Gen. Cir 1-13/2009

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சுவசிரிபாய
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சுகாதார பராமரிப்பு மற்றும் போஷணை அமைச்சு
Ministry of Healthcare and Nutrition
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Gen. Circ. No: 01-13/2009

All Provincial Secretaries
All Provincial Directors of Health Services
All Regional Directors of Health Services / Director, NIHS
All Directors of Teaching Hospitals
Medical Superintendants of Provincial Hospitals, District Medical Officers of Base Hospitals/ District Hospitals, MOICs of Peripheral Units/ Central Dispensaries
MOMCH / RDS
All MOOH
SMOO

Provision of Oral Healthcare for pregnant mothers under the MCH Programme

1. Rationale

Importance of oral health during pregnancy

It has been observed that 65.5% of the 5 year-old children suffer from dental decay. On an average each child in this age group experience more than 3 decayed teeth (National Oral Health Survey, 2003). Scientific studies have shown that the prevalence of dental caries increases from 23% - 65% between the ages 1 and 2 years in Sri Lanka.

It is scientifically proven that children are born without Streptococcus mutans, the main bacteria responsible for dental decay. It is only during the first two to three years that these bacteria can be transmitted to the child by the persons in closest contact with it - typically the mother. The prevalence of caries in children has been seen to be higher the earlier children are infected with Streptococcus mutans. For that reason, transmission of streptococcus to the newborn should be delayed for as long as possible. Most successful way of delaying the transmission of cariogenic bacteria is to treat the pregnant mothers to make them free of active dental decay. This is very important to reduce the prevalence of dental caries among children

Pregnant mothers are more vulnerable for dental decay due to vomiting which is common in the early months of pregnancy. The contents of the stomach which can be very acidic can damage the tooth surface, softening the enamel.

Pregnancy is also a time in which secretions of many hormones take place. This hormonal disturbance might lead to Periodontal Disease resulting in swelling, pain and bleeding of a pregnant woman's gums. Therefore maintaining the health of the oral cavity is important during pregnancy.

In adult life teeth are important for nutrition, speech and self esteem. In addition oral disease has a direct financial burden for the family. Health of teeth and other oral tissues

should be considered as part of general health. Therefore oral health of mothers and children has been incorporated into maternal and child health programme of the Ministry of Health which is coordinated by the FHB.

2. General Objective

To improve the oral health of mothers and young children by providing comprehensive oral health care to pregnant mothers as an important part of an overall healthcare programme achieving sustained oral health improvements

3. Specific Objectives

- Reduce complications of dental diseases during pregnancy
- Decrease early childhood caries by reducing the risk of transmission of caries causing bacteria to the newborn
- Prevent worsening of the existing oral diseases
- Reduce the possibility of adverse pregnancy outcomes
- Educate pregnant mothers about preventing dental caries in young children

4. Strategies

- Integrating oral health of mothers & children into the MCH package
- Integrating oral health into the pregnancy and pre pregnancy care packages
- Implementing a programme to cater to the oral healthcare needs of the pregnant mothers
- Monitoring and evaluation of the programme

5. Proposed activities

- To develop a mechanism for provision of oral healthcare to pregnant mothers in hospital dental clinics
- To allocate a specific time in all hospital dental clinics (one session per week) to screen and provide necessary care to the pregnant mothers
- To allocate the ANC clinics within an MOH area to the closest government dental clinic
- To refer pregnant mothers by the MOHH to the closest government dental clinic. The number of pregnant mothers and the day to be referred should be agreed with the hospital Dental Surgeons. This activity should be coordinated by the MO/MCH and the RDS of the region.
- To screen and treat at least 10 pregnant mothers per week by all Dental Surgeons in hospitals
- To record the necessary details of the pregnant mothers seen by the Hospital DSS in a separate register in the format provided and the return sent to the RDS monthly.
- To consolidate this data at regional level by the RDS by MOH area and send the consolidated data to Director/ MCH, MO/MCH and the relevant MOH on a quarterly basis

6. Time period

This programme should be implemented from June 2009.

7. **Planning the programme**

All RDSS and MOO/MCH should plan according to the instructions given by the FHB. The MOO/MCH and RDSS should summon all the MOOH and the hospital DSS in the district with the approval of the RDHS and give them clear instructions on planning and implementation as per instructions given.

