In Attendance:

Allison Ball, OHCA
Valene Bartmess, OK Indian Clinic
Norma Beard, Delta HeadStart
Mindy Bellack, McClain-Garvin Youth & Family
Evelyn Young Cummings, Positive Parents
Denise Harris, Delta EHS
Markia Hines, OCCHD
Monica Inciarte, Latino Agency
Sharonda Irving, Parent Promise
Annette Jacobi, OSDH/OCAP
Vicki Land, SSCO
Chelsie Melkvik, OSDH/OCAP
Leslie Roberts, OSDH/Dental
Persephone Starks, OSDH/OCAP
Judy Tidwell, Delta EHS
Sherie Trice, OSDH/FSPS
Jana Winfree, OSDH/Dental
Linda Wise, OSDH/FSPS

IPower Attendees:

Liz Biolley, Center for Children & Families-Cleveland County
Marien Breckenridge, Comm Health Ctrs, Positive Parents-OK County
Amanda Burgan, Tulsa Parent Child Center
Joy Burriss, Chickasaw Nation-Pontotoc County
Evelyn Cummings, Comm Health Ctrs, Positive Parents-OK County
Ginger Dunn, Chickasaw Nation-Pontotoc County
Sarah Franke, Help-In-Crisis-Cherokee County
Lisa Frederick, Chickasaw Nation-Pontotoc County
Donna Holiday, Tulsa Parent Child Center
Sally Johnson, Bartlesville Early Childhood Resource Ctr-Washington County
Cindy Lane, Okmulgee-Okfuskee County Youth Services
Jackie Miller, Okmulgee-Okfuskee County Youth Services
Marilyn Powell, Bartlesville Early Childhood Resource Ctr-Washington County
Brenda Rose, Northwest Family Services-Woods County
Ashley Sikes, Bartlesville Early Childhood Resource Ctr-Washington County
Beverly Washington, Youth & Family Services for Hughes and Seminole

Sherie Trice opened the meeting at 10:04 a.m. All in attendance introduced themselves.
Sharing of Program Information/Announcements

- Annette addressed the group first with a legislative update that consisted of the new HB 1063. She briefly read over the bill and provided copies for the attendees.

- Persephone addressed the Home Visitation Core Training. She said the workgroup is still focused on getting the Core Training finalized and hopes to be done soon.

- SoonerCare Updates:
  1) Safety Items Exclusion

  Effective January 1, 2013 OHCA has determined that TXIX coverage will exclude coverage of safety items such as adaptive full-length side safety rail beds, manual or electric safety bed systems, bed exit monitors, fire extinguishers, first aid kits, restraints, smoke and carbon monoxide detectors, and telephone alert systems.

  2) 2013 New Call Center Hours

  Due to changes in call center operations, the hours for the provider customer service unit will change from 7:30am -5:30pm to 8:00am to 5:00pm effective January 2, 2013. OHCA apologizes for any inconvenience this change in business hours might cause. Thank you for your continued service to Oklahoma SoonerCare members.

- CAP Action Committee:
  Sherie shared that there has been a lot of work in social media efforts and as a result Oklahoma Child Abuse Prevention now has a Facebook and Twitter account. Asked members to ‘Like’ on Facebook and subscribe to the Twitter feed.

Special Guest Presentations

- Dr. Jana Winfree, Chief, OSDH Dental Health Service announced that February is National Children’s Dental Health month and shared a PowerPoint presentation on Oral Health. Please see a copy of the presentation attached.

- Susan Wegrzynski, Nurse Abstractor and Care Coordinator, OSDH Screening and Special Services/Oklahoma Birth Defects Registry announced that January is Nation Birth Defects Prevention month and gave a PowerPoint presentation on Birth Defects. A copy of the slideshow is attached.

April CAP Month/CAP Action Activities

- CAP day will be Tuesday, April 9th this year and the mini-conference will immediately follow. The theme for the conference will be “Connect the Dots” and the next meeting is scheduled for Friday, February 8th.
- The prevention newsletter/eblast continues to be a success.
- We will do the Blue Ribbon Trees again this year and packets should go out in February with a press release.
- This year there will be a book drive and Smart Start Oklahoma with be the beneficiaries.
Home Visitation collaborative meetings

Members voiced that they really enjoy the guest speakers/presenters. They serve as a good reminder of services out there and opportunities to bring speakers to sites.

