# Periodontal Health and Birth Outcomes

Secretary's Advisory Committee on Infant Mortality – SACIM

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 In 2003, the U.S. Surgeon General called for increased attention to oral health education and care during pregnancy as an important strategy for improving maternal and infant health

- In 2004, MCHB convened a group of perinatal and oral health experts in science, program and policy
- Private and public sector

 Studies over the last several years have identified periodontal disease as a possible risk factor for pre-term and low birth weight Periodontal disease may represent:

Infectious and inflammatory exposure that has deleterious effects during pregnancy

- Periodontal disease is highly prevalent in pregnant women
- Periodontal disease is preventable and curable

#### QUESTIONS

- Is periodontal disease a risk factor for adverse pregnancy outcomes?
- Will treating periodontal disease in pregnant women prevent adverse pregnancy outcomes?
- Is the current evidence sufficient to make policy and program changes for peridontal treatment during pregnancy?



# British Journal of Obstetrics and Gynecology 2006: 113(2): 135-143

 Periodontal disease and adverse pregnancy outcomes; a systematic review

X. Xiong, P. Buekins, W.D. Fraser, J. Beck,
 S. Offenbacher (25 studies)

 Since then 19 new studies have been published since March 2005 to date



#### **PROBLEMS**

- Periodontal disease definitions
- Insufficient sample size
- Confounding variables
- Pregnancy outcome definitions

#### Research to Policy and Practice Forum

## Research to Policy and Practice: Periodontal Health and Birth Outcomes

December 11-12, 2006 Omni Shoreham Washington, D.C.

### **Meeting Objectives**

- Review current evidence-based research regarding the relationship between periodontal disease in pregnant women and birth outcomes
- Review current policies, programs, and practices in the public and private sectors addressing the oral health needs of pregnant women, as related to improving birth outcomes and women's overall health
- Offer public and private health leaders the opportunity to dialogue about future directions in research, policy programs, and practice related to women's periodontal



### Two Background Papers

- State of the Science
   Xu Xiong, MD, DrPH
   Sotirios Vastardis, DDS, MS
   Pierre Buekins, MD, PhD
- State of Policy, Program and Practice
  Burt Edelstein, DDS, MPH
  Karen VanLandeghem, MPH



#### **Background Paper #1**

## Periodontal Disease and Pregnancy Outcomes: State of the Science

- 44 studies
- Literature search, study selection, data extraction, quality assessment and statistical pooling (meta-analysis)

# New England Journal of Medicine Article, November 2006

### Treatment of Periodontal Disease and the Risk of Preterm Birth Bryan S. Michalowicz, DDS, et. al

#### Results -

Treatment group - preterm births occurred in 49 of 407 women (12.0%) resulting in 44 live births

Control group - preterm births occurred in 52 of 405 women (12.8%) resulting in 38 live births

<u>Conclusions</u> - Treatment of periodontitis in pregnant women improves periodontal disease and is safe but does not significantly alter rates of preterm birth, low birth weight, or fetal growth restriction.



#### Major NIDCR Study to come

- MOTOR Maternal Oral Therapy to Reduce Obstetric Risk
  - S. Offenbacher, UNC
- 5 year randomized, 2 armed clinical trial
- 1800 mothers sample size
- Enrollment to be completed 18-24 months

Hypothesis: Mothers with periodontitis that receive periodontal treatment during 2<sup>nd</sup> trimester will experience a lower rate of preterm delivery and a higher mean birth weight of pre-mature infants



#### **Background Paper #2**

Public and Private – sector Efforts to Improve the Oral Health of Pregnant Women: Policies, Programs and Practices

- Overview of current policies, programs and practices
- Improving birth outcomes as well as women's overall health



#### SACIM

- Invited by MCHB/HRSA to send a representative to the Forum
- Will receive the 2 background papers on science and policy/program in early December
- Will receive meeting summary after the forum
- Will be briefed on Forum findings at the next SACIM meeting

