



FDI POLICY STATEMENT

Perinatal and infant oral health care

**Revised version adopted by the FDI General Assembly: September 2023,
Sydney, Australia**

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New Delhi, India**

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2 CONTEXT

3 Perinatal oral health care refers to oral health care during pregnancy and early
4 childhood. Pregnant women with untreated oral health problems may be at increased
5 risk for preterm labour, low birth weight babies and other adverse health outcomes.
6 During pregnancy, hormonal changes can make expectant mothers more susceptible
7 to preventable oral health problems, such as gingivitis and tooth decay. Infants can
8 acquire oral bacteria from their mother's oral cavity, which can contribute to Early
9 Childhood Caries (ECC). ECC is one of the most common chronic diseases of
10 childhood and can have a negative impact on children's physical, emotional and social
11 well-being. Other diseases, both viral and fungal, can be transmitted from caregiver
12 to child as well, leading to soft tissue inflammatory conditions. Poor maternal oral
13 health, malnutrition and exposure to environmental factors and certain medications
14 during pregnancy may lead to development/milestone delays and disruptions in
15 enamel and dentine formation, which may predispose to ECC.

16

17 SCOPE

18 This policy statement aims to provide a framework for delivering comprehensive and
19 accessible oral health care to expectant mothers and their infants, to improve
20 maternal and infant oral health outcomes and reduce disparities in access to care.

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22 PRINCIPLES

23 Perinatal oral health care should be included in all policies that promote mother and
24 child health and wellbeing. Oral health care should begin as early as possible in all
25 women of child-bearing age to identify and address potential risk factors by education,
26 prevention and early intervention for both mother and child.

27

28 **POLICY**

29 Oral health care for expectant mothers and their infants should be:

- 30 • comprehensive, addressing not only the oral health of expectant mothers and
31 infants but also their overall health and well-being;
- 32 • evidence-based, using guidelines and recommendations developed by
33 professional organizations, and based on the best available scientific evidence;
- 34 • person-centered, tailored to the individual needs of expectant mothers and
35 infants, considering their unique circumstances and preferences;
- 36 • collaborative and integrated, involving dental providers, obstetricians,
37 pediatricians and other health and social care providers as appropriate;
- 38 • accessible and affordable for all expectant mothers and infants, regardless of
39 their socioeconomic status, following the principle of Universal Health Coverage
40 (UHC);
- 41 • consistent, culturally and linguistically appropriate, targeting pregnant women
42 and their infants, particularly those from vulnerable populations.

43 Therefore, FDI encourages:

- 44 • education of mothers, families and caregivers on how to promote oral health and
45 prevent oral diseases using anticipatory guidance and motivational interviewing
46 and other evidence-based strategies. The message should focus on the
47 importance of oral health care for the expectant mother, the early start of oral
48 health care for children, healthy feeding practices, including emphasis on
49 breastfeeding, limiting sugar intake, exposure to fluoride through the use of
50 fluoride toothpaste or/and drinking water that is fluoridated and regular dental
51 check-ups, typically starting by age 1 or when the first primary tooth is visible;
- 52 • incorporation of perinatal and infant oral health in dental and other healthcare
53 professions undergraduate and professional continuing education;
- 54 • research that addresses the following:
 - 55 • identification of risk factors for oral health problems in pregnant women and
56 infants, including social determinants of health;
 - 57 • examination of the effectiveness, cost-effectiveness and sustainability of
58 different interventions to improve perinatal and infant oral health;
 - 59 • exploration of the barriers and facilitators to accessing oral health care for
60 pregnant women and infants.
- 61 • Governments to:
 - 62 • provide funding for programmes and services that support perinatal and
63 infant oral health care including promotion, prevention and access;
 - 64 • develop policies and regulations that support perinatal and infant oral health
65 care, such as mandating dental screenings for expectant mothers and
66 infants;
 - 67 • require dental coverage to be included in public and private health insurance
68 plans;
- 69 • National Dental Associations to:

- 70 • develop and promote guidelines and standards of care for perinatal and
71 infant oral health;
72 • provide education and training for dentists and other health providers on
73 perinatal and infant oral health;
74 • advocate for policy change at local and national levels;
75 • raise public awareness about the importance of perinatal and infant oral
76 health;
77 • collaborate with other healthcare providers to deliver multidisciplinary
78 comprehensive care to expectant mothers and infants.

79 **KEYWORDS**

80 early childhood caries, Universal Health Coverage, primary health care, perinatal
81 care.

82 **DISCLAIMER**

83 The information in this Policy Statement was based on the best scientific evidence
84 available at the time. It may be interpreted to reflect prevailing cultural sensitivities
85 and socio-economic constraints.

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107