The meeting was adjourned at 11:32a.m.
<table>
<thead>
<tr>
<th></th>
<th>2014 HOME VISITATION MEETING CALENDAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates/Times</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Wed, Jan. 15, 2014</strong></td>
<td>Meet on Wednesdays 10:00am - noon @ OSDH, Room 314</td>
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<tr>
<td><strong>Wed, March 19, 2014</strong></td>
<td></td>
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<tr>
<td><strong>Wed, May 21, 2014</strong></td>
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<tr>
<td><strong>Wed, July 16, 2014</strong></td>
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<tr>
<td><strong>Wed, Sep. 17, 2014</strong></td>
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<tr>
<td><strong>Wed, Nov. 19, 2014</strong></td>
<td></td>
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</tbody>
</table>

**Please Note**: We strive to make ALL Home Visitation meetings available through Video Conferencing! Schedule Early for a site near you! **LindaKW@health.ok.gov**

For more information about the Oklahoma Home Visitation Leadership Advisory Coalition or Child Abuse Prevention in general...

Call: 405.271.7611 Visit website: fsps.health.ok.gov Email: sheriet@health.ok.gov

*Calendar created January 2013*
Good Dental Health Starts Early in Life  
*February is National Children’s Dental Health Month*  

The Oklahoma State Department of Health (OSDH) joins with the American Dental Association (ADA) every year to promote the importance of dental health for children and local dental health events during February, which is National Children’s Dental Health Month. Parents and caregivers can help children get an early start in learning how to take care of their teeth and gums. The slogan for this year’s observance is, “Get a Gold Medal Smile!”

“Remember, children learn their oral habits from you. As a parent or caregiver, be a good example, and your children will forever thank you with a healthy smile,” said Dr. Jana Winfree, chief, OSDH Dental Health Service.

**The OSDH and ADA offer the following dental health tips for parents or caregivers:**

- Do not feed a baby by “propping” the bottle.
- Limit the use of sippy cups. Sippy cups function in the same way bottles do – the child must suck to drink. Encourage toddlers to learn to sip by using a cup without a valve.
- Both bottles and sippy cups can contribute to early childhood cavities.
- Start brushing as soon as the first tooth erupts. You can just use a soft cloth to clean baby’s teeth, and there are special soft toothbrushes for small children.
- Brush your child’s teeth daily until the child can be taught to do this alone. A child normally develops skills to brush during the early elementary school age. Introduce flossing and continue to supervise children as they learn.
- Make sure your child gets the fluoride needed for decay-resistant teeth. Check your city’s water system for fluoridation by visiting the “My Water’s Fluoride” website at [http://apps.nccd.cdc.gov/MWF/Index.asp](http://apps.nccd.cdc.gov/MWF/Index.asp) or check with your public water utility. A dentist or dental hygienist can apply topical fluoride twice a year. Also, most toothpastes are fluoridated and there are many over-the-counter fluoride rinses available. Just a pea-sized amount of fluoridated toothpaste is recommended.
- For young children, care should be taken so they do not swallow toothpaste; consider not using toothpaste for children under age 2, or use a very thin smear.
- Take your child regularly to visit a dentist. Ask about sealants, which provide a protective barrier that covers the chewing surfaces of back teeth – especially first molars.
- Discuss with the coach about your child using a mouth guard during contact sports.
- Discourage tobacco use and oral piercings.
- Encourage and provide proper nutrition.
  - Sugary and acidic drinks should be limited. Try diluting juices with water. Water is the best drink for thirst and to sip throughout the day.
  - Sugary foods should be consumed with meals. Saliva production increases during meals and helps neutralize acid, and rinse food particles from the mouth.
  - Limit between meal snacks.
  - If your kids chew gum, make it sugarless. Chewing sugarless gum after eating can increase saliva flow and help wash out food and decay-producing acid.
For more information about Children’s Dental Health Month and events planned during February, or for posters, fun activity sheets, and educational resources, browse the American Dental Association website at http://www.ada.org/5578.aspx.

Finally, please note that the Oklahoma Mission of Mercy (OkMOM) free dental clinic will be held Feb. 1-2, 2013, first come, first served, at the Great Plains Coliseum, Lawton, OK. This two-day clinic is designed to meet the critical needs of dental patients of all ages by providing free dental care to as many adults and children as time, volunteers and supplies will allow.

