

Fact Sheet



Coverage brief: Improving access to oral health care in pregnancy

Oral health is essential to a woman's overall health, including the health of her pregnancy. When women have good oral health, it benefits the entire family. Yet, current policy gaps block many women from accessing needed dental services during pregnancy. The dental coverage landscape for low-wage pregnant women and adults of child-bearing age is a confusing patchwork. Nearly half of all births in the United States are covered by Medicaid. States are required to provide comprehensive oral health care to children in Medicaid and the Children's Health Insurance Program (CHIP). But dental benefits for adults, including pregnant women, are optional. As a result, coverage options and rules vary widely from state to state, pushing even basic dental care out of reach of many pregnant women.

In pregnancy and after birth, a mother's oral health has far-reaching impacts:

- **Good oral health may reduce pregnancy complications:** Evidence suggests that women with gum disease may be at greater risk for serious health conditions like pre-eclampsia, giving birth too soon, or having low birth-weight babies.ⁱ Recent research suggests that gum disease may also be a pathway through which depression impacts a pregnancy.ⁱⁱ
- **When mom has good oral health, children are better able to grow up healthy, setting them up to succeed:** Children are three times more likely to develop dental disease if their mother is unable to get needed dental care in pregnancy.ⁱⁱⁱ A toothache can limit a child's ability to eat, sleep, play, and learn. Children suffering from tooth decay are four times more likely to earn lower grades in school.^{iv}
- **Supporting pregnant women's and parents' good oral health boosts family financial security:** Women with good oral health earn 4.5% more than their peers.^v This increase makes a real difference for families, especially in households where mothers are the sole or primary breadwinner. As six in 10 low-wage adults lacking dental coverage report their oral health impedes job prospects, helping parents and other adults address their dental needs can boost employment and family incomes.^{vi}

Pregnancy presents a particularly opportune time for oral health care, with long-term benefits for both mother and child. Experts in medicine and dentistry agree on the importance of oral health care in pregnancy. A federally-facilitated panel produced a National Consensus Statement on the issue in 2012.^{vii} In 2013, the American College of Obstetricians and Gynecologists affirmed, "ample evidence shows that oral health care during pregnancy is safe and should be recommended to improve the oral and general health of the woman."^{viii}

However, pregnant women's access to care remains inconsistent due to barriers including:

- Inadequate coverage or coverage that ends too soon after birth;
- Inability to find a dental provider willing to treat pregnant women;
- Lack of knowledge of the safety and importance of getting necessary dental care in pregnancy.

