

## Improving Pregnancy-Related Oral Health Coverage Would Bolster Maternal Health, Reduce Health Care Costs

Oral health care is vital to a pregnant woman's health, as well as her child's, but it is often left out of pregnancy-related health coverage. Without access to comprehensive oral health care, millions of women have faced unnecessary, costly pregnancy complications and long-term consequences on their child's well-being. To prevent this, congressional efforts to address America's maternal health crisis should make oral health coverage a guaranteed part of pregnancy-related Medicaid coverage.

### Oral health coverage is essential to both a mother's health and her child's well-being.

- » Without dental coverage, pregnant women are more likely to experience poor oral health. Poor oral health raises a pregnant woman's risk of high blood pressure, which can lead to major complications and even death. It also increases her risk of poor birth outcomes, such as low birth weight or premature birth.<sup>1</sup>
- » Poor oral health can also exacerbate a woman's chronic conditions, like diabetes or hypertension, as well as put her at a higher risk for depression.<sup>2,3</sup>
- » When pregnant women are unable to afford the dental care they need, there are long-lasting consequences on their children's health and well-being. Children are **three times more likely** to have dental disease if their mother was not able to receive dental care during pregnancy.<sup>4</sup> Children who have dental disease are four times more likely to receive poor grades in school.<sup>5</sup>

### Oral health disparities contribute to disparities in maternal health outcomes.

- » Given oral health's connection with maternal health, it is not surprising that the same populations that face the highest rates of maternal mortality and poor birth outcomes also face higher rates of oral disease. For example, African-American women, American Indian/Alaska Native women, low-income women, and women who rely on Medicaid for their health insurance are disproportionately likely to suffer from dental disease during pregnancy. These same groups of women are the least likely to be able to access dental care.<sup>6,7,8</sup>

*Congress should make oral health coverage a guaranteed part of pregnancy-related Medicaid coverage.*

## Despite its importance, pregnancy-related oral health coverage varies by state, leaving oral health care out of reach for millions of women.

- » Currently, oral health coverage for pregnant women is optional for state Medicaid programs. **Only 22 state Medicaid programs** offer comprehensive dental coverage for pregnant women.<sup>i</sup> Other states may cover some oral health services, but that coverage is often limited and insufficient to meet a mother's health needs.<sup>9</sup>

*About 80% of Americans believe Medicaid should include a dental benefit.*

## Making comprehensive oral health coverage a guaranteed part of pregnancy-related Medicaid coverage would be a popular and fiscally wise investment.

- » Adding oral health coverage to Medicaid would be a popular policy. About **80% of Americans** believe Medicaid should include a dental benefit.<sup>10</sup>
- » Oral health coverage would allow pregnant women to get the care they need to keep themselves and their children healthy. Without it, we all pay the price of increased costs to our health care system.
- » These unnecessary health care costs include avoidable dental emergencies. In 2016, **emergency dental visits cost the U.S. health system \$2.4 billion.**<sup>11</sup> Many of these costs could be avoided if pregnant women and others could afford timely, appropriate care in a more effective setting.

<sup>i</sup> Currently, comprehensive oral health coverage is offered as part of pregnancy-related Medicaid coverage in the following states: California, Colorado, Connecticut, Idaho, Illinois, Iowa, Massachusetts, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Utah, Vermont, Virginia, Washington, and Wisconsin.

## Endnotes

- <sup>1</sup> Mark Ide and Panos N. Papapanou, “Epidemiology of Association between Maternal Periodontal Disease and Adverse Pregnancy Outcomes — Systematic Review,” *Journal of Clinical Periodontology* 40, Suppl. 14 (2013): S181–S194, <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jcpe.12063>.
- <sup>2</sup> Children’s Dental Health Project, “Fact Sheet: The Oral Health of Pregnant Women,” [https://s3.amazonaws.com/cdhp/Perinatal+Fact+Sheet\\_12-3-15.pdf](https://s3.amazonaws.com/cdhp/Perinatal+Fact+Sheet_12-3-15.pdf).
- <sup>3</sup> Dorota T. Kopycka-Kedzierawski et al., “Association of Periodontal Disease with Depression and Adverse Birth Outcomes: Results from the Perinatal Database; Finger Lakes Region, New York State,” *PLOS ONE* 14, no. 4 (April 18, 2019): e0215440, <https://doi.org/10.1371/journal.pone.0215440>.
- <sup>4</sup> Bruce A. Dye et al., “Assessing the Relationship Between Children’s Oral Health Status and That of Their Mothers,” *The Journal of the American Dental Association* 142, no. 2 (February 2011): 173–183, <https://doi.org/10.14219/jada.archive.2011.0061>.
- <sup>5</sup> Hazem Seirawan, Sharon Faust, & Roseann Mulligan, “The Impact of Oral Health on the Academic Performance of Disadvantaged Children,” *American Journal of Public Health* 102, no. 9 (September 2012): 1729–1734, <https://doi.org/10.2105/ajph.2011.300478>.
- <sup>6</sup> Kathy R. Phipps and Timothy L. Ricks, *The Oral Health of American Indian and Alaska Native Adult Dental Patients: Results of the 2015 IHN Oral Health Survey* (Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service, March 2016), [https://www.ihs.gov/doh/documents/IHS\\_Data\\_Brief\\_March\\_2016\\_Oral\\_Health%20Survey\\_35\\_plus.pdf](https://www.ihs.gov/doh/documents/IHS_Data_Brief_March_2016_Oral_Health%20Survey_35_plus.pdf).
- <sup>7</sup> Alaska Department of Health and Social Services, “Oral Health Care among Pregnant Women and Women in Alaska,” March 2005, [http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/pubs/facts/fs2005na\\_v1\\_02.pdf](http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/pubs/facts/fs2005na_v1_02.pdf).
- <sup>8</sup> The American College of Obstetricians and Gynecologists, “Oral Health Care during Pregnancy and through the Lifespan,” Committee Opinion No. 569, August 2013, <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co569.pdf?dmc=1&ts=20200304T2056140798>.
- <sup>9</sup> C. Eke et al., “Coverage Brief: Improving Access to Oral Health Care in Pregnancy,” Children’s Dental Health Project, November 26, 2019, <https://www.cdhp.org/resources/384-coverage-brief-improving-access-to-oral-health-care-in-pregnancy>.
- <sup>10</sup> DentaQuest, *Reversible Decay: Oral Health Is a Public Health Problem We Can Solve* (Boston, MA: DentaQuest, 2019), <http://www.dentaquest.com/pdfs/reports/reversible-decay.pdf>.
- <sup>11</sup> American Dental Association Health Policy Institute’s analysis of 2016 Nationwide Emergency Department Sample data, 2018, available from the American Dental Association upon request.

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