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Knowledge, attitudes and barriers to maternal oral health among pregnant women and nurse-midwives at moi teaching and referral hospital, Eldoret, Kenya**Paulina Kaba***Moi University, Kenya*

Introduction: Diseases that affect the teeth, lips and tongue are known as oral diseases (Nouaman et al., 2015). The most common global oral health burdens are dental caries and periodontal diseases (Nouaman et al., 2015). Internationally, oral health has been given minimal attention in terms of research. However, poor oral health has a significant impact on the quality of life of affected individuals. It is evident that most people are affected worldwide, but the majority of the people affected are in Low and middle-income countries (LMICs). This high prevalence is because LMICs have limited access to dental services (Iseselo et al., 2017). Pregnant women are more at risk for oral health problems like periodontitis and gum diseases due to hormonal changes, frequent vomiting, changes in diet coupled with lowered immunity (Toker et al., 2020). Progesterone levels rise during conception, and this promotes dilation of gingival capillaries. As a result, gingival capillaries are dilated. The increased hormonal levels put the mother at risk of being affected by an oral condition like bleeding gums. This condition may result in adverse health effects on mother and infant (Africa & Turton, 2019; Govindaraju et al., 2015; McNeil et al., 2016; Vamos et al., 2015). New mothers with dental caries can quickly transfer decay-causing bacteria to the infant through kissing, cleaning toys with saliva and blowing air on food. These practices can lead to early childhood caries (Bahamians et al., 2018; George, Dahlen, Blinkhorn, et al., 2016; Heilbrunn-Lang et al., 2015). Furthermore, periodontitis has also been linked to preterm birth, but this association has not been fully established in some countries (Govindaraju et al., 2015).

Objectives: To assess the knowledge, attitude and associated barriers to maternal oral healthcare among pregnant women and nurse-midwives at Moi Teaching and Referral Hospital.

Methods: A cross-sectional descriptive study was conducted with 379 participants. A total of 309 pregnant women were selected using a systematic sampling technique. A census approach was used to recruit 70 nurse-midwives working at the maternal and child health units. The functionalist theory and health belief model were used to generate the conceptual framework for this study. Interviewer administered structured questionnaires were employed for pregnant women and self-administered questionnaires were used in the case of nurse-midwives. Data were analysed with the STATA statistical analysis software (version 15). Descriptive results were presented in frequency tables, bar charts and pie charts as appropriate. Ordered logistic regressions were conducted to respectively ascertain the predictors of and differences in pregnant mothers' and nurse-midwives knowledge and perceived barriers to maternal oral health. A p-value <.05 at a 95% confidence level was considered significant.

Results: The mean age of participants was 28±5 years. The mean parity was 2±1. Almost half 132 (42.7%) indicated having some form of oral disorder such as bleeding gums, sensitive teeth, toothache or tooth decay. Among them, only 30 (9.7%) had visited the dentist in the last 12 months. The majority 266 (86%) had a low level of oral health knowledge by agreeing to the statement that it is normal to have bleeding gum during pregnancy and that dental extraction is unsafe during pregnancy. Women who had basic or secondary education demonstrated poorer knowledge (Coef. =-0.736, p=0.016) and attitude (Coef. =-0.453, p=0.54). Barriers to oral healthcare included not being informed about the need to visit the dentist 256(83%) and the high cost of dental treatments 232(75%). The nurse-midwives in the antenatal ward were more knowledgeable on maternal oral health than those in the antenatal clinic (Coef. = 3.082, p<0.005). Barriers cited by nurse-midwives were among others, lack of guidelines on oral healthcare during pregnancy 43(61%) and lack of in-service training on maternal oral healthcare 39(56%).

Conclusion: A significant number of pregnant women have oral health disorders. The majority of them do not seek the care of a dentist. Pregnant women have low knowledge and attitudes on the importance of oral health care during pregnancy. Nurse-midwives knowledge and attitudes on oral health care during pregnancy is sub-optimal.

Recommendations: There is the need for targeted in-service training programmes for nurse-midwives on maternal oral healthcare and the development of customised guidelines for oral health assessment and care during pregnancy. Dental health care should be incorporated into the Kenya free maternity care policy for better pregnancy experiences.

Biography

Paulina Kaba is a Ghanaian midwife and a Queen Elizabeth Commonwealth scholar at Moi University Kenya. She obtained her bachelor's degree in midwifery from the University of Health and Allied Sciences in Ghana. She is a final year student at Moi University Kenya where she is undertaking her masters in nursing (maternal and neonatal health). Paulina is a registered midwife in Kenya and in Ghana. At Moi University Paulina works at the department of midwifery and gender as a graduate research assistant.