percentages of children and adolescents and pregnant women who had a dental visit in the past year. The brief includes an overview of the issues; data; and information on oral health outcomes, disparities in outcomes, children and youth with special health care needs, and partnership and the role of Title V. The brief was produced by the National Center for Education in Maternal and Child Health, Strengthen the Evidence for MCH Programs.

Rocky Mountain Network of Oral Health (RoMoNOH): Data Dictionary

This dictionary specifies elements required for data collection, analysis, and reporting by the community health centers (CHCs) participating in the Rocky Mountain Network of Oral Health (RoMoNOH) project. RoMoNOH focused on primary prevention of dental caries in infants and children from birth to age 40 months and pregnant women who received health care in participating CHCs throughout Arizona, Colorado, Montana, and Wyoming. The dictionary was produced by the Rocky Mountain Network of Oral Health.

Title V National Performance Measure on Preventive Dental Visit: Strategies for Success

This guide provides information to help state Title V maternal and child health programs in their implementation of the national performance measure on preventive dental visit. It also provides sample evidence-based or evidence-informed strategy measures (ESMs), possible data sources for ESMs, and a list of resources. Programs can also use this information to assist in the implementation of oral-health-related state performance measures. The guide was produced by the National Maternal and Child Oral Health Resource Center.

What Happens If the Adult Medicaid Dental Benefit Goes Away?

This brief estimates the fiscal impact of removing Medicaid dental benefits for adults in the District of Columbia and 41 states that offer benefits at the limited or enhanced level. It analyzes medical care costs incurred for emergency department visits, for those with conditions such as diabetes or heart disease, and for pregnant women. The brief also provides a review of previous policy changes to several states' Medicaid dental benefits and examines the impact of these changes. The brief was produced by the American Dental Association, Health Policy Institute.

Journal Articles

Adeleye KK, Chung J. 2025. The impact of maternal gum disease on pregnancy outcomes using PRAMS data. *PLoS One* 20(7):e0325588.

This article describes a retrospective case-control study that estimated the national prevalence of gum disease among pregnant women and examined the association between maternal gum disease during pregnancy and pregnancy outcomes. The study used the Pregnancy Risk Assessment Monitoring (phase 8, 2016–2020) dataset.

Al Jallad N, Manning S, Mao X, Mehta P, Wu T, Cacciato R, Luo J, Li Y, Xiao J. 2025. Identifying patterns in dental visit attendance among pregnant women: A retrospective cohort study. *AJPM Focus* 4(2):100322.

This article describes a study that evaluated oral-health-care-seeking patterns among 311 pregnant women with low incomes and determined whether they attended scheduled dental visits. The analysis used a dataset of 1,111 dental visits from 2019 through 2022 synchronized from dental and medical records, applying a model-based clustering method to identify longitudinal attendance patterns.

Billizon AR, Billizon-Johnson AJ, Matthews E. 2025. Prenatal oral health for black women. *Journal of Racial and Ethnic Health Disparities.* Online ahead of print.

This article describes a study aimed at understanding the perspectives of pregnant black women and practicing dentists and physicians on oral health knowledge, oral health practices, insurance, and dental visits. The article presents their views on why oral diseases affect black women at high rates to understand how to improve oral health care and reduce oral diseases among this population.

Bond JC, Simancas-Pallares MA, Divaris K, Garcia RI, Fox MP, Wise LA, Heaton B. 2025. Preconception oral health is associated with modifiable health behaviors. *Journal of Dental Research* 104(9):936–946.

This article describes a cross-sectional study of 6,159 participants from the Pregnancy Study Online cohort to characterize preconception oral health care engagement to inform future interventions. The study used latent class analysis to identify three behavior subgroups and then examined the relationship between the subgroups and three oral health outcomes: dental visit within the past year, dental cleaning within the past year, and self-rated oral health.

Brame JL, Quinonez RB, Ciszek BP, Weintraub JA. 2025. Implementing a prenatal oral health program for dental students: Lessons learned. *Health Promotion Practice* 26(3):507–519.

