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Accessibility of information about oral health and dental care to pregnant women in Vilnius

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Background. The aim of the present study was to evaluate the accessibility of information about oral health and dental care to pregnant women in Vilnius.

Materials and methods. An anonymous questionnaire was distributed to 363 pregnant women in the city of Vilnius. The response rate was 79%. The respondents were divided into groups according to their education, marital status, occupation, the dental office they visit, the source of information used, knowledge about oral health influence on the fetus' health, and complications during previous pregnancies.

Results. The mean age of the respondents was 27.52 ± 0.62 years. Of them, 83.5% during their pregnancy visited a dental clinic on a regular basis; 60.63% of women were aware of the fact that oral health affected the condition of their fetus; 75% of pregnant women noted they would derive the information concerning oral health and dental care during pregnancy from popular literature rather than from medical professionals. Women attending private dental practice obtained more information from side sources than did patients of a public dental practice (81.9% and 63.8%, respectively; $p < 0.014$); 60.6% of respondents received information about oral health and dental care during pregnancy from their gynecologist; 25.7% of respondents noted that they had not received any information on oral or dental care during pregnancy.

Conclusions. In general, information about dental care was available to all pregnant women that participated in the study. The information in respect of oral health and dental care obtained from dentists was not sufficient. The main source of information about oral care received by the women surveyed during pregnancy was a gynecologist and other sources such as journals, the internet, books, etc.

Key words: pregnancy, dental care, information sources, fetus' health

INTRODUCTION

Relatively few researchers have studied the issue of oral health and dental care during pregnancy. Results of epidemiological studies about the oral health status of young women in Lithuania showed that the prevalence of dental caries was 100% and of periodontal diseases 90%. The prevailing pathology was calculus (59.1%) and gingival bleeding (19.62%). Deep periodontal pockets were found in 15.15% of cases. Two thirds of women showed only satisfactory oral hygiene (74.24% had OHI-S from 1.1 to 2.0) (1). Similar data on periodontal status were published also by Globiene (2). The available research data indicate that oral diseases may cause premature births, a lower weight of babies at birth, or be related to an increased risk of adverse pregnancy outcomes such as miscarriage or pregnancy loss, and preeclampsia (3, 4). Oral infection mainly originates from marginal periodontium or periapical tissues. In order to avoid adverse pregnancy outcomes or at least to minimize the risk of fetus disturbance, during their pregnancy women need to have accessible and optimal information about all the possible negative effects of infections of different origin (including oral) that may affect the health of both the mother and the fetus.

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Despite the high level of self-efficacy among pregnant women in oral health and dental care, there seems to be a substantial lack of a habit of a regular dental check-up during pregnancy (5, 6). Results of previous studies have shown that as little as 22.7–34.7% of pregnant women were using dental services (6). Such low numbers may have been not only caused by a limited accessibility of information concerning the impact of oral health and dental care on pregnancy outcomes, but also could be related to the socio-economic status and income level of the women surveyed.

The importance and severity of this concern (oral health care of pregnant women, accessible information related to the issue, etc.) has not yet been researched in Lithuania. The present introductory research may result in the acknowledgement of the necessity of more comprehensive studies on the subject and initiate changes in the oral health care of pregnant women in Lithuania.

The objective of the present study was to evaluate the accessibility of information about oral health and dental care to pregnant women in Vilnius.

