

Knowledge, Attitude and Behaviour Among Gynaecologists Regarding Dental Health of Pregnant Mothers



Medical Science

KEYWORDS : Dental health, Gynaecologists, Pregnant mothers

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ABSTRACT

Objectives: To assess the knowledge, attitude and practices among Gynaecologists' regarding oral health of pregnant mothers.

Methodology: This cross-sectional study was planned among 135 gynaecologists using a questionnaire proforma included 16 questions to check the knowledge, attitude and practice about preventive care of dental health in pregnant ladies. Student's t test was used to derive any significant differences among the responses and the level of significance was set at $p < 0.05$.

Results: It was found that most of gynaecologists had good knowledge, attitude and practices regarding dental health care of pregnant mothers and those who were experienced gave better responses.

Conclusion: Majority of gynaecologists had good knowledge, attitude and practices but still there is a need for more active participation related to dental health.

INTRODUCTION

Oral health is a key component of overall general health and wellbeing across the lifespan and is particularly important consideration for females prior to conception and during pregnancy. A mother's oral health status is important to the health of her child.

The physiological changes that occur during pregnancy may increase a woman's susceptibility to oral infections, including periodontal disease, and may harm the body's ability to maintain soft tissues in the mouth.¹

Tooth decay is the result of repeated acid attacks on the tooth enamel. Increase in tooth decay during pregnancy may be due to changes in diet and oral hygiene.² In a study, it was suggested that maternal periodontal diseases could lead to a seven-fold increased risk of delivery of pre-term low birth weight infant.³

Mother-to-child transmission of bacteria is the primary vehicle through which children first acquire dental caries, the disease process that causes cavities.⁴ In this issue briefly we explore how oral health practices and utilization of dental care among pregnant women may affect a woman's overall health, and her birth outcome.⁵

Thus, oral health promotion is needed within health care practices of physicians, nurses.⁶ Gynaecologists are important health care professionals involved in assessment of women during pregnancy. With increasing links between oral and general health problems it is essential for them to know the impact of dental problems and its associated risk factors on women's health. This will help to make appropriate decisions regarding timely and effective intervention for oral health. But, it is imprecise to what amount these professionals are really attentive of preventive approaches and to what level they impart preventive dental counseling as a part of their pregnancy appointments. So this study was planned.

METHODOLOGY

The cross sectional questionnaire based survey was conducted among Gynaecologists regarding dental health of pregnant mothers. Around 146 gynaecologists were contacted for filling the proforma and out of which 135 were willing and filled the complete proforma.

The survey proforma included 16 questions for gynaecologists developed by the study team for demographic information and to check the knowledge, attitude, and practice about preventive care to pregnant patients.

Assessment of participants' oral health knowledge included items on the number of deciduous and permanent teeth, neonatal teeth, the importance of brushing, significance of bleeding gums, impact of oral health on the body, babies without teeth need mouths cleaned, fluoridated toothpaste helps to prevent tooth decay, Mother's diet during pregnancy will affect baby's teeth and can certain drug create oral side effects in foetus.

Assessment of participants' dental attitudes included questions regarding regular visit to a dentist is necessary, attitudes towards health care in general and dental care in particular and gynaecologists should refer the pregnant patient to dentist on observing any oral findings.

Assessment of participants' oral health behaviour included brushing habits (such as frequency, duration, time, and hygiene aids), and to check oral cavity of expectant mothers.

Data analysis:

Student's t test were used to derive any significant differences among the responses and the level of significance was set at $p < 0.05$.

RESULTS

The present sample composed of 135 gynaecologists, out of whom most of them belong to female category i.e. 122 and

13 were male gynaecologists. They were further divided on the basis of experience as 43 were having an experience of 0-3 years, 38 were having 3-6 years, 32 with 6-9 years and 22 with 9-12 years.