This article describes a study that combined quantitative data from fourth-year dental students who participated in the Prenatal Oral Health Program and qualitative data from a student-faculty-staff focus group discussion. Different clinical structures, appropriate leveling in the curriculum, management with a patient-care coordinator, and inclusion of interprofessional learning experiences were compared.

Clark SJ, Byrappagari D, Sailor L. 2025. A pilot program to promote maternal and infant oral health through collaboration between dental and obstetric providers: Impact on dental visits during pregnancy. *Maternal and Child Health Journal*. Online ahead of print.

This article describes a study that assessed the impact of the Michigan Initiative for Maternal and Infant Oral Health (MIMIOH) program, which provided funding to federally qualified health centers (FQHCs) to hire and embed a dental hygienist in the obstetrics clinic. The program goal is to increase the availability of oral health care for pregnant women. Using Medicaid paid

claims, the study reported quarterly trends in dental visits during pregnancy and trends for each MIMIOH program site, and compared results for FQHCs that did and did not participate in the MIMIOH program.

Cloidt M, Shah P, Robles E, Findley M, Laniado N. 2025. Addressing oral health disparities in pregnancy: Oral health risk factors and clinical findings at a safety-net hospital in the Bronx. *Women's Health Reports* 6(1):360–368.

This article describes a study that aimed to determine the prevalence of oral disease risk factors and to examine the association between having a dental visit in the last 12 months and tooth decay among pregnant women with low incomes. The study analyzed results of oral health risk assessments conducted during prenatal care visits for 554 pregnant women in a municipal hospital in the Bronx, New York.

Liang L, Aris IM. 2024. Association between age at first birth and long-term dental caries experience among women in the United States. *Journal of Women's Health (Larchmont)* 33(10):1409–1416.

This article describes a study that used National Health and Nutrition Examination Survey (NHANES) 2011–2018 data to determine whether women's age at first birth (AFB) is associated with their tooth decay experience. The study population included 6,553 nonpregnant women ages 20 or older (mean age 53.4 years) with oral examination data and for whom AFB was known.

McKinney DC, Sikdar S, Naavaal S. 2025. Improving dental hygiene students' knowledge, attitudes, and confidence toward prenatal oral health through experiential learning: A pilot study. *Journal of Dental Hygiene* 99(1):8–16.

This article describes a pilot study that examined dental hygiene students' knowledge, attitudes, and self-perceived confidence related to prenatal care. Specifically, it assessed changes in knowledge after a training and changes in attitudes and confidence after an experiential learning opportunity with a pregnant or postpartum client at a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic. During the learning opportunity, students determined whether the client had a dental home and assessed the client's oral health needs.

Sasaki N, Pang J, Surdu S, Shirey S, Fernando T, Moore J. 2025. Use of oral health services among pregnant women and associations with gestational diabetes and hypertensive disorders of pregnancy: Insights from the 2016–2020 Pregnancy Risk Assessment Monitoring System. *Journal of the American Dental Association* 156(3):185–197.e2.

This article describes a study that examined whether use of preventive oral health care or visits to a dentist or dental clinic for oral health problems during pregnancy is associated with gestational diabetes and hypertensive disorders of pregnancy. Data from the Pregnancy Risk Assessment Monitoring System 2016–2020 were analyzed using descriptive statistics and multivariable logistic regression.

Siddika N, Hettinger K, Margerison CE. 2025. Impact of Medicaid policies on pre-pregnancy preventive dental care. *Maternal and Child Health Journal* 29(2):217–224.

This article describes a study conducted to evaluate the impacts on pre-pregnancy oral health care use of two Medicaid policies. The study examined the impact of state level of Medicaid dental coverage beyond emergency services on pre-pregnancy oral health care use. The study also examined the impact of Medicaid and non-Medicaid expansion on pre-pregnancy oral health care use.

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National Maternal and Child Oral Health Resource Center
Georgetown University
E-mail: OHRCinfo@georgetown.edu

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More than 25 years serving the MCH community