



February 2017

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a population-based risk factor surveillance system jointly sponsored by the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). The purpose of PRAMS is to find out why some babies are both healthy and others are not. To do this, PRAMS asks a sample of Wyoming women who had a live birth infant in the past two to six months, questions about their experience and behaviors before, during, and shortly after pregnancy.

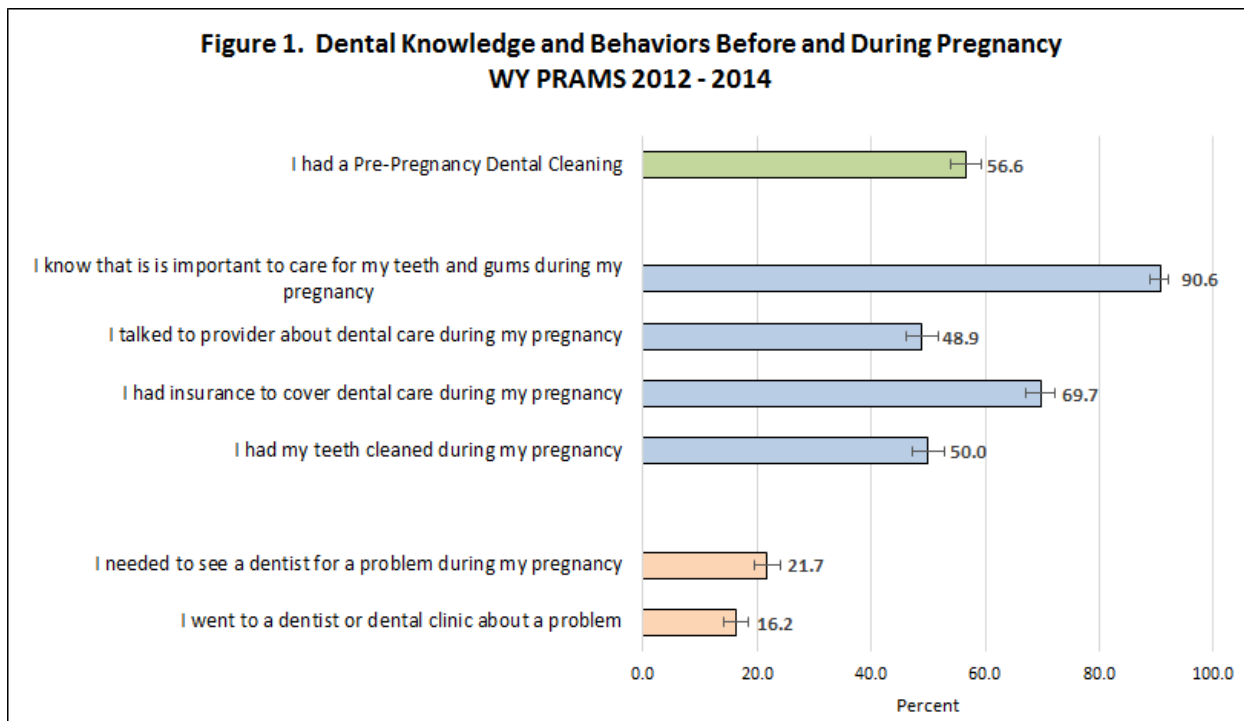
PRAMS Mission: To promote the collection, analysis, and dissemination of population-based data of high scientific quality and to support the use of data to develop policies and programs in order to decrease maternal and infant morbidity and mortality.

Visit our WY PRAMS website for more information:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/data/>

Wyoming PRAMS: Dental Health Prior To and During Pregnancy

An examination of 2012-2014 PRAMS data revealed that over half (56.6%) of women surveyed reported that they had a pre-pregnancy dental cleaning by a dentist or dental hygienist (Figure 1). Wyoming's total for this measure is slightly lower when compared to other PRAMS states, where 58.7% (2013) of women reported receiving these services during the preconceptional period.



