

Abstract

Teen pregnancy poses unique oral health challenges for both mother and baby. It increases the risks of gingivitis, periodontitis, and caries, which can impact the fetus and cause birth complications. Poor maternal oral hygiene and untreated cavities can lead to vertical transmission of cariogenic bacteria to infants, increasing the risk of early childhood caries. Additionally, teen pregnancy has significant social and psychological impacts, contributing to the cycle of poverty and exacerbating poor health outcomes. This review explores the role of pediatric dentists as part of an interdisciplinary health care team in addressing these challenges. In addition to provide family education, caries and periodontal disease risk assessments, prevention and management of oral diseases, and anticipatory guidance, pediatric dentists should also advocate for improved social, political, and economic environments to ensure teen access to services supporting healthy choices, essential to disrupting the cycle of teen pregnancy, poverty, and oral health disparities.

Teen pregnancy and oral health – a perpetuating cycle of disease transmission

- Most pregnant people will experience pregnancy induced gingivitis due to hormonal changes.

- Periodontitis in pregnant individuals has been linked to preterm birth and low birth rate.

- Pregnant women are more prone to tooth decay due to dietary and habitual changes which increase the likelihood of transmission of these caries causing microbes to the mouths of their children.

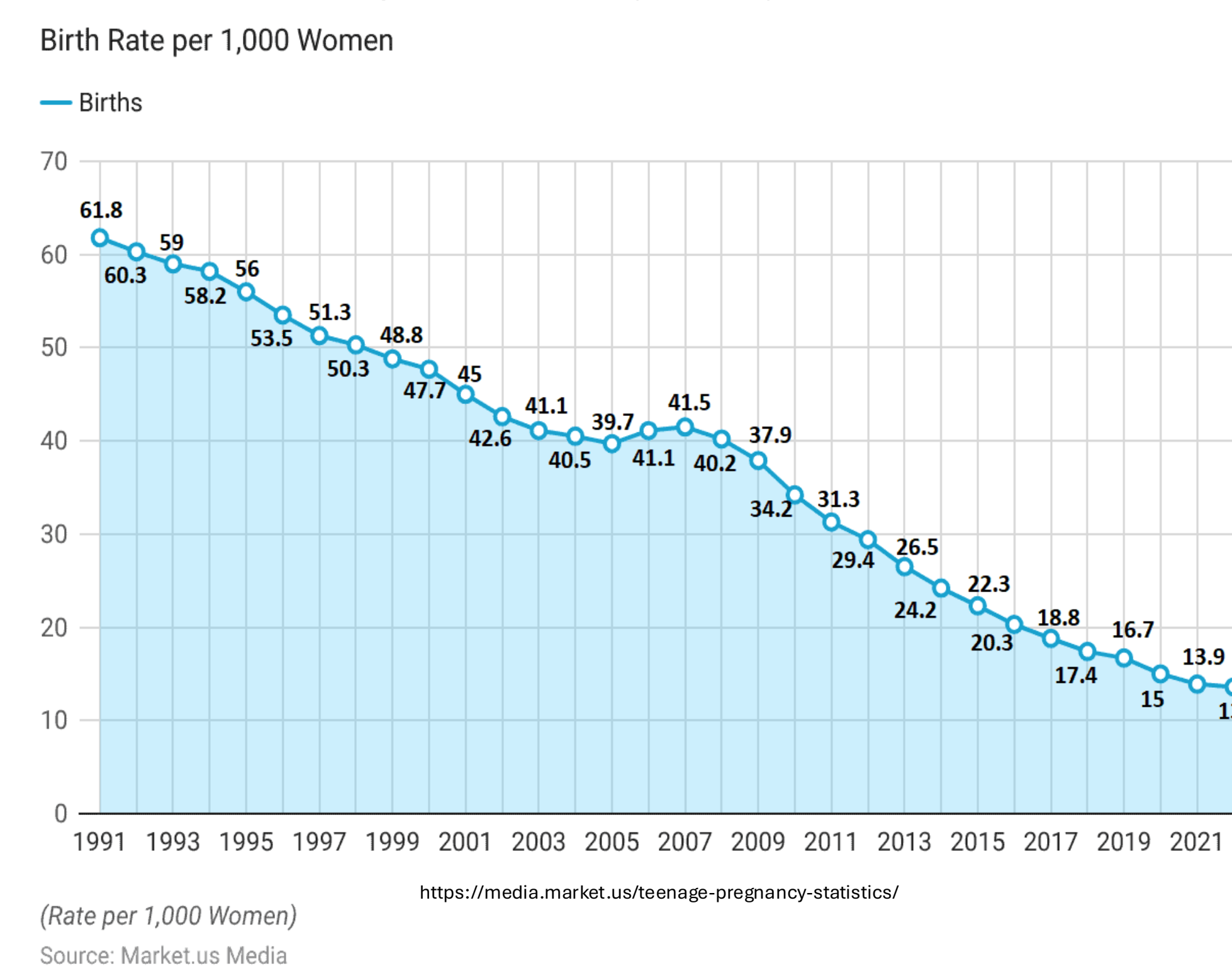
- Teen mothers, in addition to poorer oral health outcomes, are more likely to experience complications during pregnancy and labor such as preterm delivery, low birth weight, higher chances of infant mortality, maternal depression, anxiety, and stress. The etiology is unclear.

