

17 July 2020

Expert Working Group Secretariat
Maternity Services Policy

Via email: maternity@health.gov.au

Dear Sir/Madam

Re. Feedback on Clinical Practice Guidelines: Pregnancy Care

Thank you for providing the Australian Dental Association (ADA) with the opportunity to contribute to the review of the *Clinical Practice Guidelines: Pregnancy Care* in relation to nutrition, physical activity, weight, and body mass index.

As the peak national body for Australian dental practitioners with a key objective to encourage the improvement of the oral and general health of the public, the ADA recognises the important role of diet and nutrition in oral health. Oral health content already included in the *Clinical Practice Guidelines* is quite comprehensive, however, the ADA recommends oral health advice also be provided in combination with dietary advice rather than presented in silo as a 'lifestyle consideration.' Oral health should be referenced in combination with diet and nutritional choices as they are the main contributor to conditions such as dental caries and erosion. For non-dental health practitioners, keeping diet and nutrition and oral health as separate entities may not create the necessary links required to educate and advise patients.

Less than half of Australian adults (18+) are reported to have had a dental check-up in the past 12 months¹, demonstrating that a large portion of the population do not seek regular dental care and therefore may not receive the oral health advice necessary for pregnant women. Health professionals including midwives, obstetricians, general practitioners, practice nurses, maternal and child health nurses, and Aboriginal and Torres Strait Islander health workers should be provided with the necessary evidence-based information to ensure mothers maintain good oral health in both the antenatal and post-partum periods. New mothers are often found to ignore their own oral health in the post-partum period, a period which can sometimes span years, and sometimes results in development of conditions which may have been avoidable with routine dental care or appropriate advice. Maternal oral health remains important as poor self-rated maternal oral health should be considered a risk indicator for poor oral health for offspring as they reach adulthood.²

The Consultation Draft references *carbohydrates* (page 10) and *sweetened foods and drinks* (page 11) however includes no reference to the dental conditions that can potentially result from the excess consumption of these food and drink items. Changes to diet such as an increased desire to eat refined carbohydrates or sugar sweetened foods whilst pregnant or food choices in response to symptoms of nausea and vomiting, especially frequent consumption of such foods and drinks, can increase disease risk and patients should therefore be privy to combined oral health and diet and nutrition discussions. The frequent consumption of some refined carbohydrates and sweetened foods and drinks can increase a patient's risk of dental caries and erosion as it does not provide time for salivary buffering of the oral environment before additional acid attacks to the teeth, causing the periods of demineralization to outweigh remineralization and creating the ideal environment for disease development and progression.

Although the disease process for pregnant individuals is no different to the rest of the population, the dietary changes individuals may make during this period can place them at increased risk of oral disease, necessitating the provision of appropriate oral health education and advice in combination with that of nutrition and diet.

Thank you for the opportunity to provide feedback on these important guidelines. Should you have any questions in relation to the comments provided please do not hesitate to contact Dr Mikaela Chinotti on 02 8815 3300 or mikaela.chinotti@ada.org.au.

Yours sincerely,



Dr Carmelo Bonanno
President

References

- 1) S Chrisopoulos, L Luzzi and A Ellershaw 2019. Dental care. 97-124. In: ARCPOH. Australia's Oral Health: National Study of Adult Oral Health 2017–18. Adelaide: The University of Adelaide, South Australia.
- 2) Shearer DM, Thomson WM, Broadbent JM, Poulton R. Maternal oral health predicts their children's caries experience in adulthood. *J Dent Res*. 2011;90(5):672-677. doi:10.1177/0022034510393349