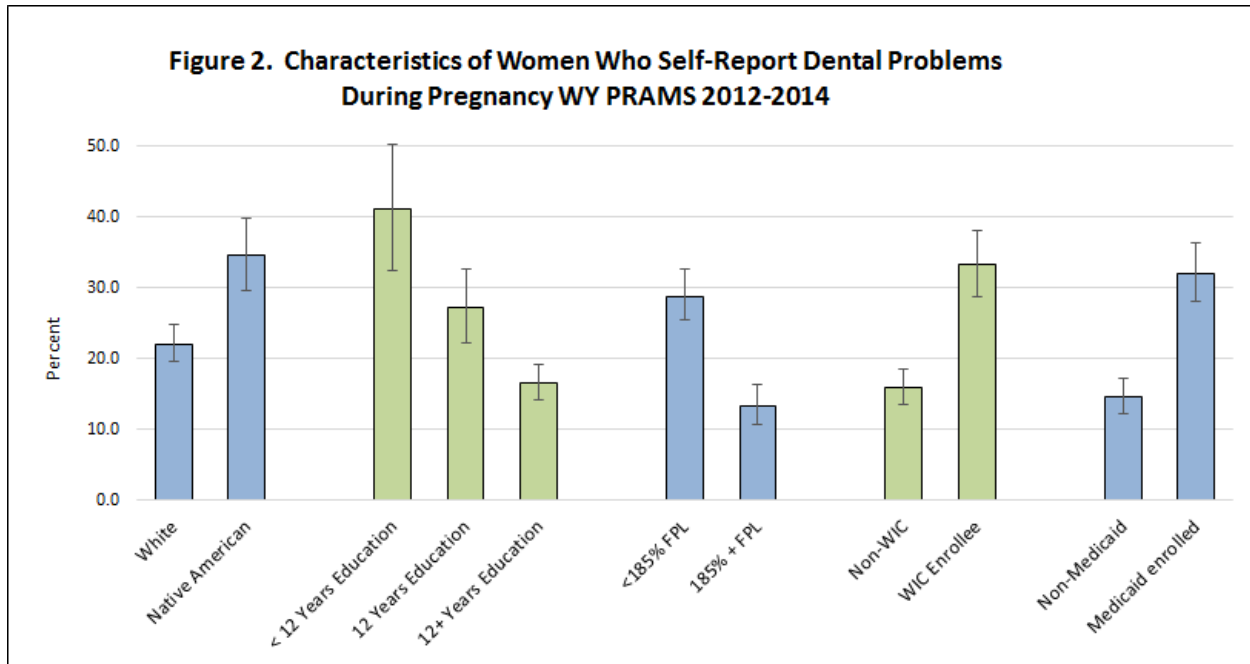
General knowledge of the importance of good dental hygiene during pregnancy was high in Wyoming (90.6%) although less than half (48.9%) of women reported that their health providers discussed dental health with them during their prenatal visits. Fifty percent (50.0%) of women reported that they had their teeth cleaned during their pregnancy and 69.7% of women said that they had insurance to cover dental care (Figure 1). On a national level in 2013, data from other PRAMS states reported that 51.4% of women said they had a dental cleaning during pregnancy but a slightly greater proportion (74.0%) had insurance to cover these services.

In Wyoming, 21.7% of women said that they needed to see a dentist for a problem during their pregnancy while 16.2% actually went to a dentist or dental clinic to address a dental problem. Understanding more about the women who experience dental problems, as well as those who access or do not access dental services, was the next step in our analysis.

Dental Health Problems During Pregnancy and Dental Care Utilization

Women's socioeconomic status (SES) was associated with reported dental problems during pregnancy; women with lower SES were more likely to report dental problems compared with

women of higher SES. Maternal race and years of education were also statistically significantly associated with dental health problems during pregnancy (Figure 2). Maternal age and ethnicity revealed no statistically significant differences.



Unlike differences in the rate of reported dental problems, no statistical differences were observed in *treatment* of the dental problem by race, education, or Medicaid status, among those who reported a problem. Thus, PRAMS data revealed that Native American and White women were equally likely to seek care, and Medicaid enrollees accessed dental services as often as those not enrolled in Medicaid. However, when private insurance status was examined, important differences were discovered.

Women who reported private health insurance from their job or a partner’s job were more likely to access services (72.8%) as compared to those without private insurance (60.9%). Those in poverty were less likely to access services (60.0%) as compared to women who were not in poverty (77.8%). While the majority of women living in poverty are enrolled in the Wyoming Medicaid program, not all of those who may qualify for services have enrolled. This study revealed that 22.5% of women who reported income at <185% of poverty, and who reported a dental problem, were not enrolled in Medicaid.

Dental Health Services and Resources

Wyoming’s HealthWorks (<https://www.wyhealthworks.org/>) provides acute and preventative dental services to eligible uninsured, insured, and Medicaid-insured adults in the Cheyenne area. Responding to the need for care in Central Wyoming, the Community Health Center of Central

Wyoming (<http://www.chccw.org/>) provides a myriad of dental services including preventive, general restorative, and acute care.

Nationally, in 2013, the American College of Obstetricians and Gynecologists (ACOG) provided a committee opinion¹ entitled “*Oral Health Care During Pregnancy and Through the LifeSpan*” which was reaffirmed in 2015.

In 2012, the National Maternal and Child Oral Health Resource Center published the *Oral Health Care During Pregnancy: A National Consensus Statement*², a comprehensive document that provides guidance for both prenatal and oral health care professionals. Also included are pharmacological considerations for pregnant women and materials for health professionals to share with pregnant women.

Both documents are attached to this email and are available using the links below.

Our goals with WY PRAMS continue to be to:

1. To work with YOU to disseminate data from WY PRAMS
2. To inform WY stakeholders, programs, and policies.
3. To conduct and present analyses of WY PRAMS data pertaining to priorities of stakeholders and programs across the state.

If you would like more information please contact the WY PRAMS Project (wdh-wyprams@wyo.gov)

To Subscribe to the WY PRAMS Listserv: Please encourage anyone you feel would be interested in participating in PRAMS activities to subscribe to the Wyoming PRAMS Listserv. To subscribe, send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "subscribe wyoprms", and in the body of the email, please provide your first and last name.

To unsubscribe send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "unsubscribe wyoprms", and in the body of the email please provide your first name and last name.

¹ Oral Health Care During Pregnancy and Through the Lifespan. (2013). The American College of Obstetricians and Gynecologists. Committee Opinion No. 569. Accessed 02/24/2017 at <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Oral-Health-Care-During-Pregnancy-and-Through-the-Lifespan>

² Oral Health Care During Pregnancy Expert Workgroups. (2012). Oral Health Care During Pregnancy: A National Consensus Statement. Washington, DC: National Maternal and Child Oral Health Resource Center. Accessed 02/24/2017 at <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>