MATERIALS AND METHODS

The research was approved by the Lithuanian Bioethical Committee under the Ministry of Health in 2008. For the purpose of the study, consent was obtained from the pregnant women participating therein. An anonymous questionnaire was distributed to 363 pregnant women admitted to a maternity ward at five public and six private clinics of Vilnius. The response rate was 79%. The questionnaire included questions about the women's social and demographic status, preference in respect of public and private practices, as well as the main source of information related to their oral health and dental care during pregnancy and information about the last visit to a dentist. Most of the questions required structured answers; a few questions were included as open questions. The answers concerning the source of information about oral health were measured on a 5-point Likert scale, 'one' being a total disagreement and 'five' indicating a total agreement with a statement. The answers were classified into two groups according to the agreement with the particular statement: I agree (including 'totally agree', 'agree' and 'partially agree') and disagree (including 'disagree' and 'totally disagree'). The same scaling method was used to find out the women's awareness and understanding of the impact of oral health upon the outcome of pregnancy. The respondents were divided into groups according to their education, marital status, occupation, visited dental office, source of information, time of gestation, knowledge about oral health influence on the status of the fetus, and previous pregnancy complications. Statistical analysis was carried out using the SPSS version 16.0 software package. The data were analyzed using descriptive and analytical methods. To indentify a correlation between the socio-demographic status of the respondents, sources of information used, knowledge of oral health and hygiene during pregnancy, we applied the χ^2 criterion. The data of all analyses were considered statistically significant at $p < 0.05$.

RESULTS

The average age of respondents was 27.52 ± 0.62 years. The distribution of the respondents according to their occupation, education and marital status is shown in Table 1.

59.1% of the respondents were in their first gestation. From among those undergoing their second or third pregnancy, 16.8% admitted having had some kind of complications during their previous pregnancies. Most of them (66%) had undergone miscarriage.

During the pregnancy, 83.5% of the respondents visited a dental clinic: 39.6% once, 28.8% twice and 15.1% three and more times; 16.5% did not seek any dental care during pregnancy; 60.63% of women indicated they were aware that oral health could affect the status of their fetus, while 18.12% were sure that oral health could never affect the fetus' health, and 20.56% indicated a partial agreement with the statement (Table 2). Only 24.7% of women who did not receive any related information were aware that their oral health could affect the fetus' health.

The majority (75%) of pregnant women surveyed for the purpose of the present research noted that their main source of the relevant information was popular literature

Table 1. **The distribution of respondents according to their occupation, education and marital status**

Occupation	%	Education	%	Marital status	%
Proffesional workers / office employees	45.10	University	50.90	Married	72.50
Various level office employees	18.05	Highschool	18.40	Partnership	15.10
Labourers	10.53	College	17.30	Unmarried	8.50
College / highschool students	9.02	Incomplete university	10.20	Divorced	3.20
Business women	6.00	Incomplete highschool	3.20	Widows	0.70
Housewives	2.60				
Unemployed	0.80				
Other	7.90				

Table 2. **Women's knowledge about oral health influence on the fetus' health**

	Disagree		Total	Agree			Total	Missing
Points in Likert scale	1*	2		3	4	5		
Percentage	11.15%	6.97%	**18.12%**	20.56%	11.15%	49.48%	**81.19%**	0.69%
Frequency	32	20	**52**	59	32	142	**233**	2

* Answers to the question "Do you agree that your oral health could influence the fetus' health?" were measured using the Likert scale

rather than medical professionals – dentists or gynecologists. A quarter of respondents (25.7%) noted that during their pregnancy they had not received any information on oral or dental care (Table 3).

The women's level of education had no impact on the choice of information concerning oral health. Respondents living in families managed to obtain more information by themselves than single women (80.0% and 61.8%; $p < 0.017$). Most self-educated respondents were represented by business women (88.5%) or were studying at formal educational institutions (87.5%). When compared by occupation, professional workers / office employees showed to be least self-educated, although their percentage was still high (69.7%). The primigravidae showed more efforts to search for relevant information by themselves than those undergoing their second or subsequent gestation (80.2% and 73.4%, respectively). Women attending private dental practitioners obtained more information from side sources than those who chose a public dental practice (respectively, 81.9% and 63.8%; $p < 0.014$). The respondents that received information from the media, friends and relatives were much better informed on the effects of oral health upon the fetal health (80.6%; $p < 0.012$).

