



Barb Ranck, RDH
House Bill 11 Proponent Testimony
Senate Health, Human Services, and Medicaid Committee
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, my name is Barb Ranck and I am Past President of the Ohio Dental Hygienists' Association (ODHA) and on behalf of the members of ODHA I am here to express our support for House Bill 11, the Ohio House's prenatal priority bill, specifically the provisions that would require coverage of a second dental cleaning (prophylaxis) during the mother's pregnancy and the ability for a dental hygienist to educate in group care education settings to expectant mothers.

Our state is in an infant mortality crisis and Ohio's dental hygienists have the education and expertise to share potentially life-saving information with Ohio's expectant mothers. Ohio has made small strides in addressing the infant mortality crisis, but we must do better. One of the under discussed approaches to attack the infant mortality crisis is through oral healthcare.

Studies show that women who have periodontal disease while pregnant—an estimated one in five pregnant women—have been reported to be at increased risk of adverse pregnancy outcomes including increased risk of developing pre-eclampsia compared to those with normal oral hygiene. The adverse pregnancy outcome most often associated with periodontal disease is preterm delivery. A large prospective study showed that the prevalence of extremely preterm delivery (<28 weeks gestation) was increased tenfold in women with moderate-severe periodontal disease as compared to women without periodontal disease: 11.1% versus 1.1%, respectively. Other adverse pregnancy outcomes that have been associated with periodontal disease include low birth weight, preeclampsia, and being small for gestational age.

These adverse outcomes can be tackled through simple dental cleanings during pregnancy, especially of those women that are more likely to have at-risk births, Medicaid-recipient mothers. Over 50% of the births in Ohio are to Medicaid recipients. Medicaid oral health care coverage for adults only covers one prophylaxis (cleaning) per year. If a pregnant mother was able to receive a second cleaning during the year, during the pregnancy, the effects of this preventive care can possibly make the difference between a full term pregnancy and a premature birth or averting a host of other conditions identified previously, which if they happen can be very costly for the Medicaid program.

A second piece in the bill that I have personal familiarity with is the group health training sessions for mothers-to-be. Allow me to share my experience working with Genesis Health

System in Zanesville. I speak to parents-to-be at a Baby Basics class at the hospital in the evenings. The class I teach provides strategies to mothers on oral health care for them during pregnancy and strategies for parents to care for their children's teeth from birth to school age. I share why baby teeth are important: they shape our face, help our speech, help our ability to digest food, and help with our self-confidence.

A father-to-be in a class shared he was a teacher. He said he had a student that had been made fun of because he didn't speak correctly because he had missing front teeth. Therefore, his self-confidence was low. He confirmed to my class what I had shared. My message to parents-to-be is that their kids wouldn't have to go through that anguish with proper care of their children's teeth and establishing a dental home at an early age.

Breast feeding is a wonderful opportunity for moms and babies to bond and has been shown to be healthier for the child, but some moms tend to co-sleep with their babies and let the baby nurse all night. They even continue once the children have teeth. This action can have a detrimental effect on the teeth. Most people don't realize that breast milk has sugar in it. The milk lays on the front teeth and causes them to decay over time. I have seen the after-effects that this causes and it's heart breaking. In some situations, the decay is so rampant that the upper front 4-6 teeth must be extracted. These are avoidable consequences achieved with appropriate information. We need to educate our parents.

In my work with a pediatric dentist, the sad part is explaining to moms after the fact that their child has dental decay. The looks on their face shows total devastation. They are at a loss for words. Their eyes swell up with tears as they try to hold them back. As the tears begin to flow, they begin to apologize to us. They feel horrible, they blame themselves and they say they didn't know. We reassure them that they are here now, and our team will take care of the areas of concern.

As I explain to the Baby Basics class, (my power point and one of my colleagues from the Dayton area were provided) I tell the parents-to-be that this doesn't have to happen to their child. From the time they bring them home from the hospital the oral health of the baby is just as important as other development. As the babies grow, parents need to have their kids drink water between meals, brush twice a day, floss daily, use a fluoride toothpaste, have a specific snack time and no grazing on food all day. I assure the parents that there are times you need to tell your kids no and remind them of the pictures of the decayed teeth I share in my presentation. The parents and eventually the kids need guidance because they don't know what the consequences will be. I also want to note that my supervising dentist, Robert J. Malek, DDS at Kids First Pediatric Dental Care in Zanesville has offered that he supports the effort on the prenatal education program.

Many mothers take prenatal classes that cover a variety of topics. There are programs in pockets around the state that educate mothers on how to maintain their oral health during the pregnancy, but also should provide post-birth tips for caring for the oral health of the child. HB 11 will encourage the expansion of those programs. Oral health components must be made a part of these classes or even as separate educational opportunities made available so that mothers/parents-to-be are made aware of the important role that oral healthcare plays in the

health of their pregnancy and the early years of their child's lives. In fact, an article issued last week (submitted with my testimony) highlighting a report released from the public health department at the BYU College of Life Sciences shows that only 3 out of 5 women get their teeth cleaned during pregnancy and those that don't seek oral health care are the target audience House Bill 11 is geared toward. Hygienists want to ensure that women of childbearing age understand the risks of neglecting dental care. Our long-term goal as a state should be to manage the problem of poor oral health care prior to pregnancy rather than during it.

In closing, I want the committee to note that the curriculum to become a general dentist is focused 95% on restorative procedures and the dental hygiene curriculum is 100% focused on periodontal health and prevention services. As prevention specialists, Ohio's dental hygiene workforce are licensed professionals and stands ready to assist through our practice to raise awareness and to improve the oral health of Ohio's expectant mothers and the overall health of their babies. House Bill 11 is a unique solution to Ohio's specific problem. We appreciate the work of the Ohio House and the three sets of unanimous votes in committees and on the House floor that House Bill 11 received.

Thank you again for including ODHA in this important mission!