



Consortium for Oral Health Systems
Integration and Improvement
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Integrating Oral Health Care and Primary Care Learning Collaborative A State and Local Partnership

Oral Health Risk Assessment Questions to Ask Pregnant Women

Overview

This document presents findings from a review of 15 sources that include oral health risk assessment questions to ask pregnant women. The questions are organized by seven themes listed below.

- Dental concerns/pain
- Diet/nutrition
- Pregnancy symptoms
- Health behaviors
- Fluoride
- Last dental visit/dental home
- Concerns about getting oral health care

The themes are ordered in the document according to how frequently the theme is included in the sources (e.g., the theme “dental concerns/pain” is present in all 15 sources, so it appears first). The questions included within each theme are also ordered in the document according to how frequently the question is included in the source (e.g., the question “do you have swollen or bleeding gums...” is included in 5 of the 15 sources, so it appears first under the “dental concerns/pain” theme).

The sources and their corresponding oral health risk assessment questions are listed at the end of the document. Response choices and follow-up prompts to questions are also listed when available. By reviewing questions used in existing sources, health professionals can develop oral health risk assessment questions to ask pregnant women.

Note: Some states have oral health care during pregnancy guidance documents that include oral health risk assessment questions to ask pregnant women. These documents can be found here: www.mchoralhealth.org/highlights/pregnancy-guidelines.php

Themes, Sources, and Questions Related to Themes

Total Number of Sources: 15 (not including state guidance). See page 5.

Dental Concerns/Pain

All 15 sources include one question that addresses dental concerns/pain. **Two sources** include two questions that address dental concerns/pain. **One source** includes four questions that address dental concerns/pain.

Questions include:

- Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth? (Five sources include this question.)
- Do you have any mouth/tooth pain today? (Three sources include this question.)
- Does anything hurt? (Two sources include this question)
- Circle all that apply: jaw clicking or popping; chronic bad breath; vomiting/frequent nausea; periodontal (gum) disease; sensitivity to sweets or hot/cold; loose, broken, or decayed teeth; sores, lesions, or bumps in mouth; bleeding gums; food collection between teeth; sensitivity upon biting; grinding teeth; dry mouth. (One source includes this question.)
- Do you have any dental problems or concerns? (One source includes this question.)
- Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, broken teeth, toothache, or any other problems in your mouth? (One source includes this question.)
- Are you experiencing any pain, bleeding or hot/cold sensitivity in your teeth or gums today? (One source includes this question.)
- Do you have any oral health issues currently? (One source includes this question.)
- Are you having any of the following problems: oral pain, bleeding gums, problems chewing, or other dental problems? (One source includes this question.)
- Are you experiencing any pain in your teeth, mouth, or gums? (One source includes this question.)
- Are you experiencing any bleeding of your gums while brushing or any ulcers or bumps on your gums? (One source includes this question.)
- Are you experiencing any hot or cold sensitivity in your teeth or gums? (One source includes uses this question.)
- Do you experience any difficulty eating? One source includes this question.)

Last Dental Visit/Dental Home

Fourteen sources include at least one question that addresses the patient's last dental visit and/or if they have a dental home, **six sources** include two questions that address the patient's last dental visit and/or if they have a dental home, and **two sources** include three questions that address the patient's last dental visit and/or if they have a dental home.

Questions include:

- When was your last dental visit? (Six sources include this question.)
- Do you currently have a dentist? (Five sources include this question.)

- If no, would you like to be referred out to the clinic's oral health team? (Two sources include this question.)
- Have you had your teeth cleaned in the past 12 months? (Four sources include this question.)
- Do you have a dental home (regular dentist)? (Three sources include this question.)
- Do you need help finding a dentist? (Two sources include this question.)
- How often do you visit a dental professional? (One source includes this question.)
- Have you seen a dentist in the last year? (One source includes this question.)
- When was your last dental cleaning? (One source includes this question.)

Fluoride

Ten sources include at least one question that addresses fluoride. **Three sources** include two questions that address fluoride.

Questions include:

- Do you drink water from the tap/faucet? (Four sources include this question.)
- Do you brush your teeth with fluoride toothpaste? (Four sources include this question.)
- Select fluoride exposure source: drinking tap water, toothpaste, professional applications, supplements. (Three sources include this question.)
- How often do you brush your teeth? (Two sources include this question.)
- Do you use fluoridated toothpaste and mouth rinse? (One source includes this question.)
- Do you drink water from: __ city tap water __ well water __ bottled water? (One source includes this question.)

Diet/Nutrition

Eight sources include at least one question that addresses diet and nutrition. **Two sources** include two questions that address diet and nutrition.

Questions include:

- Do you have sugary foods or drinks between meals (including juice, soda, energy drinks)? (Six sources include this question.)
- List number and type of high-sugar drinks per day. (One source includes this question.)
- Snacks between meals? (One source includes this question.)
- How do you satisfy your pregnancy cravings? (One source includes this question.)
- What do you usually drink during the day? (One source includes this question.)

