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Title

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<https://escholarship.org/uc/item/4h5484wt>

Journal

UCLA Center for the Study of Women Policy Briefs, 1(14)

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Publication Date

2013-11-06

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Policy Brief 14

RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES

INCLUDING PREVENTIVE DENTAL SERVICES IN MATERNAL AND NEWBORN CARE WILL IMPROVE HEALTH OUTCOMES

BY KATSUME STONEHAM



Including preventive dental care as a covered service during the antenatal and postpartum period will, ultimately, improve birth outcomes, childhood health, and maternal health at a decrease in net health dollars spent.

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INCLUDING PREVENTIVE DENTAL SERVICES IN MATERNAL AND NEWBORN CARE WILL IMPROVE HEALTH OUTCOMES

The Affordable Care Act outlines several categories of health services that must be covered by insurers as “essential health benefits” including maternity and newborn care. Despite the established connection between poor maternal oral health and preterm birth, there is no requirement for dental services to be included as part of this category within the state insurance exchange.

OF THE 510,198 BABIES BORN IN California in 2010,¹ nearly 10% and more than 50,000 of these babies were born preterm.² As with many health issues, race/ethnicities are disproportionately impacted: 14% of non-Hispanic Black babies were born preterm, 10% of Hispanic babies were born preterm, and 9% of non-Hispanic White babies were born preterm.³

Preterm or premature birth is delivery before 37 weeks of gestation (the normal period is generally considered to be 40 weeks). More babies die from preterm-related problems than from any other single cause. Babies that are born preterm or very preterm can immediately require intensive care, which can cost hundreds of thousands of dollars. The long-term consequences are no less serious: breathing and respiratory problems, cerebral palsy, visual problems, hearing loss, feeding and digestive problems, and intellectual disabilities.⁴ All of these conditions are an additional burden on the family and the health care system.

The many known risk factors for preterm birth include carrying more than one baby, uterine or cervical problems, chronic health problems in the mother, and such infections as gum disease and, its more advanced result, periodontal disease. Some of these risk factors can be easily and effectively treated during pregnancy.⁵

Highly prevalent in women over 18 years of age, gum disease disproportionately affects non-Hispanic Blacks and Hispanics as well as those of lower socio-economic status. Because of the biochemical and hormonal changes during pregnancy, pregnant women are particularly susceptible to gum and periodontal disease. This increased susceptibility means that gum and periodontal diseases must be included in the discussion on antenatal and post-partum healthcare.⁶

Additional associated risks include low birth weight babies, pre-eclampsia, ulcerations of the gingival tissue, pregnancy granuloma and tooth erosion for mother and child.⁷ To avoid such risks, preventive dental services are essential. Gum disease, according to a 2001 study, is as



Created under the Federal Patient Protection and Affordable Care Act, Covered California is the online marketplace where residents of California can view coverage options. "CoveredCA.com" is the website address.

great a risk factor for low birth-weight babies as smoking or alcohol use.⁸ These diseases are highly treatable, particularly when caught early in pregnancy and have been shown to effectively reduce the risk of having preterm and low birth-weight babies.⁹ As such, preventive benefits for pregnant and post-partum women including exams, cleanings, and other basic dental benefits to address oral health conditions are currently included in the MediCal coverage for pregnant and postpartum women whose income is under 200% of the Federal Poverty Level (FPL).¹⁰ In 2009, when most adult dental care was removed from MediCal, preventive care during pregnancy remained.¹¹

CRITIQUE

The Affordable Care Act outlines several categories of health services that must be covered by insurers as “essential health benefits” including maternity and newborn care. Despite the established connection between poor maternal oral health and preterm birth, there is no requirement for dental services to be included within the state insurance exchange. For women above the 200% FPL or those who do not qualify for MediCal, medical and dental services (for adults) are not offered on the same plan if dental services are offered at all. For example, only about one-third of the time is a medical and dental product offered by the same carrier.¹² Purchasers within the Exchange then have to purchase dental insurance as a supplemental plan or as an independent plan. As of 2007, however, only 5% of Californians had privately purchased individual dental insurance and nearly 40% had no dental coverage at all.¹³

RECOMMENDATION

Preventive dental care should be included as an “essential health benefit” in the maternal and newborn care category within the California Health Exchange. This benefit should, like other essential health benefits, not require the purchase of a supplemental or independent plan—an extra step that could mean that women forgo the preventive treatment entirely.¹⁴ Including preventive dental care as a covered service during the antenatal and postpartum period will, ultimately, improve birth outcomes, childhood health, and maternal health at a decrease in net health dollars spent.

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PHOTO CREDITS: Page 1: newborn, Steve Lovegrove, Shutterstock.com; dental office, bikeriderlondon, Shutterstock.com

NOTES

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