



Pediatric Dental Utilization among Children of Low-Income Urban Mothers Participating in a Prenatal Oral Health Program

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Introduction/Background

The oral health of young children depends largely on parental knowledge and behavior, but some parents may not know how to optimize their child's oral health, or if they do know, may not behave accordingly. The American Academy of Pediatric Dentistry publishes recommendations (e.g., children should have their first dental visit by age, that parents should limit sugary snacks and drinks) but we were unsure of how parents' knowledge and behaviors were in line with guidelines.

Study Objectives

- The objective of this study is to evaluate parenting oral health behaviors among women who participated in a prenatal oral health program and received dental care.
- This study will help us create an educational/service program to improve parenting oral health behaviors and oral health knowledge and introduce their children to dental care.

Methods

- We contacted (via text message) 190 women who participated in the NYU/Bellevue Hospital Prenatal Oral Health Program from 6/2018 – 3/2020 and had at least one visit at the NYU College of Dentistry.
- Participants were asked to complete a short survey online (REDCap) that included questions about their children's oral health as well as oral health knowledge and demographics. Participants were paid \$25 for their time.

Table 1. Demographics

Age, mean, #years (sd)	34.8 (±6.4), range 25-48
Race/ethnicity, % (n)	
White	12.5% (4)
Black	9.4% (3)
Hispanic	71.9% (23)
Asian	3.1% (1)
Other	3.1% (1)
Place of birth	
US	31.3 % (10)
Central America	43.8% (14)
South America	15.6% (5)
Europe	6.3% (2)
Africa	3.1% (1)
Number of years, mean, (sd) in US (those not US-born)	12.9 (±6.6)
Education	
Elementary school	15.6% (5)
Middle, some high school	15.6% (5)
High school graduate/GED	21.9% (7)
More than high school	21.9% (7)
College degree	25.0% (8)
Family Income	
<10,000	31.3% (10)
10,001-20,000	12.5% (4)
20,001-50,000	15.7% (5)
>50,001	9.4% (3)
Marital Status	
Never married	40.6% (13)
Married/long-term partner	46.9% (15)
Separated/divorced	12.5% (4)
Employment Status	
≥ 32 hours/week	31.3% (10)
< 32 hours/week	18.8% (6)
Homemaker/caregiver	31.3% (10)
Disabled	3.1% (1)
Unemployed	15.6% (5)

Results

Response rate 32/190 (16%), 18.8% stated their child's health was fair or poor.

Figure 1. Child Dental Care Utilization

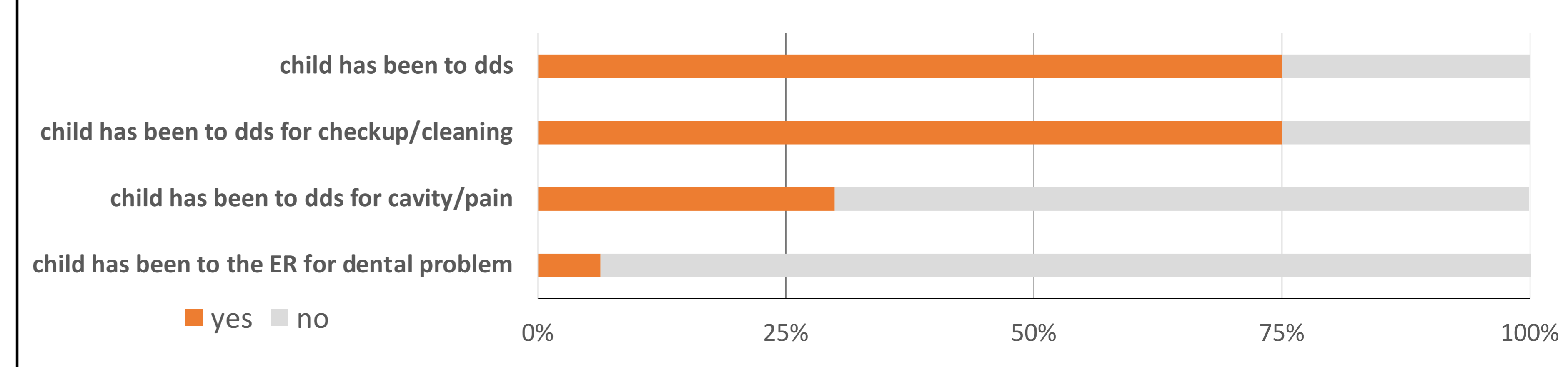
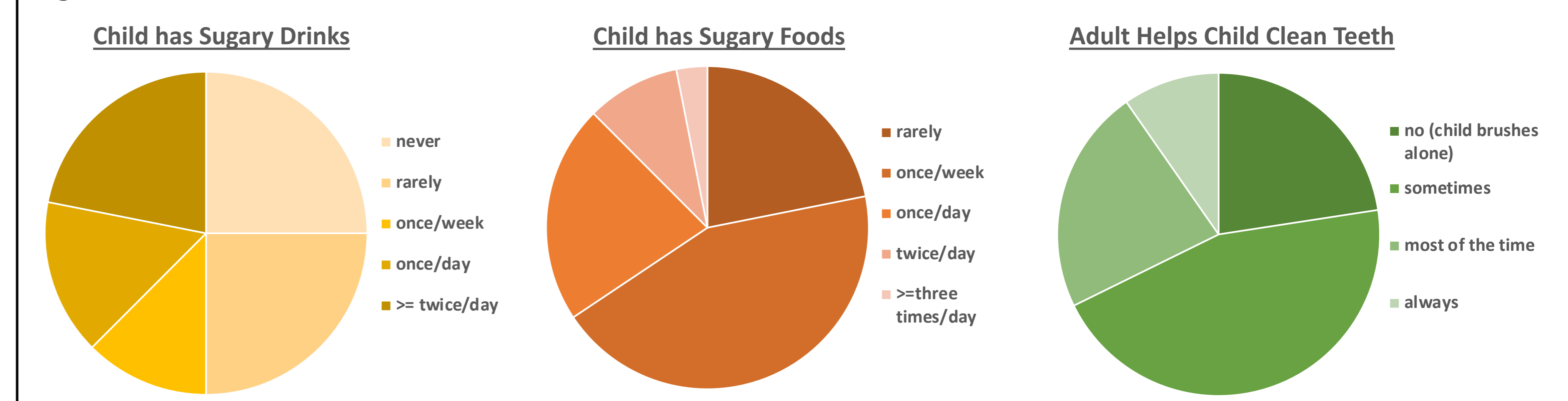


Figure 2. Adult/Child Behaviors



Conclusions/Summary

Despite receiving dental care during pregnancy where they received information on the importance of oral health for themselves and their children, preventive care for the children was underutilized despite fair or poor oral health for a substantial proportion of their children. Due to the low response rate, we plan on restructuring our study questionnaire and redistributing it to active prenatal clinic patients participating in our prenatal program to gain additional insight into knowledge/behavior.