There are more than 50 sponsors for the OkMOM event. Major sponsors include the Oklahoma Dental Association, the Oklahoma Dental Foundation, Delta Dental of Oklahoma Oral Health Foundation, and the Oklahoma State Department of Health. Local contributors include the Comanche County Health Department, the McMahon Foundation, the Lawton Country Club, and local eateries that are supplying food and beverages for the event. More than 1,200 volunteers have signed up to work at the OkMOM this year. To find out more, including photos and frequently asked questions, visit http://www.okmom.org/.
February is NCDHM
American Dental Association [http://www.ada.org/5578.aspx](http://www.ada.org/5578.aspx)
Oral Hygiene

Brushing 2X per day (pea-sized amount TP)

Flossing 1X per day

DRINK F WATER!
PREVENTIVE DENTISTRY

Fluoride Varnish

Sealants
Dental Sealant Programs

• Target At-Risk Schools and Students

• Target 1<sup>st</sup> Molars and 2<sup>nd</sup> Molars (2<sup>nd</sup> and 6<sup>th</sup> grade students)

• Best Practice Approach

• Portable Dental Equipment

• 4 - Hand Dentistry
Application of Topical Fluoride Varnish.
My Water's Fluoride

My Water's Fluoride
Safe, effective prevention of tooth decay for people of all ages: Know if your water is optimally fluoridated.

My Water's Fluoride allows consumers in currently participating states to learn the fluoridation status of their water system.

The best source of information on fluoride levels in your water system is your local water utility. All water utilities must provide their consumers with a Consumer Confidence Report that provides information on a system’s water quality, including its fluoridation level. The state drinking water administrator or state oral health program also should be able to help you identify the fluoride level of your drinking water.

Optimal fluoride levels recommended by the U.S. Public Health Service and CDC for drinking water range from 0.7 parts per million (ppm) for warmer climates to 1.2 ppm for cooler climates to account for the tendency for people to drink more water in warmer climates.

OKLAHOMA

Search by Water System Name
- All States & Territories
- Beginning With
- Containing

Search by Water System ID
- All States & Territories
- Beginning With
- Containing
• ENJOY YOUR FOOD, but eat less.

• Make half your plate fruit and vegetables.

• Drink water instead of sugary drinks.
Play
Be Active
Exercise
Join a Team
Practice
Run, Jump, Dance
Compete
Win & Lose
Just do it!
Be Safe!
OKMOM

EXTRACTIONS
Extracciones

HYGIENE
Delta Dental of Oklahoma Oral Health Foundation

• On website
• Updated quarterly
• Lists services by region

• deltadentalok.org/communityservice/resource.asp
Anticipatory Guidance
Practical, Age Appropriate Advice

• Breastfeed infants for 1 year
• Clean baby’s gums and teeth
• Discourage sleeping with bottle
• Limit “sippy cup” usage
• Limit sugary foods & drinks to mealtime
• Limit 100% fruit drinks to 4 oz/day
• Avoid carbonated drinks

• MAJOR RISK FACTOR
• Early acquisition of virulent, aciduric, S. mutans colonized maternal oral flora to infant oral flora
Current Oklahoma version of an old problem
Taking care of your teeth makes you a healthier person.
Birth Defects: Common, Costly, and Critical

Screening and Special Services

Oklahoma Birth Defects Registry
Oklahoma Birth Defects Registry

- Established in 1992
- Operates under 63 O.S. Section 1-550.2
- Statewide, population-based, active surveillance program
- Information on birth defects is collected within the first three years of life
- Mission:
  - Protect and promote the health of Oklahomans through statewide surveillance and investigation
  - Identify opportunities to reduce infant mortality
  - Prevent and optimize early detection of birth defects
What is a Birth Defect?