- Children born to teen mothers are also more likely to have developmental delays, behavioral problems, and poor academic performance. The etiology is unclear.

Teen pregnancy and poverty:

- According to the Centers for Disease Control and Prevention, teen pregnancy and poverty are both a cause and a consequence of each other.
- Over sixty percent of young, unmarried mothers live in impoverished households. These young women are also less likely to complete high school or college, receive less child support, and require more public assistance than older mothers.
- Poverty also influences the decision to maintain or terminate a pregnancy. A teenage girl of lower socioeconomic status and in regions of high-income inequality, are much more likely to maintain her pregnancy than girls of higher socioeconomic status, those with college-educated mothers, and in regions with less income inequality. This may be due to a lack of access to reproductive health services, education, or opportunities.

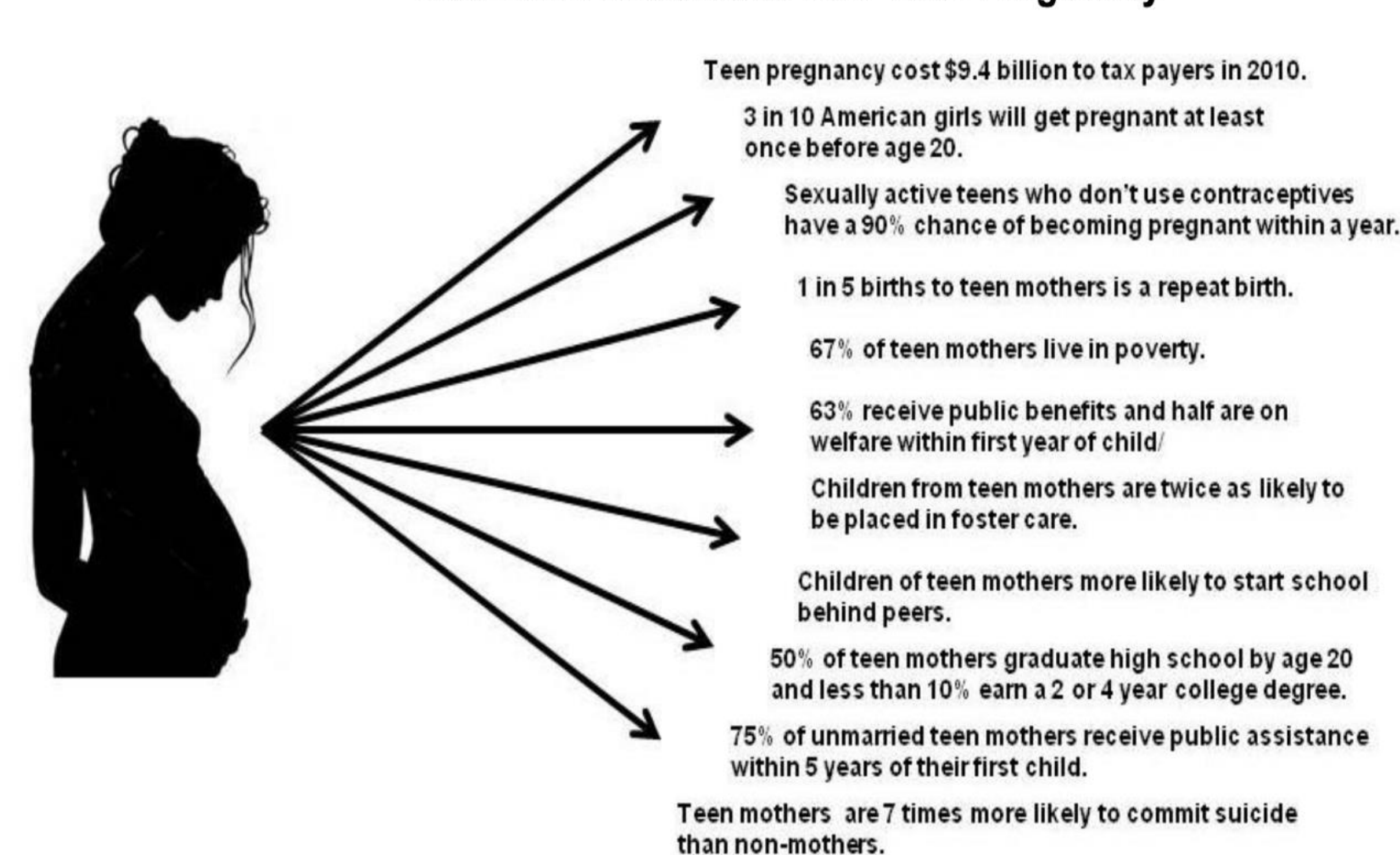
Birth Rate Among U.S. Teenagers Aged 15-19 Years