Health Behaviors

Five sources include at least one question that addresses health behaviors. **Three sources** include two questions that address health behaviors. **One source** includes three questions that address health behaviors.

Questions include:

- How often do you floss? (Two sources include this question.)
- How often do you brush and floss your teeth? (Two sources include this question.)
- Current smoker? yes/no (Two sources include this question.)
- Do you smoke or use any tobacco products? (One source includes this question.)
- How often do you brush? (One source includes this question.)
- Flosses daily? (One source includes this question.)

Pregnancy Symptoms

Four sources include one question that addresses pregnancy symptoms.

Questions include:

- Since becoming pregnant, have you had morning sickness (vomiting)? How often? (Two sources include this question.)
- What do you do after you experience morning sickness? (Two source include this question.)

Concerns About Getting Oral Health Care

Four sources include one question that addresses concerns about getting oral health care.

Questions include:

- Do you have any questions or concerns about getting oral health care while you are pregnant? (Three sources include this question.)
- Do you have any questions or concerns about getting oral health care while you are pregnant or after your baby is born? (One source includes this question.)

Additional Questions

The following questions do not fit into the themes.

Questions include:

- After your baby is born, how can you help protect your baby's teeth from decay? (One source includes this question.)
- Have you had any dental work (e.g., fillings, extractions, root canals) done in the past 12 months? (One source includes this question.)
- Do you have dental insurance? (One source includes this question.)

Sources

American Academy of Pediatrics. 2022. *Protect Tiny Teeth Implementation Project: A Prenatal Oral Health Medical-Dental Integration Quality Improvement Project—Overview and Results*. Itasca, IL: American Academy of Pediatrics.

https://downloads.aap.org/AAP/PDF/TinyTeeth_Overview_Final.pdf

Questions from Prenatal Oral Health Information Form (Note: Each question has three answers to stratify low, medium, and high risk.)

- How often do you visit a dental professional?
- How often do you brush your teeth?
- How do you satisfy your pregnancy cravings?
- What do you usually drink during the day?
- How often do you floss?
- Do you smoke or use any tobacco products?
- What do you do after you experience morning sickness?
- Are you experiencing any pain, bleeding or hot/cold sensitivity in your teeth or gums today?
- Have you had any dental work (e.g., fillings, extractions, root canals) done in the past 12 months?
- Do you have dental insurance?

American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women. 2013. *Oral Health Care During Pregnancy and Through the Lifespan*. Washington, DC: American College of Obstetricians and Gynecologists.

www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan

- Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?
- When was your last dental visit?
- Do you need help finding a dentist?

Battani K, Holt K. 2021. *The Partnership for Integrating Oral Health Care into Primary Care Project 2019-2021: Final Report*. Washington, DC: National Maternal and Child Oral Health Resource Center. www.mchoralhealth.org/PDFs/piohcpc-final-report-2021.pdf

Questions from Georgia and Maryland project teams

- Have you had your teeth cleaned in the past 12 months?
- Do you currently have a dentist? If yes, list dentist:
- Do you have any dental problems or concerns? Does anything hurt? Explain:

- Do you have sugary foods or drinks between meals (including juice, soda, energy drinks)?
- Do you brush your teeth with fluoride toothpaste?
- Do you drink water from the tap/faucet?

Questions from Illinois project team

- Dental home? (yes/no/unknown)
- Last dental visit?
- Dental pain? (yes/no). If yes, immediate referral.
- Fluoride exposure (e.g., tap water, toothpaste, professional applications, supplements)? (yes/no/unknown)
- Sugary foods or drinks between meals (e.g., juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)? (yes/no)
- Flosses daily? (yes/no)
- Current smoker? (yes/no)

Casamassimo P, Holt K, eds. 2016. *Bright Futures: Oral Health—Pocket Guide* (3rd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.
www.mchoralhealth.org/pocket/index.php

- How often do you brush and floss your teeth?
- Do you use fluoridated toothpaste and mouthrinse?
- Have you had any problems with your gums or teeth? For example, swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth?
- Do you have any questions or concerns about getting oral health care while you are pregnant or after your baby is born?
- Since becoming pregnant, have you had morning sickness (vomiting)? How often?
- After your baby is born, how can you help protect your baby's teeth from decay?

Clark M, ed. 2017–2019. *Smiles for Life: A National Oral Health Curriculum* (4th ed.). Leawood, KS: Society of Teachers of Family Medicine. <https://smilesforlifeoralhealth.org>

- Do you have any oral health issues currently?
 - If yes, make urgent referral.
- When was the last time you saw a dentist?
 - If greater than 6 months, make routine referral.
 - If less than 6 months, advise to see dentist at 6 months.

Colorado Department of Public Health and Environment. 2010–. *Cavity Free at Three: Provider Resources*. Denver, CO: Colorado Department of Public Health and Environment.
<http://www.cavityfreeatthree.org/resources>

- When was your last dental visit?
- Do you have a dental home (regular dentist)?
- Do you have any current mouth/tooth pain today?