A monthly return should be prepared according to the format provided by DSS and sent to the RDS before 5th of the following month.

RDSS should consolidate data monthly and send the return to MOHH regarding their area, MOO/MCH of the area and Director/MCH before 20th of the following month.

8. **Monitoring and evaluation of the programme**

The indicators for evaluating the Oral Health Programme for Pregnant Mothers' are attached.

9. **Responsibility**

The responsible person/s for planning, implementation, monitoring and evaluation at different levels are given below.

Divisional level	-	MOH
District level	-	RDHS, RDS and MO/MCH
Provincial level	-	PDHS

At national level the Director/MCH is responsible for the overall co-ordination, providing technical guidance, monitoring and evaluation of the programme in the districts.

The success of the programme depends on the commitment and dedication of the health staff.

Dr. Ajith Mendis
Director General of Health Services
Ministry of Health

CC:

1. Secretary- Healthcare & Nutrition
2. Additional Secretary (Medical Services)- Healthcare & Nutrition
3. DDG/PHS II
4. DDG/DS
5. DDG/MS
6. Director/ Maternal and Child Health

Annex. I

Pregnant Mothers' Register

Serial No:	MOH area	Pregnant Mother's Registration No:	Name	Medical History	Dental Caries	Periodontal Condition	Any other oral health problem	Treatment provided/ Referral	Treatment completed

Annex. II

Dental Surgeons' Monthly Return –Provision of Oral Healthcare to Pregnant Mothers

Dental Clinic ..... MOH Area ..... RDHS Area .....

Month/Year .....

Number of pregnant mothers;	1st week	2nd week	3rd week	4th week	5th week	Total
1. screened						
2. without oral disease						
3. who needed oral healthcare						
4. with dental caries						
5. with Periodontal Disease						
6. with any other oral disease						
7. mothers who received care						
8. whose treatment has been completed						

Return prepared by;

Name ..... Signature ..... Date .....

Note: This Monthly Return of provision of oral healthcare to pregnant mothers should be prepared in duplicate by all DSS. This return should be updated weekly. 1st copy should be sent to RDS and the other copy should be filed in the clinic.

Dental Surgeons' Monthly Return –Provision of Oral Healthcare to Pregnant Mothers

Dental Clinic ..... MOH Area ..... RDHS Area .....

Month/Year .....

Number of pregnant mothers;	1st week	2nd week	3rd week	4th week	5th week	Total
1. screened						
2. without oral disease						
3. who needed oral healthcare						
4. with dental caries						
5. with Periodontal Disease						
6. with any other oral disease						
7. who received care						
8. whose treatment has been completed						

Return prepared by;

Name ..... Signature ..... Date .....

Note: This Monthly Return of provision of oral healthcare to pregnant mothers should be prepared in duplicate by all DSS. This return should be updated weekly. 1st copy should be sent to RDS and the other copy should be filed in the clinic.

Annex. III

Regional Dental Surgeons' Consolidated Quarterly Return
Provision of Oral Healthcare to Pregnant Mothers

RDHS Area .....

Quarter/Year .....

No. of pregnant mothers:	MOH Area	Total
1. screened		
2. without oral disease		
3. who needed oral healthcare		
4. with dental caries		
5. with Periodontal Disease		
6. with any other oral disease		
7. who received care		
8. whose treatment has been completed		

Return prepared by;

Name ..... Signature ..... Date .....

Note: This Regional Dental Surgeons' Consolidated Quarterly Return of provision of oral healthcare to pregnant mothers should be prepared in quadruplicate by all RDSS. 1st copy should be sent to Family Health Bureau, 2nd copy to MO/MCH, 3rd copy to relevant MOH and the 4th copy should be filed in the office.
It should be sent before the 20th of the following month of the following quarter.

Annex. IV

Indicators to monitor & evaluate the oral healthcare programme for pregnant mothers

1. No. of pregnant mothers screened
2. No. of pregnant mothers free of oral diseases
3. No. of pregnant mothers who needed care
4. No. of pregnant mothers who received oral health care
5. Proportion of pregnant mothers screened out of the no. registered
6. Proportion of pregnant mothers free of oral diseases out of those screened
7. Proportion of pregnant mothers who needed care out of those screened
8. Proportion of pregnant mothers who received oral health care out of those needed care