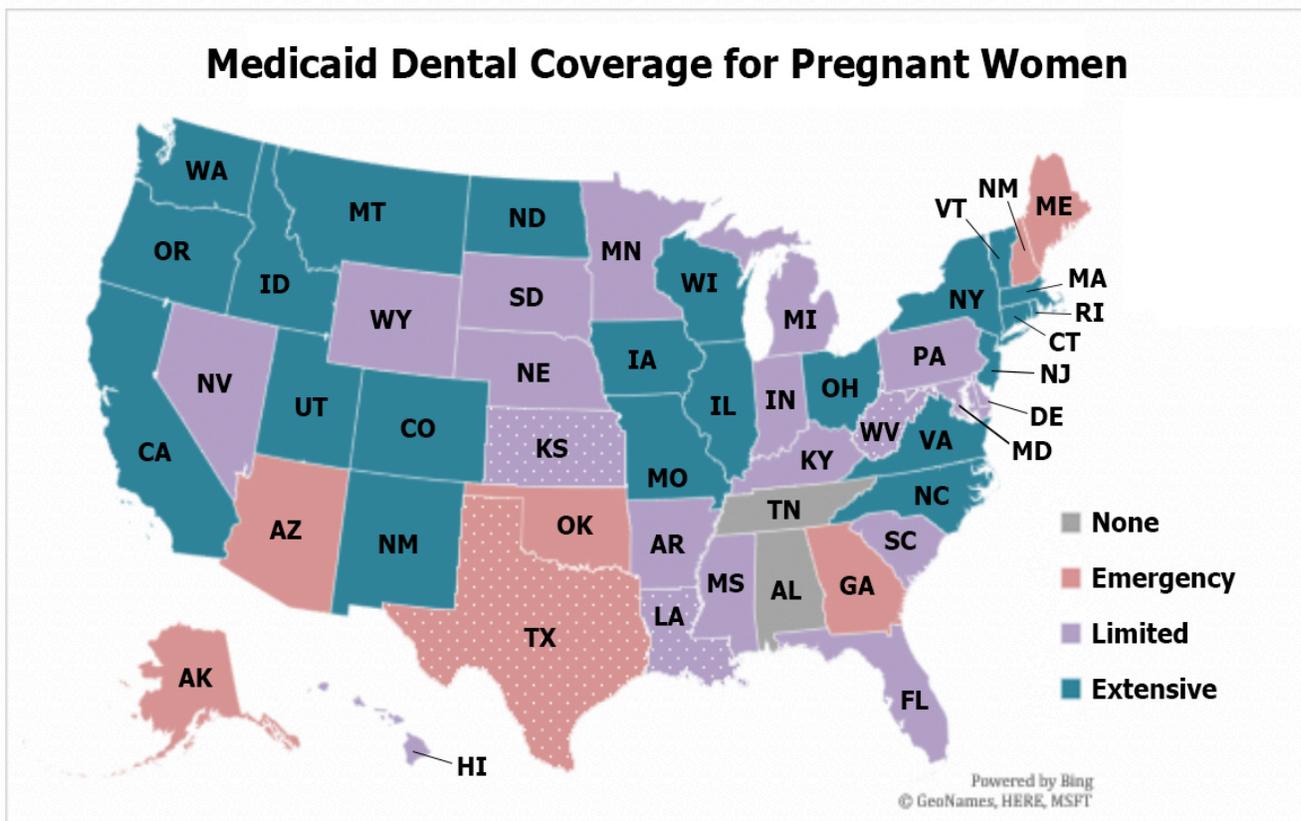
Dental Coverage for Pregnant Women in State Medicaid Programs

It is common for state Medicaid programs to offer more comprehensive health coverage to pregnant women, than to other adults, to ensure a mother's safety and viability of her pregnancy. The income eligibility limit for pregnancy-related services must be at least 138% of the federal poverty level (FPL) — \$16,753 for an individual in 2019. States can set higher eligibility limits, with some over 300% FPL.^{ix} Still, there is no federal requirement that Medicaid cover oral health care as part of pregnancy-related benefits. Further, there is no national standard for the duration of these optional benefits.

A Closer Look at Available Data

Data on the Medicaid dental coverage available to pregnant women in each state (as of September 2019) was collected through a review of state plan documents, state program websites, and interviews with state Medicaid officials. These dental benefits fall into three categories¹:

- **Emergency:** Covers only extractions and treatment necessary to relieve pain and eliminate infection;
- **Limited:** Covers basic preventive, diagnostic, and restorative services such as routine cleanings, fillings, and extractions and may have dollar limits on coverage up to \$1,000.
- **Extensive:** Covers most categories of routine and specialty dentistry and may have dollar limits above \$1,000.



Notes: Dental benefits available to Kansas, Texas, and West Virginia are provided as value-add benefits by one or more managed care organizations; the covered services are not dictated by state policy and may vary by plan.

¹ Dental benefits framework adapted from: Center for Health Care Strategies.

Range of Dental Benefits

Some form of dental coverage is available to pregnant women in 48 states and the District of Columbia. Only two states, Tennessee and Alabama, do not offer any dental coverage to pregnant women over the age of 21. However, the range and mix of services vary considerably from state to state, with only 22 states offering extensive dental benefits.

