## Pregnancy Case Study 1

A 36-year-old female comes in for her 16-week prenatal visit. She has been suffering from hyperemesis since her sixth week, and while it has begun to get better, she still vomits three to four times a day. Her nausea is alleviated somewhat by sipping on Coke and sucking on ginger candies. She has not been to the dentist in the past year, and she has not been able to regularly brush her teeth since the onset of hyperemesis, because the toothbrush in her mouth triggers vomiting. She reports pain when drinking hot tea or cold ice cream.

## Pregnancy Case Study 2

A 28-year-old woman comes in for her 32-week prenatal visit. She was recently diagnosed with gestational diabetes so is trying to change her diet, but was previously eating a lot of carbohydrates and sugary snacks. She reports bleeding while brushing her teeth, pain with eating, and a feeling that a few of her teeth are "wiggling." She has not been to the dentist in a few years and intended to go when the bleeding started a few months ago, but a friend told her it wasn't safe to get a cleaning during pregnancy.

Answer the following questions from a workflow perspective for each patient:

1. Whose job will it be to gather the information on this patient's oral health risk factors?
2. What additional information would you like to have on this patient?
3. Whose job will it be to document the oral screening exam?
4. Based on the risk assessment and screening exam, how would you assess the patient's oral health status and risk?
5. What actions do you want to take?
6. How will you make those actions happen?

Source: Developed by Qualis Health for the Washington Dental Service Foundation
"Oral Health Preventive Services in Primary Care Project". 1st ed. Seattle, WA. April 2015.

## About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

For more information about the project sponsors and funders, refer to:

- National Interprofessional Initiative on Oral Health: niioh.org.
- DentaQuest Foundation (now CareQuest Institute for Oral Health): carequest.org.
- REACH Healthcare Foundation: reachhealth.org.
- Washington Dental Service Foundation (now Arcora Foundation): arcorafoundation.org.

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