• A problem that happens while a baby is developing in the mother's body
• Most happen during the first 2 to 3 months of pregnancy
• Affects how the body looks, works or both
• Can vary from mild to severe
• Examples: Extra fingers or toes, misshapen or missing arms and legs, small or missing organs like kidneys or lungs, abnormal brain development, and complex heart defects
• Prevalence: Every 4.5 minutes a baby is born with a birth defect
  1 in 24 infants is born with a birth defect in Oklahoma
<table>
<thead>
<tr>
<th>Main Embryonic Period (in weeks)</th>
<th>Fetal Period (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Neural tube defects (NTDs)</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>TA, ASD, and VSD</td>
<td>Heart</td>
</tr>
<tr>
<td>Amelia/Meromelia</td>
<td>Upper limb</td>
</tr>
<tr>
<td>Amelia/Meromelia</td>
<td>Lower limb</td>
</tr>
<tr>
<td>Cleft lip</td>
<td>Upper lip</td>
</tr>
<tr>
<td>Low-set malformed ears and deafness</td>
<td>Ears</td>
</tr>
<tr>
<td>Microphthalmia, cataracts, glaucoma</td>
<td>Eyes</td>
</tr>
<tr>
<td>Enamel hypoplasia and staining</td>
<td>Teeth</td>
</tr>
<tr>
<td>Cleft palate</td>
<td>Palate</td>
</tr>
<tr>
<td>Masculinization of female genitalia</td>
<td>External genitalia</td>
</tr>
</tbody>
</table>

- **Common site(s) of action of teratogens**
  - Less sensitive period
  - Highly sensitive period

- **Major congenital anomalies**
  - Functional defects and minor anomalies

*Mauve denotes highly sensitive periods when major birth defects may be produced.*
Impact of Birth Defects

Number one leading cause of death in infants less than one year of age in Oklahoma and the . . .

Almost half of all parent relationships end within 1 years after the birth of a child with a disability

More than a third of parents reported financial difficulties while caring for a child with a severe disability

... million in hospitalization costs in O between 2 2 and 2 1
Impact of Birth Defects

- Pina bifida
- Own syndrome
- Orofacial Cleft
-Astroschisis

Congenital Anomalies by Organ System
Oklahoma, 2000-2009

- Nervous System, 23 (2.3%)
- Orofacial, 11 (1.1%)
- Cardiac, 24 (2.4%)
- Circulatory, 4 (0.4%)
- Gastrointestinal, 14 (1.4%)
- Renal, 14 (1.4%)
- Chromosomal, 4 (0.4%)
- Other, 1 (0.1%)
actors influencing health of Pregnancy

Fig. 15-1 Web of influences that can affect outcome of pregnancy. (Wardlaw, 1993) © 2004, Mosby, Inc. All rights reserved.
Question?

When is the best time to talk with women about their pregnancy?
ANSWER: During Interconception

- Interconception is defined as the time period between a woman's pregnancies.
- To reduce the risk of birth defects, interconception care should focus on:
  - Maternal behaviors
  - Management of Existing Health Concerns
  - Medications
  - Genetic and nutrition
  - Infections
  - Immunizations
  - Family history
Interconception Care

• Maternal Behaviors:
  • Top smoking, drinking alcohol and using illicit drugs at least 3 months before pregnancy
  • Tobacco use has been associated with a range of birth defects including severe heart, abdominal and skeletal defects
  • Fetal Alcohol Syndrome is preventable
    • Characterized by abnormal facial features, small head size, vision and hearing issues

In Oklahoma, mothers of children with birth defects were:

• 5 times more likely to drink alcohol
• 1.5 times more likely to smoke while pregnant
Interconception Care

• Management of Existing Health Conditions:
  
  • Diabetes
    
    • One in every 1 in 44 women of child bearing age has type 2 diabetes
    
    • Poorly controlled in first trimester can increase risk of birth defects by 20%
    
    • Can affect spinal cord, heart, urinary and digestive systems of baby
    
    • Important to monitor blood sugar closely, use medication as directed, stick with diet and exercise plan BEFORE and during pregnancy
Interconception Care

- diabetes cont.

  **Gestational Diabetes**

  - diagnosed during pregnancy and linked to hormones produced in placenta
  - has been linked to increase in heart and spinal defects if the woman is also obese
  - usually goes away after delivery but follow up postpartum care is necessary to confirm
  - HOWEVER, these women have over 60% chance of developing Type II sometime in their lifetime
Interconception Care

• Management of Existing Health Conditions:

  • Hypertension
    • Inked to heart, brain and spinal defects
    • Concern for medications used

  • Obesity
    • Inked to diabetes and hypertension
    • Associated with defects of heart and spine

  • Depression
    • Concern for medication used, poor behavioral choices, non compliance of care

  • Urinary
    • Main concern is medications used
Interconception Care

• Medications:
  