It was found that most of the participants (96%) knew the exact number of deciduous teeth and permanent teeth but very few (4%) were aware about the pattern of eruption of different teeth. Around 70% mentioned that oral health has an impact of the general health of the body. Half of the respondents (52%) advice fluoridated toothpastes to the children in non fluoridated areas. 80 % of them reported that certain drugs create oral side effects in foetus when taken. 73% doctors check the oral cavity of the pregnant mothers and 82% said the poor periodontal health effect the weight of the child. The habit of examining oral cavity was seen among 42% gynaecologists. 65% mentioned that they refer the pregnant mothers to dentists in every six months.

When the overall knowledge scores were compared, significantly the responses were increased from junior levels to senior ones as mentioned in Table 1 ($p < 0.05$). When the attitude level was compared junior doctors showed more positive response than seniors as shown in Table 2, ($p > 0.05$). Where as practice regarding oral health care was significantly increasing with experience as mentioned in Table 3, ($p > 0.05$).

DISCUSSION

In the present study 65% of the gynaecologists refer pregnant mothers to the dentist and the findings were lower than mentioned in previous studies (70–100%).^{7,8,9} The majority of respondents (63.9%) stated that children should be sent to a dentist by the age of 1 year, demonstrating that the majority was in agreement with the recommendations of the American Academy of Pediatric Dentistry (AAPD).¹⁰ This figure is a far more satisfactory than that reported in similar studies.^{9,11} Early visits to the dentist allow preventive measures, early diagnosis, and orientations regarding proper oral hygiene as well as the prevention of non-nutritive sucking habits.^{12,13}

Half of the respondents (52%) advice fluoridated toothpastes to the children in non fluoridated areas and the results were higher than Shah et al study.⁷ Fluoride is mainly used in non fluoridated area and the topical fluoridation application should be done by an oral health professional.

In present data 82% gynaecologists were aware of the side effect of gum/periodontal diseases which does not coincide with the results of the study conducted by Subramaniam (2008).¹⁴ However 55% of the gynaecologists in the study conducted by Shenoy (2009)¹⁵ agreed that periodontal disease in mothers may lead to preterm low birth weight babies whereas, in the present study 87.9% of the gynaecologists were aware of the fact. Knowledge regarding the side effects of certain drugs prescribed during pregnancy was almost similar with Shah et al, study in Vadodra city.⁷

Gynaecologists having more experience were better aware of dental health care and similar results were obtained by Shah et al in Vadodara.⁷ This may be attributed to the combination of latest knowledge and good experience. Previous study by Zanata et al.¹⁶ evaluated oral health care among Brazilian gynaecologists and observed that their knowledge is limited and it is not compatible with established guidelines.

CONCLUSION

The study revealed that majority of gynaecologists had

good knowledge, attitude and practices regarding oral health of expectant mothers. There is a need for more active participation and involvement of the allied medical specialists: namely paediatricians and gynaecologists, in continuing education course and forums on dentistry.

Table 1: Showing Knowledge scores regarding oral health care by the participants

Experience	No	Mean	SD	F value	p-value
0-3 years	43	3.00	1.494	10.978	0.000*
3-6 years	38	4.22	1.695		
6-9 years	32	4.09	.343		
9-12 years	22	4.87	1.411		
Total	135	4.12	1.435		

Table 2: Showing Attitude scores regarding oral health care by the participants

Experience	No	Mean	SD	F value	p value
0-3 years	43	2.22	.424	0.936	.425**
3-6 years	38	2.19	.786		
6-9 years	32	2.00	.520		
9-12 years	22	2.16	.615		
Total	135	2.13	.596		

Table 3: Showing Behaviour scores regarding oral health care by the participants

Experience	No	Mean	SD	F value	p-value
0-3 years	43	2.41	.501	.941	.423**
3-6 years	38	2.41	.797		
6-9 years	32	2.53	.762		
9-12 years	22	2.63	.489		
Total	135	2.51	.645		

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