Duration of Benefits

While no federal standard exists for the duration of pregnancy-related dental benefits, 40 states extend this coverage to 60 days post-partum alongside other pregnancy-related services. Idaho extends pregnancy-related benefits, including dental, to 90 days post-partum and 9 states (Georgia, Illinois, Maryland, Montana, Nevada, North Carolina, Ohio, Pennsylvania, and South Carolina) currently terminate pregnancy-related dental benefits immediately after a woman gives birth, according to state officials.



Policy Recommendations

- Pregnancy-related coverage in Medicaid should include comprehensive oral health benefits. States have the option to cover these services but members of Congress have also introduced legislation to require oral health care as a mandatory component of pregnancy-related coverage in both Medicaid and CHIP.
- Ideally, coverage should extend through at least one year post-partum to maximize the window of opportunity for both mother and child to access key oral health services. However, at a minimum, the duration of pregnancy-related dental benefits should be the same as coverage for other pregnancy-related services that must be offered up to 60 days post-partum.
- State Medicaid agencies should make efforts to educate medical and dental providers on the importance of oral health care during pregnancy while also establishing mechanisms to close referral loops. The American Academy of Pediatrics' "Protecting Tiny Teeth" toolkit is one that includes several resources aimed at improving provider competency and coordination.

Acknowledgments:

This brief was developed by the Children's Dental Health Project in partnership with the University of North Carolina Adams School of Dentistry.

Suggested citation: Eke, C., Mask, A., Reusch, C., Vishnevsky, D., Quinonez, R.B. (2019) Data brief: Improving oral health coverage in pregnancy in the U.S. Children's Dental Health Project.

-
- ⁱ Ide, M. & Papapanou, P.N. (2013). Epidemiology of association between maternal periodontal disease and adverse pregnancy outcomes – systematic review. *Journal of Clinical Periodontology*. Retrieved from <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jcpe.12063>
- ⁱⁱ Kopycka-Kedzierawski, D. T., Li, D., Xiao, J., Billings, R. J., & Dye, T. D. (2019). Association of periodontal disease with depression and adverse birth outcomes: Results from the Perinatal database; Finger Lakes region, New York State. *PLoS one*, 14(4). doi:10.1371/journal.pone.0215440.
- ⁱⁱⁱ Dye, B. A., Vargas, C. M., Lee, J. J., Magder, L., & Tinanoff, N. (2011). Assessing the Relationship Between Children’s Oral Health Status and That of Their Mothers. *The Journal of the American Dental Association*, 142(2), 173–183. Doi: 10.14219/jada.archive.2011.0061.
- ^{iv} Seirawan, H., Faust, S., & Mulligan, R. (2012). The Impact of Oral Health on the Academic Performance of Disadvantaged Children. *American Journal of Public Health*, 102(9), 1729–1734. Doi: 10.2105/ajph.2011.300478
- ^v Glied, S., & Neidell, M. (2010). The Economic Value of Teeth. *The Journal of Human Resources*. 45(2), 468-496. doi: 10.3368/jhr.45.2.468.
- ^{vi} American Dental Association Health Policy Institute. (2018). Oral health and well-being among Medicaid adults by type of Medicaid dental benefit. Retrieved from: https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0518_1.pdf?la=en.
- ^{vii} Oral Health Care during Pregnancy Expert Workgroup. (2012). Oral Health Care during Pregnancy: A National Consensus Statement. Retrieved from: <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>.
- ^{viii} American College of Obstetricians and Gynecologists. (2013, August). Oral Health Care during Pregnancy and Through the Lifespan [Committee Opinion, No. 569, reaffirmed in 2017]. Retrieved from https://www.acog.org/Clinical-Guidance-andPublications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Oral_Health_Care_During_Pregnancy_and-Through-the-Lifespan.
- ^{ix} Kaiser Family Foundation (2019, January). “Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level.” Retrieved from: <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/>.