  • Review safety of current prescriptions and O C medications
  • ACE angiotensin converting enzyme inhibitor medications used to control high blood pressure have been associated with heart defects
    • Examples of ACE drugs include Enalapril and Isinopril
  • Paxil, a selective serotonin reuptake inhibitor antidepressant has been associated with increased heart defects if taken in the first trimester
  • Buprofen use in the first trimester has been linked to abdominal wall and heart defects
  • Antiepileptic medications such as Epakote, Alproic Acid and Egretol have been shown to increase the risk of heart defects and neural tube defects
Interconception Care

• Weight Loss and Nutrition
  • Eat a healthy diet and exercise to reduce weight
  • Almost 1 3 of Oklahoma women of child bearing age 1 44 are obese
  • Overall poor quality of diet increases the risk of certain birth defects
  • Obesity has been linked to defects of the heart and spine
  • Obesity is associated with high blood pressure and diabetes two other disorders linked to birth defects
Interconception Care

• Existence/Prevention of Infections:

Cytomegalovirus (CMV)

• CM is transmitted through contact with infected bodily fluids such as urine and saliva.

• Most people have already been exposed to CM and don’t realize it; there are usually no symptoms.

  CM is usually contracted in early childhood, particularly in daycare or preschool.

• If mom has not already developed immunity to CM and becomes infected during pregnancy, she can pass the virus to her unborn child.

• Maternal exposure can cause birth defects such as small head size, vision and hearing loss.

   Ways to prevent exposure to CM include washing hands frequently after changing diapers, feeding, wiping nose or drool or handling children’s toys.
Interconception Care

• Existence/Prevention of Infections:

  • Sexually Transmitted Diseases (STD)
    • eek testing and treatment for woman and partner before getting pregnant
    • Practice safe sex by using condoms
    • Woman and partner should take all medication prescribed for
    • Woman diagnosed with a and urinary tract infection one month before and through end of first trimester had 4 times higher risk of abdominal wall defect gastroschisis
    • Woman age 2 years or younger were 11 times more likely to have child with defect than those age 25 years and older
Interconception Care

• Existence/Prevention of Infections:

  • Urinary Tract Infection (UTI)

    • Women should let their doctor know if there is any chance they could be pregnant if they are diagnosed with a

    • Women can reduce risk of UTI by wiping front to back, wearing cotton underwear, drinking plenty of fluids, not resisting urge, and urinating after sex
Interconception Care

• Immunizations:
  • Make sure vaccinations are up to date
  • Maternal rubella infections during pregnancy can cause eye defects such as cataracts, glaucoma, and blindness, deafness and congenital heart defects in the developing baby
Interconception Care

• Family History:
  • alk with family members about history of health conditions or birth defects
    • 1 of parents of children with birth defects had family history of birth defect or genetic disorder
Neural Tube Defects

- Neural tube defects occur early in pregnancy when the neural tube, which becomes the spinal column and brain, fails to close.

- Neural tube development occurs very early in pregnancy, usually around the 28th day after conception.

- Before most women even know they are pregnant.
Neural Tube Defects

Examples of neural tube defects:

Spina Bifida  Anencephaly  Encephalocele
Neural Tube Defects

• **400 mcg** of folic acid per day reduces risk of having a baby with neural tube defect

• **IF** taken 3 mos. before and during 1\textsuperscript{st} 8 weeks of pregnancy (remember the 28\textsuperscript{th} day?)
Neural Tube Defects

- Synthetic form of folic acid is essential for cell growth, division and in A production.
- Benefits a woman's health even if she is not pregnant.
- Folic acid and folate are not created equal.
- Sources:
  - Daily multivitamin
  - Fortified grains and pastas
  - Fortified breakfast cereals
Neural Tube Defects

A higher recurrence rate in women who have already had a child with a neural tube defect.

Must take 4 mg, the recommended amount of folic acid at least one month before and during next pregnancy.

- This amount can only be obtained with a prescription.
- Women should not try to take this amount on their own.
Preparing For a Lifetime: It’s Everyone’s Responsibility

Preparing for A lifetime
http://tiio.health.ok.gov

Oklahoma birth effects registry
obdr.health.ok.gov/

Organization of teratology information specialists
http://www.otispregnancy.org

Centers for Disease Control National Center on birth effects and developmental disabilities
http://www.cdc.gov/ncbddd/

Oklahoma Tobacco Helpline
1 800 QUIT NOW
Questions?
Birth Defects Program
Screening and Special Services
Oklahoma State Department of Health

susanmw@health.ok.gov
(405) 271-6617