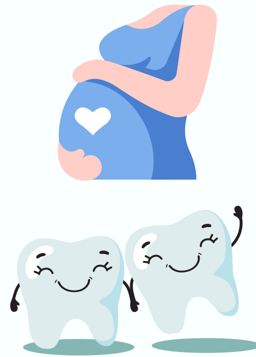
CHDP SUMMER NEWSLETTER



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Oral Health for Pregnant People and Children

Dental caries is preventable, and prevention can start as early as the baby is in the parent's womb. Medical providers are an essential part of oral health and can help both the baby and the pregnant person as early as the first trimester. Many people have misconceptions about dental visits and delay dental appointments until after the baby is born. Some cultures' beliefs and concerns about the baby's well-being prevent many pregnant people from getting a routine dental checkup and dental treatment during the pregnancy. New parents are generally busy taking care of the baby after the baby is born. As a result, many people do not seek dental visits and neglect their oral health during the pregnancy and a year after the baby is born.

Improving pregnant people's oral health can improve the children's oral health. According to the Centers for Disease Control and Prevention, "1 in 4 women of childbearing age have untreated cavities, and children with poor oral health status are nearly 3 times more likely to miss school because of dental pain" (CDC, 2022 March). Therefore, pregnant people should take care of their oral health as an essential part of prenatal care to have a healthy baby. Hormone changes that occur during pregnancy can contribute to gingivitis (gums inflammation), causing red and swollen gums. If gingivitis is not treated, it can become periodontitis, associated with poor pregnancy outcomes such as preterm birth and low birth weight. Thus, pregnant people must take care of their oral health to have a healthy baby.

CHDP providers can prevent dental caries in children by educating pregnant patients. Dental caries and Streptococcus mutants, caries-causing bacteria can increase during pregnancy due to frequent snaking, increased acidity from morning sickness (vomiting), and poor oral hygiene from not feeling well. People can transfer the caries-causing bacteria to the baby in many ways -- from their mouth to the baby's mouth by kissing, sharing utensils, and letting the baby's fingers place in the person's mouth and the baby put them back into their mouth. CHDP medical providers can do an oral health assessment, share oral health findings with the pregnant patient, encourage pregnant people to have dental checkups and treatment as it is safe to do so during the pregnancy and give anticipatory guidance. American Dental Association recommends as follows:

- Brush with fluoride toothpaste twice a day for at least 2 minutes each time
- After vomiting, rinse with diluted baking soda solution (one cup of water and one teaspoon of baking soda)
- Avoid brushing teeth right after vomiting due to teeth exposure to stomach acid.
- Brush at least twice a day for 2 minutes each time.
- Schedule the dental checkup appointment if the last appointment was more than six months ago.

The effort to prevent dental caries in children can start with pregnant people. The collaborative effort of medical and dental professionals can prevent dental caries in children. To ensure the children in San Francisco County have healthy lifelong smiles, let's start dental intervention with the pregnant people at CHDP medical clinics and reinforce good oral health habits for the whole family.

References:

1. American Dental Association. (n.d.). *Pregnancy*. Retrieved February 1, 2023, from https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/pregnancy

2. Centers for Disease Control and Prevention. (2022, March 18). *Pregnancy and oral health feature.* Centers for Disease Control and Prevention. Retrieved February 3, 2023, from https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html
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Screen for Adverse Childhood Events (ACEs) with Medi-Cal

As Medi-Cal providers, California pediatricians can be reimbursed for conducting Adverse Childhood Events (ACEs) screenings. Americans today experience more stress and trauma than ever, which can fuel ACEs. Since historically marginalized and disadvantaged children are disproportionately impacted, pediatricians are at the core of prevention.

According to the National Survey of Children's Health, about 30% of children report having experienced one ACE, and about 14% experienced two or more ACEs. These events are associated with chronic health conditions such as obesity, asthma, diabetes, mental illness, and substance use disorders that may arise before or during adulthood

Questionnaire-based screening tools are available to assist with the process and limited evidence shows that ACE screenings can successfully increase referrals to appropriate interventions.

The billing guidelines for ACE screenings are:

- Providers must complete the Department of Health Care Services (DHCS) training for ACEs and trauma-informed care prior to conducting a screening.
- ACE screening supplemental payments are limited to one screen per beneficiary per lifetime; however, additional screenings can be provided if it is deemed medically necessary.
- ACE screenings, rendered to Medi-Cal fee-for-service (FFS) beneficiaries and performed by FQHCs, RHCs, and IHS-MOA Clinics, will be paid up to the FFS reimbursement rate of $29.
- Use HCPCS code G9919 (screening performed and positive and provision of recommendations) for high-risk patients with a screening score of four or greater. Use HCPCS code G9920 (screening performed and negative) for lower-risk patients with a screening score of zero to three.

