Oral Health Risk Assessment for Prenatal Care Providers

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1. When was your last dental visit?

- ☐ Less than 6 months
- ☐ More than 6 months

2. Do you have a dental home (regular dentist)?

- ☐ Yes - Regular Dentist
- ☐ No - Regular Dentist

3. Do you have any current mouth/tooth pain today?

- ☐ Yes - Mouth Tooth Pain
- ☐ No - Mouth Tooth Pain

4. Referral(1) Completed?

- ☐ Yes
- ☐ No

Optional (2) Oral Health Examination:

Provider to check teeth and gums for hygiene, inflammation

5. Potential caries, swollen or bleeding gums, other dental concern.

- ☐ Yes - Other Dental Concern
- ☐ No - Other Dental Concern

6. Sign of infection or other urgent need.

- ☐ Yes - Urgent Need
- ☐ No - Urgent Need

Citations and Notes

(1)

Ideally, the Prenatal Oral Health Risk Assessment is incorporated into electronic health record using a flowsheet with discoverable fields to pull reports. However, when needed, documenting in patient note can suffice, often using a SmartPhrase or Dot Phrase. ICD 10 code z13.84 (dental screening) can be used to flag charts of patients screened and then question 4 can be manually tallied to track referrals

(2)

Recommended By American College of Obstetrics (ACOG) and Oral Health During Pregnancy: a National Consensus Statement

(3)

Complete training at Smiles for Life – Course 5, CME provided. Needed supplies: gloves, adequate light, tongue depressor