The research did not identify any significant correlation between the information obtained from a dentist and the women's education level, and varied between 57.1% for women with higher education and 54.3% having other than higher education. Fewer single respondents obtained the information from dentists if compared to non-single pregnant women (respectively, 47.1% and 57.1%). The amount of information received from dentists did not differ for first-timers and those undergoing their second or subsequent gestation; 59.8% respondents attending private dental clinics were informed by a dentist about the possible impact of oral health on the outcome of pregnancy, this number being by almost 14% higher than of those attending public dental services. The least amount of information was received by women using both public and private services (41.2%). These results were significantly disproportionate ($p < 0.05$). Women who received less information from a dentist were more inclined to think that their oral health had no consequences upon their fetus' health (46.3%) compared with those informed by a dentist (36.7%).

There was a slight difference in the information obtained from a gynecologist and the level of education of the women. Responses in the higher education group and other education groups differed only by 5% (65.0% and 60.2%). Almost by 15% more of non-single respondents received information from their gynecologist than did single ones (64.6% and 50.0%, respectively), 50–71.4% of all respondents received information about oral health and dental care during pregnancy from a gynecologist. More information from gynecologists was obtained by women who had a second- or third-time pregnancy (67.0%) than by primigravidae (60.5%). Women that chose to use private dental services obtained more information from a gynecologist than those who chose public dental practices (respectively, 66.3% and 46.6%). Most comprehensively informed by a gynecologist were patients of both private and public clinics (76.5%). These results proved to be statistically significant ($p < 0.01$).

Only 42.7% of respondents noted that they had the information from both a dentist and a gynecologist; 24.1% admitted they had not received any information from either a dentist or a gynecologist (Table 4).

Table 3. **Distribution of respondents' answers about sources of information concerning oral health care during pregnancy**

Source	Disagree			Agree				
	1 (totally disagree)	2 (disagree)	Total	3 (partially agree)	4 (agree)	5 (totally agree)	Total	Missing
A dentist	10.40%	32.20%	42.60%	14.30%	25.20%	14.40%	53.90%	3.50%
A gynecologist	8.60%	27.30%	35.90%	13.80%	22.50%	24.30%	60.60%	3.50%
Various side sources (internet, media, friends, relatives, etc.)	5.50%	16.00%	21.50%	28.10%	28.40%	18.50%	75.00%	3.50%
Did not receive this kind of information	34.90%	35.90%	70.80%	16.40%	7.00%	2.30%	25.70%	3.50%
Not interested in this kind of information	51.70%	34.60%	86.30%	5.80%	3.70%	0.70%	10.20%	3.50%

Table 4. **Correlation between information obtained from a dentist and a gynecologist**

			Gynecologist		Total
			Disagree** (1 + 2)	Agree* (3 + 4 + 5)	
Dentist	Disagree (1 + 2)	Number	66	55	121
		% from dentist	54.5%	45.5%	100.0%
		% from gynecologist	64.7%	32.0%	44.2%
		% of Total	24.1%	20.1%	44.2%
	Agree (3 + 4 + 5)	Number	36	117	153
		% from dentist	23.5%	76.5%	100.0%
		% from gynecologist	35.3%	68.0%	55.8%
		% of Total	13.1%	42.7%	55.8%
Total		Number	102	172	274
		% from dentist	37.2%	62.8%	100.0%
		% from gynecologist	100.0%	100.0%	100.0%
		% of Total	37.2%	62.8%	100.0%

$p < 0.000$; Pearson's chi-square test applied; p – significance level.

DISCUSSION

Findings of the research showed that the knowledge about the oral health care during pregnancy, available to pregnant women, was rather limited. A possible reason for the situation might be an insufficient focus on the issue on the part both gynecologists and dentists. A more comprehensive survey might improve the situation in terms of the negative outcomes during pregnancy.