- When a face-to-face medical visit occurs, codes G9919 or G9920 are billed with the HIPPA-compliant billing code on the UB-04 claim form.
- ACE screenings provided to Medi-Cal Managed Care Plan (MCP) beneficiaries are to be billed to their respective MCP.

Types of ACEs

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

Household Challenges*

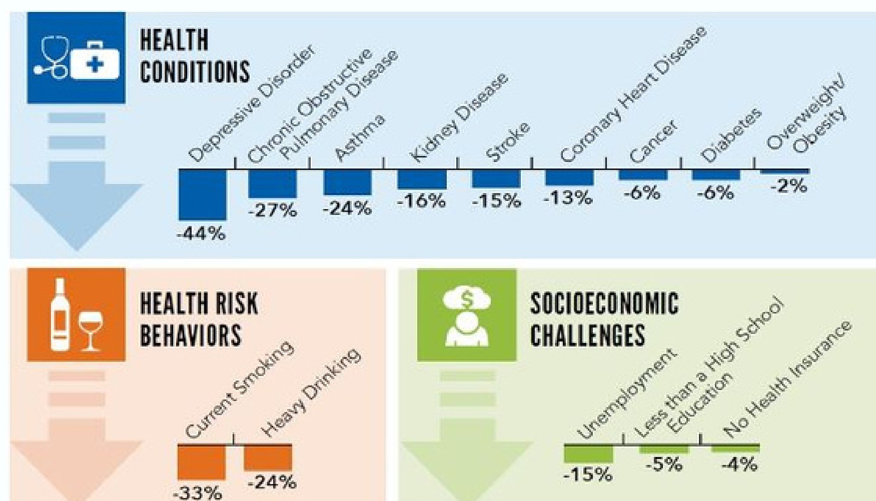
- Substance misuse
- Mental illness, including attempted suicide
- Divorce or separation
- Incarceration
- Intimate Partner Violence or Domestic Violence

Other Adversity

- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

*The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

References:

1. Centers for Disease Control and Prevention. (n.d.). Adverse childhood experiences (aces). Centers for Disease Control and Prevention. Retrieved February 10, 2023, from https://www.cdc.gov/vitalsigns/aces/
2. Centers for Disease Control and Prevention. (2022, April 6). Fast facts: Preventing adverse childhood experiences |violence prevention| Injury Center|CDC. Centers for Disease Control and Prevention. Retrieved February 10, 2023, from https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html.
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Changing the Perspective of “Picky” Eaters

“Picky”, or choosy, eating is part of normal development as children are learning about different types of food and textures and exercising their autonomy. Typically, a choosy eater is a person who rejects or restricts familiar and unfamiliar foods. This behavior commonly occurs between 2 to 6 years of age. Potential causes of choosy eating could be feeding difficulties and delayed introduction of lumpy foods (>9 months), pressure for the child to eat/experiencing an adverse food event, caregiver and child not eating the same meals, and children with higher sensory sensitivity (Taylor & Emmett, 2019). Parental pressure to eat may be counterproductive as it’s been found that more pressure to eat at a young age may predict continued choosy eating behavior.

Regarding health outcomes of choosy eaters, there are contradictory or inconclusive results due to differences in study design, assessment tools, subjective bias from caregiver reports, and lack of consideration for sociocultural factors. Longitudinal studies evaluated growth outcomes and found that choosy eaters tend to have a smaller body composition and lower BMI percentile than non-choosy eaters, but it was uncommon to be underweight. Most choosy children’s growth trajectories were still within normal limits (Berger et al., 2016; Taylor & Emmett, 2019; Taylor et al., 2019).

Choosy children may consume diets lower in iron, zinc, and fiber due to the tendency to not eat as much protein, fruits, and vegetables. However, children generally are not consuming enough of these nutrients (Taylor & Emmett, 2019). These findings may help ease some worries of caregivers over poor health outcomes and encourage more positive and supportive environment surrounding food.

Choosy eating may be defined differently between caregivers and providers. It is important to have the caregiver be allowed to freely express their observation of their child's behaviors in an unbiased environment. For providers, continue to monitor the growth charts and trends of the child, and ask open-ended questions to understand the eating habits at home and school. Reassure caregivers that each child will have their own growth journey, come in different sizes, and differ in amounts of food they eat during meals (Ellyn Satter Institute, 2023).

