

# CUIDADO É FUNDAMENTAL

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RESEARCH

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## PERCEPTION OF DENTAL PRENATAL CARE BY PREGNANT AND POSTPARTUM WOMEN ASSISTED IN A MATERNITY HOSPITAL

*Percepção do pré-natal odontológico pelas gestantes e puérperas atendidas em um hospital maternidade*  
*Percepción de la atención prenatal dental por parte de las mujeres embarazadas y puérperas atendidas en una maternidad*

Alice Maria Gonçalves Costa<sup>1</sup> 

Janaína Farias Campos<sup>1</sup> 

Ramon Martins Gomes<sup>1</sup> 

Táisa Freire Mororó de Sá<sup>1</sup> 

Janayle Kéllen Duarte de Sales<sup>1</sup> 

Dailon de Araújo Alves<sup>2</sup> 

### ABSTRACT

**Objective:** to understand the perception of pregnant and postpartum women about dental prenatal care. **Methods:** descriptive, exploratory study with qualitative approach, conducted in a maternity hospital of a city in the interior of Ceará, through interviews with pregnant women, from the third trimester, and postpartum women. Data collection occurred in 2020. Then, the empirical content was analyzed and categorized following the assumptions of thematic analysis. **Results:** twenty women among pregnant and postpartum women participated in the research. From the perception of the participants, three categories were elaborated, namely: the perception of dental prenatal care, according to the pregnant and postpartum women's point of view; dialogical relations between pregnant women and health professionals; and implications of the lack of information on dental care during pregnancy. **Conclusion:** pregnant women recognize that dental care during pregnancy is important, but they do not understand the positive consequences or the meaning of this assistance.

**DESCRIPTORS:** Prenatal care; Pregnant women; Oral health.

<sup>1</sup> Escola de Saúde Pública do Ceará (ESPCE), Ceará, Iguatu, Brazil

<sup>2</sup> Faculdade de Medicina Estácio de Juazeiro do Norte, Ceará, Juazeiro do Norte, Brazil

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**Corresponding Author:** Janayle Kéllen Duarte de Sales, E-mail: janayleduarte@gmail.com

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## RESUMO

**Objetivo:** compreender a percepção de gestantes e puérperas a respeito do pré-natal odontológico. **Método:** estudo descritivo, exploratório com abordagem qualitativa, realizado em um Hospital Maternidade de um município do interior cearense, mediante entrevistas junto as gestantes, a partir do terceiro trimestre, e puérperas. A coleta de dados ocorreu em 2020. Em seguida, o conteúdo empírico foi analisado e categorizado em seguindo os pressupostos da análise temática. **Resultados:** participaram da pesquisa, 20 mulheres entre gestantes e puérperas. A partir da percepção das participantes, foram elaboradas três categorias, a saber: a percepção do pré-natal odontológico, segundo a ótica das gestantes e puérperas; relações dialógicas entre gestantes e profissionais de saúde; e implicações da falta de informação sobre a assistência odontológica na gestação. **Conclusão:** as gestantes reconhecem que o acompanhamento odontológico no período da gravidez é importante, mas demonstraram não entender quais as consequências positivas da assistência.

**DESCRITORES:** Cuidado pré-natal; Gestantes; Saúde bucal.

## RESUMEN

**Objetivo:** conocer la percepción de las mujeres embarazadas y puérperas sobre el cuidado prenatal dental. **Métodos:** estudio descriptivo, exploratorio con abordaje cualitativo, realizado en un hospital materno de un municipio del interior cearense, mediante entrevistas junto a las gestantes, a partir del tercer trimestre, y puérperas. La recogida de datos se realizó en 2020. A continuación, el contenido empírico fue analizado y categorizado siguiendo los puntos de vista del análisis temático. **Resultados:** participaron en la investigación 20 mujeres entre gestantes y puérperas. A partir de la percepción de los participantes, se elaboraron tres categorías, a saber: la percepción del prenatal odontológico, según la óptica de las gestantes y puérperas; las relaciones dialógicas entre gestantes y profesionales de la salud; y las implicaciones de la falta de información sobre la asistencia odontológica en la gestación. **Conclusión:** las gestantes reconocen que el acompañamiento odontológico en el periodo de gestación es importante, pero demuestran no entender cuáles son las consecuencias positivas o el sentido de esta asistencia.