Data of the Lithuanian Department of Statistics show that the majority of pregnant women in Lithuanian cities are 25–29 years old (7). Very similar figures were reported by the National Center for Health Statistics in the USA (women aged 25–29 years had the highest pregnancy rate, closely followed by women aged 20–24 years) (8). The average age of respondents was 27 years old. In Lithuania, every fifth woman is a graduate of a higher educational institution (7). Every second respondent of the present survey had a higher education. Such discrepancies might be due to the location of the research performed in public and private clinics in Vilnius, the city with the highest rate of population with the higher education (23.3%) (7). Nevertheless, the findings of the study proved that the information about oral health care received from a dentist or a gynecologist did not depend on the level of education of the respondents ($p > 0.05$).

The research did not identify any significant difference in responses concerning the information obtained from a dentist and a gynecologist due to the socio-economic status. According to the findings of a survey conveyed in Greece, adverse pregnancy outcomes are associated with a lower economic class (9). Also, a lower social status is associated with insufficient information about oral health and dental care during pregnancy. Certain differences have been identified also in respect of women's attempts to self-educate. Side sources were predominately used by business women and students, while professional workers / office employees proved to be much less informed. This may be a consequence of a higher availability of various outlets of information (libraries, universities databases, etc.) to students. Furthermore, students are definitely more used to and capable of simultaneously processing larger volumes of diversified information. Business women usually can afford investing into more expensive information sources (like specialized journals for pregnant women).

Single women that participated in the research noted they had been less informed by dentists and to a much lesser extent managed to obtain information from other sources. Psychological, economic reasons and social pressure could be the reasons for a lower interest and ability to accept various types of information, including health care. According to the WHO, the social gradient in oral health persists over time and reflects a strong relationship between oral health and socio-economic factors (10, 11). The pattern of oral disease reflects the systematic differences in lifestyle and the profile of risks that are related to living conditions and different access to oral health services (12).

The research carried out by Puriene et al. (2008) showed Lithuanian patients to be least satisfied with their dentists' ability to supply them with necessary information about oral diseases and their influence on general health (13). According to our research, respondents with the first-time pregnancy as compared to other women in their second or subsequent pregnancies received the same amount of information from a dentist, but were less informed by a gynecologist. However, they noted to have been much more frequent searchers for information themselves. Primigravidae have less experience and obtain less information, so any information about oral health maintenance is very useful. Nevertheless, it is necessary to repeat correct and useful information about oral health care also during and after the second or other gestations to enable pregnant women to fully perceive the importance of the issue.

Previous complications had no effect on receiving any type of information. These results could be determined by the fact that a small number of women with previous complications participated in our study. Further investigation would be required to determine whether previous complications can have any effect on the awareness of women in the matter.

Almost three out of four women participating in the survey were attending a private dental office. The respondents indicated they had received more information from private practitioners than from public dental practice. The trend of showing preference towards private dental practice and a much higher satisfaction with dental care in private dental clinics than in public ones has lately become quite observable Lithuania (14). Answering questions about oral health, advice on the prevention of the diseases were also much better perceived by patients from private clinics compared with patients of public practice (13). Least information was obtained when during the pregnancy women referred to both private and public services. Similar results were found in another Lithuanian study by Puriene et al. (15). The research showed that dentists in the private dental offices gave more information about oral health care to patients than did their colleagues in the public practice. Patients were found to believe that the private sector was able to provide a quality of treatment (16). Much seems to depend on the way patients perceive themselves in relation to the healthcare system; it is also possible that some patients tend to remain passive and refrain from evaluating the quality of the service provided to them (17).