George A, Dahlen HG, Blinkhorn A, Ajwani S, Bhole S, Ellis S, Yeo A, Elcombe E, Sadozai A, Johnson M. 2016. Measuring oral health during pregnancy: Sensitivity and specificity of a maternal oral screening (MOS) tool. *BMC Pregnancy and Childbirth* 16(1):347.

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1140-4>

- Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, broken teeth, toothache, or any other problems in your mouth? (yes/no)
 - If yes, visual inspection of oral cavity. (option to confirm question 1)
- Have you seen a dentist in the last 12 months? (yes/no)

National Maternal and Child Oral Health Resource Center. 2022. *Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership Project* [web page]. www.mchoralhealth.org/cohsii/integration-lc.php

Questions from Georgia project team

- Have you had your teeth cleaned in the past 12 months?
- Do you currently have a dentist? If yes, list dentist:
- Do you have any dental problems or concerns? Does anything hurt? Explain:
- Do you have sugary foods or drinks between meals (including juice, soda, energy drinks)?
- Do you brush your teeth with fluoride toothpaste?
- Do you drink water from the tap/faucet?

Questions from Illinois project team

- Do you have a dental home?
- Have you seen a dentist in the last year?
- Are you having any of the following problems: oral pain, bleeding gums, problems chewing, or other dental problems?
- Do you have sugary foods or drinks between your meals?
- Do you brush your teeth with a fluoride toothpaste?

Questions from Maryland project team

- Do you currently have a dentist? __ yes __ no. Explain:
- When was your last dental cleaning?

- How often do you brush your teeth? __ once or twice a day __ a couple of times a week __ not very often. Explain:
- How often do you floss? __ at least once a day __ every few days or at least once a week __ not very often or never. Explain:
- Are you experiencing any pain in your teeth, mouth or gums? __ no __ yes __ rate 1–10. Explain:
- Are you experiencing any bleeding of your gums while brushing or any ulcers or bumps on your gums? yes __ no __. Explain:
- Are you experiencing any hot or cold sensitivity in your teeth or gums? yes __ no __ yes hot __ yes cold __. Explain:
- What do you do after experiencing morning sickness? __ rinse my mouth out with a baking soda and water solution __ brush my teeth and/or rinse with just water __ nothing __ I don't have morning sickness. Explain:
- Do you drink water from: __ city tap water __ well water __ bottled water? Explain:
- Do you have dental insurance? yes __ no __ I don't know __. Explain:
- Do you experience any difficulty eating? yes __ no __. Explain:

Questions from Rhode Island project team

- Do you currently have a dentist? (yes/no) If yes, list dentist:
- If not, would you like to be referred out to Comprehensive Community Action Plan's oral health team? (yes/no)
- Have you had your teeth cleaned in the past 12 months? (yes/no). If so, when?
- Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth? (yes/no)
- Do you have any mouth pain? (yes/no). Explain:
- Do you have sugary foods or drinks between meals (including juice, soda, energy drinks)?
- Do you brush your teeth with fluoride toothpaste?
- Do you drink water from the tap/faucet?
- Do you have questions or concerns about getting oral health care while you are pregnant? (yes/no). Explain:

Questions from Texas project team

- Have you had your teeth cleaned in the past 12 months? (yes/no, if so when?)
- Do you currently have a dentist? (yes/no). If so list dentist:
- If not, would you like to be referred out to Community Health Network' oral health team? (yes/no)
- Do you have swollen or bleeding gums, a toothache (pain), problems eating or chewing food, or other problems in your mouth? (yes/no)
- Does anything hurt? Explain:
- Do you have sugary foods or drinks between meals (including juice, soda, energy drinks)? (yes/no)
- Do you drink water from the tap/faucet? (yes/no)
- Do you have questions or concerns about getting oral health care while you are pregnant? (yes/no). Explain:

Questions from West Virginia project team

- Dental home?
- Last dental visit? ___ <6 months, ___ year (s), ___ never
- Select fluoride exposure source: drinking tap water, toothpaste, professional applications, supplements.
- How often do you brush?
- How often do you floss?
- Are you a current smoker? (yes/no)
- List number/ type of high sugar drinks per day.
- Snacks between meals? (yes/no)
- Circle all that apply: jaw clicking or popping, chronic bad breath, vomiting/frequent nausea, periodontal (gum) disease, sensitivity to sweets or hot/cold, loose, broken, decayed teeth, sores/lesions/bumps in mouth, bleeding gums, food collection between teeth, sensitivity upon biting, grinding teeth, dry mouth.

Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center.

www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf

- Do you have swollen or bleeding gums a tooth-ache (pain), problems eating or chewing food, or other problems in your mouth?
- Since becoming pregnant, have you been vomiting? If so, how often?
- Do you have any questions or concerns about getting oral health care while you are pregnant?
- When was your last dental visit? Do you need help finding a dentist?

Battani K, Fischer D. 2022. *Oral Health Risk Assessment Questions to Ask Pregnant Women*. Washington, DC: National Maternal and Child Oral Health Resource Center. <https://www.mchoralhealth.org/PDFs/compilation-oral-health-risk-assessment-questions-pregnant-women.pdf>



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