TIPS: Recommended Strategies for Caregivers (Ellyn Satter Institute, 2023; Taylor & Emmett, 2019)

- Having a positive approach, avoiding negativity and pressure to eat
    - Positive language at mealtime: see "Phrases that HELP and HINDER" handout below.
    - Allow children to pick out produce and be a part of meal preparation.
    - Offer healthy choices for your child to choose from.
    - Parental modeling of eating fruit and vegetables and trying unfamiliar foods.

- Repeated exposure to unfamiliar foods (10–20+ positive experiences may be needed)
    - Offer new foods first at meals. Offer one new food at a time.
    - Accept that one week a food could be their favorite, then become an unfavorite the next time. Continue to provide healthy choices and practice patience.

- Having realistic expectations of children's portion sizes.
    - Ellyn Satter's philosophy called the Division of Responsibility encourages children to use their hunger/satiety cues, rather than "cleaning your plate". The caregiver's role is to be responsible for what food is offered, when food is offered, and where food is offered. While the child is responsible for whether or not to eat the foods offered, and how much to eat from what is offered. It is helpful to look at the overall day or week of the child's diet to evaluate nutrition adequacy, rather than focus on each meal. Usually, the child will make it up later in the day or week.
- Promoting appetite by developing sit-down meal and snack routines. Limit food or drinks outside of meal and snack time (except for water).
- Having social food experiences, such as family meals with all members eating the same food, and limited distractions.
- Consult a Registered Dietitian (RD). If the family qualifies for WIC, consider referring to a WIC nutritionist for further support.

Helpful Client/Patient Handouts:

- "Tips for a "Choosy" Eater": https://www.fns.usda.gov/tn/nibbles (English and Spanish)
- "Healthy Tips for Picky Eaters": https://wicworks.fns.usda.gov/resources/healthy-tips-picky-eaters (English and Spanish)
- "Phrases that HELP and HINDER": https://myplate-prod.azureedge.us/sites/default/files/2020-12/PhrasesThatHelpAndHinder.pdf (English)
- "Be a healthy role model for children: 10 tips for setting good examples": https://handle.nal.usda.gov/10113/1333665 (English), https://naldc.nal.usda.gov/catalog/1333627 (Spanish), https://calfreshhealthyliving.cdph.ca.gov/en/PublishingImages/asian/Chinese,%20Role%20Model.pdf (Chinese/Cantonese)
- Ellyn Satter's Division of Responsibility in Feeding: https://www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding/ (English and Spanish), https://www.ellynsatterinstitute.org/wp-content/uploads/2015/12/Handout-How-To-Handle-Picky-Eater-Vietnamese.pdf (Vietnamese)

- “Tips for Feeding Picky Eaters”: https://doh.wa.gov/publications-available-online/wic-women-infants-and-children-publications (English, Spanish, Arabic, Burmese, Chinese, Korean, Oromo, Russian, Somali, Tigrinya, Vietnamese)

***For information about WIC** such as services, qualifications, or nearest locations, please visit: (https://sf.gov/women-infants-children-wic-supplemental-nutrition-program), or call (628) 217-6890.

***For information about CalFresh** (formerly called Food Stamps): please visit: (https://www.sfhsa.org/services/food/calfresh), call (415) 558-4700, or email them at food@sfgov.org.

***If you would like staff training** on weighing, measuring, and assessing child growth using BMI-for-Age growth charts, or other nutrition-related resources/training, please contact our CHDP nutritionist at katharine.chew@sfdph.org.

References:

1. Berger, P. K., Hohman, E. E., Marini, M. E., Savage, J. S., & Birch, L. L. (2016). Girls' picky eating in childhood is associated with normal weight status from ages 5 to 15y. *The American journal of clinical nutrition, 104(6),* 1577–1582. https://doi.org/10.3945/ajcn.116.142430
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4. Taylor, C. M., Steer, C. D., Hays, N. P., & Emmett, P. M. (2019). Growth and body composition in children who are picky eaters: a longitudinal view. *European journal of clinical nutrition, 73(6),* 869–878. https://doi.org/10.1038/s41430-018-0250-7

MEET THE NEW CHDP TEAM MEMBERS

We have expanded our staffing at CHDP!! Please welcome our new staff members as you see them come to sites for visits.

Jesse Aguilera – Provider Relations Public Health Nurse

Tandra Lowe- Senior Clerk

Katharine (Katie) Chew - Registered Dietitian Nutritionist

Laura Sanchez – Provider Relations Registered Nurse

Margaret (Meg) Buckwalter – Nurse Manager

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