Regretfully, there are no general official guidelines as to the recommended number of visits to an oral health care specialist during pregnancy. Among our respondents 83.5% visited a dental clinic during the pregnancy at least once. This result is much higher than the average compared to similar researches carried out abroad, although similar results have been obtained by a study in Denmark where nine out of 10 pregnant women were regular users of the dental care system (18). Less than half of the women (43.2%) had visited a dentist during their pregnancy according to a study conducted in North Dakota, USA; the major reason as indicated by the respondents was that they had not any problems. There appears to be a general insufficiency of knowledge regarding the need for this particular aspect of prenatal care (19). These results are nevertheless quite positive as compared to a similar study carried out by K. Dinas et al. (9). The researchers then noticed that only 27.3% of respondents reported at least one visit to the dentist during their pregnancy. This can be interpreted as an indication that pregnant women in Lithuania, similar to those in Denmark, are more interested in their oral health than, for example, women in Greece. Different perceptions among respondents exist regarding the safety, accessibility, and necessity of prenatal dental treatments. Professional guidelines about oral health screening during pregnancy and the safety of dental procedures would be greatly beneficial to our patients as well as to professionals (20).

In the absence of any comprehensive studies in Lithuania on the level of the awareness of Lithuanian women concerning oral health and dental care during pregnancy, we used foreign studies as an information base. A study carried out by Alwaeli and Al-Jundi (21) noted that only 5.1% of pregnant respondents believed there might be a relationship between gum diseases and premature labour. However, 56% of pregnant respondents did not believe that the frequency of teeth brushing should be increased during pregnancy. The authors concluded that pregnant women needed more accurate and complete information about their teeth and oral health. Moreover, simple educational preventive programs on oral self-care and disease prevention before and during pregnancy should be provided to improve oral health (21). A research carried out by K. Dinas et al. showed that the majority of pregnant women (72.2%) believed that dental treatment during pregnancy might have a negative effect on pregnancy outcome (9). Results of the study performed by I. Vasiliauskiene et al. indicated that selected dental caries preventative measures were effective and significantly improved women's oral health during pregnancy (22), and there should be a much greater focus on prophylaxis programs concerning oral health of women during pregnancy.

In the Lithuanian health care system, attending a dental clinic is a routine procedure for a pregnant woman (23). Despite the general improvement in patients' oral health and enhanced attention to the issue on the part of both dentists and patients, quite often pregnant women are subjected to only a very elementary examination of their oral cavity. Although the oral health status has in general improved with a wider recognition of the links between oral and systemic health, oral health is not afforded the same priority status in health care policy as is the issue of general health. Obstetricians-gynecologists recognize the importance of good oral health during pregnancy but not infrequently tend not to address it (24). The importance of oral health care in pregnancy is an issue often avoided and misunderstood by physicians, dentists, and patients (25). For example, a vast majority of mothers-to-be did not attend dentists during their pregnancy; according to the finding of a study in the USA, half of those who reported having problems did not receive any dental care at all (26).

Only a little more than half of the respondents got information about their oral health during pregnancy from their dentists. Nevertheless, only 15% of them did not visit dentists. This might be indicative of the problem that among Lithuanian dentists the knowledge of oral health care during pregnancy is not efficient.

In the study carried out by Honkala and Al-Ansari in Kuwait, most women received no instructions whatsoever