Teen pregnancy and child poverty go hand-in-hand

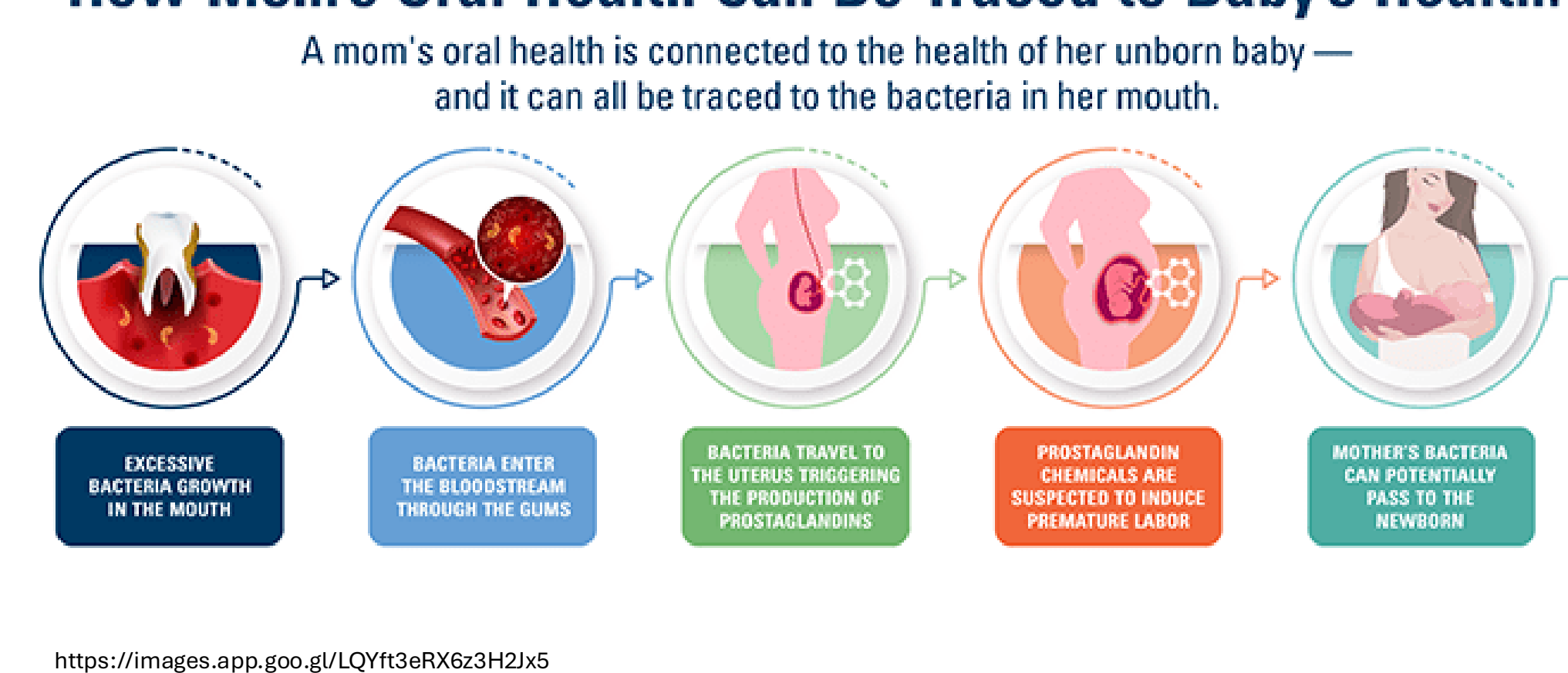


Outcomes Associated with Teen Pregnancy



https://www.rnmlgis.gov/handouts/LHHS%20092115%20term%20%20LFC%20Effective%20Practices%20to%20Reduce%20Teen%20Pregnancy.pdf

How Mom's Oral Health Can Be Traced to Baby's Health:



The positive impact of female controlled contraceptives (FCC) and the recent policy changes in the United States to limit access to them

- Teen pregnancy has decreased by over 50 percent between 1990s and 2010s. This has been accredited to the increased use of "birth control," especially Long-Acting Reversible Contraceptives (LARCs) such as IUDs and inserts which have proven to be extremely effective at preventing teen pregnancy.

- The Right to Contraception Act, Griswold v. Connecticut, and the Affordable Care Act are examples of guarantors of FCC access which are now under potential threat or already decommissioned.

- Idaho's No Public Funds for Abortion Act, prohibiting state-funded student health centers from dispensing emergency contraceptives such as Plan B, is an example of legislation limiting access to contraception, especially for at risk youth.

The role of pediatric dentist as an interdisciplinary health care team in addressing the challenges

- Our education of teenagers as well as oral health risk assessment should include the risk of teen pregnancy and how to avoid unwanted pregnancy.

- Dispel medical misinformation regarding contraception if our patients have questions and refer them to their primary care physician for consult.

- Create widespread public awareness of the link between teen pregnancy and poorer health outcomes.

- Lobby policy makers to protect our patients.

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