concerning their oral health care during pregnancy (27). Only 12% of Lithuanian pregnant women would be attributed to this category, although a quarter of the pregnant women surveyed admitted they did not receive any information from their gynecologists or dentists. Moreover, less than half of the respondents received information from a dentist and a gynecologist. This indicates a need to educate healthcare personnel further about the relation between oral health and pregnancy outcomes. Similar results were found by Al-Habashneh et al. in a research carried out in Jordan (28), which also concluded on the huge need of training in the area. A public health campaign is required to educate healthcare providers to encourage pregnant women to undergo a regular dental check-up during and even prior to attempting pregnancy. The promotion of oral health issues should include education of women and their health care providers on the ways to prevent oral diseases and a timely referral to dental services in the face of the disease. Improved training in the importance of oral health, recognizing oral health problems, and the knowledge of procedure safety during pregnancy may make doctors to feel more comfortable while assessing oral health and more likely to address it with patients (24). A coordinated effort from the dental and obstetric communities to establish guidelines for a healthcare reform towards more effective prophylaxis programs could benefit maternal oral health and perinatal outcomes. An early oral health care promotion starting during pregnancy may result in a sustained and long-term improvement of the oral health of children (29). However, this research, based on the questionnaire, shows pregnant women's value judgment about their knowledge of oral health. Therefore, when attaining more comprehensive data and planning further researches, it would be reasonable to accomplish clinical observations and collect objective data on the oral health of pregnant women in Vilnius. Using clinically-based data and incorporating more medical specialists (obstetricians, therapeutists, dental hygienists, etc.) would enable receiving extensive material concerning the issue and using the gathered data to inform pregnant women, initiate prophylaxis programs and improve oral health or even preface further research. The Lithuanian health system, and especially prevention programs, would also benefit from some changes in the general and special health care of pregnant women. With a view to improving the accessibility of information about oral health care to pregnant women, it is necessary to change the observation procedures, their frequency and the level of payment, to put more effort in dental care and treatment during pregnancy. This would require the subject being highlighted in training students of medicine. Publication of professional information (books, leaflets, journals, etc. written exceptionally by specialists) for pregnant women should also become a priority of Lithuanian health supervisors.

CONCLUSIONS

According to the findings of the study, information about dental care was available to all pregnant women participants. The information on oral health and dental care that was obtained from dentists was not sufficient compared to other information sources. The main source of information about oral care, received during pregnancy, was their gynaecologist and other sources such as specialized journals, the internet, books, etc.

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INFORMACIJOS APIE DANTŲ IR BURNOS PRIEŽIŪRĄ PRIEINAMUMAS VILNIAUS MIESTO NĖŠČIOSIOMS

Santrauka

Tyrimo tikslas – įvertinti ir palyginti šaltinių, iš kurių nėščiosios gauna informaciją apie burnos priežiūrą, prieinamumą Vilniuje.

Medžiaga ir metodai. Standartizuota anonimine anketa buvo apklaustos 363 nėščios moterys (anketų grįžtamumo procentas – 79 %). Respondentės buvo suskirstytos į grupes pagal išsilavinimą, šeiminę padėtį, profesiją, lankomą odontologinio gydymo įstaigą, naudotus informacijos šaltinius, nėštumų skaičių, turimas žinias apie nėštumą ir burnos būklę, buvusių nėštumų komplikacijas.

Darbo rezultatai. Vidutinis respondenčių amžius buvo 27,52 ± 0,62 metai. Bent kartą pas odontologą apsilankė 83,5 % nėščiųjų. 60,63 % žinojo, kad jų burnos būklė gali turėti įtakos vaisiaus sveikatai. 75 % nėščiųjų prisipažino, kad naudojosi populiariosios žiniasklaidos, o ne profesionalių medicinos darbuotojų informacija apie burnos ir dantų priežiūrą nėštumo metu. Moterys, kurios lankėsi privačiose odontologinės priežiūros įstaigose, sužinojo daugiau informacijos iš papildomų šaltinių nei tos, kurios lankėsi valstybinėse gydymo įstaigose (atitinkamai 81,9 % ir 63,8 %; $p < 0,014$). 60,6 % respondenčių apie burnos priežiūrą nėštumo metu sužinojo iš ginekologų, 25,7 % nėščiųjų teigė negavusios jokios informacijos apie šią priežiūrą.

Išvados. Informacija apie burnos priežiūrą buvo prieinama visoms tyrime dalyvavusioms nėščiosioms, tačiau iš odontologų jos gauta per mažai. Pagrindinis informacijos šaltinis apie burnos ir dantų priežiūrą nėštumo metu buvo gydytojas ginekologas ir papildomi informacijos šaltiniai (žurnalai, internetas, knygos ir pan.).

Raktažodžiai: nėštumas, burnos priežiūra, informacijos šaltiniai, vaisiaus sveikata