**DESCRITORIOS:** Atención prenatal; Mujeres embarazadas; Salud bucodental.

## INTRODUCTION

The woman's body undergoes many physiological changes during pregnancy, among some can be mediated by hormonal shifting, the presence of frequent nausea that hinders the habit of cleaning the oral structures, increased food intake, which requires that this group of patients receive special attention regarding dental care.<sup>1-2</sup>

The oral health of the pregnant woman can directly affect the pregnancy, as well as the general and oral health of the baby. However, studies show they make fewer visits to the dentist during this time. This may be due to beliefs that associate dental care during pregnancy with harm to the baby.<sup>2</sup>

Amid some changes that occur in its physiology is the decrease in salivary pH, a fact that favors an increase the incidence of caries. Another change is the decrease in the antimicrobial action of peripheral neutrophils, which are part of the immune defense of periodontal tissues, therefore, amendments such as pyogenic granuloma, gingivitis and periodontitis are the most found, even though at times there is no excessive presence of bacterial biofilm.<sup>3-4</sup>

In view of these changes that occur during pregnancy, it is essential that extra care is given to the pregnant woman so that none of these have a negative effect on the development of the fetus. Thus, the oral health care for pregnant women can be called prenatal dental care.<sup>5</sup>

Considering the integral assistance to women's health, the prenatal care aims to meet the needs of pregnant women and

allow a gestational development that reflects on a healthy birth and a health newborn, including the approach of psychosocial and preventive aspects. For this, the Basic Health Unit (UBS) is the main access of women to longitudinal and continuous care during this time.<sup>6</sup>

Preventive dental management is necessary and can be achieved through techniques for adapting the oral environment and controlling bacterial plaque. For this purpose, the organization of the actions of the dental team in primary health care (PHC) must facilitate the access of pregnant women to dental consultations, through means such as shared agenda and interconsultations.<sup>6</sup>

The purpose of carrying out this research arose from previous experiences of the main author, who, as a dentist and resident in Family and Community Health at the School of Public Health (RIS/ESP-CE), during the implementation of a network course in a maternity hospital, questioned herself about dental care in the city and because this subject still little known by most women and other PHC workers.

Nevertheless, the following research question remains: What are the perceptions of pregnant and postpartum women about prenatal dental care? It is justified that the analysis of a given context may be relevant in generating reflections pertinent to dentists, other health professionals and managers regarding the need for greater emphasis on dental care to pregnant women to promote health and avoid possible pregnancy complications and to the newborn, providing a better quality of life for both.

In this context, the present study aimed to understand the perception of pregnant and postpartum women regarding prenatal dental care.

## METHOD

This is a descriptive and exploratory study with a qualitative approach. The data collection was carried out in a maternity hospital of a city in the interior of Ceará, between January and December 2020. The study population was composed of pregnant women, from the third trimester, and postpartum women living in the municipality.

The inclusion criteria used were pregnant women, from the third trimester, and postpartum women, living in the city, with 18 years or older. The following exclusion criteria were used: pregnant women not accompanied by the PHC of the city, as well as postpartum women who did not give birth in the unit under study.

Data were collected through semi-structured interviews, conducted in a room without outside influences, anonymously, audio-recorded, with no time limit for answers. All interviews were conducted by the same researcher and fully transcribed. The collection of dialogues was interrupted because of data saturation.

To maintain the anonymity of the participants, they were identified through codes (G01 to G18 for pregnant women and P01 to P02 for postpartum women). Then, the empirical content was analyzed and categorized according to the objectives of the study and the assumptions of the thematic analysis of Minayo.<sup>7</sup>

However, to promote a better understanding of the data results, after the data analysis, three categories were defined: perceptions of prenatal dental care from the perspective of pregnant and postpartum women; dialogical relationship between pregnant women and health care professionals; and consequences of the lack of dental care during pregnancy.

All ethical procedures for research involving human subjects were respected, according to Resolution No. 466/2012 of the National Health Council (CNS) and approved by the Research Ethics Committee of the proposing institution, Ceará Public Health School, with opinion No. 4,129,26.

## RESULTS

The participants were 20 women between pregnancy and postpartum, aged between 18 and 40 years. Of these, six were in their second pregnancy, all of them from the community under study. The majority, nine, were married, and their activities were confined to their home, with only four of them working outside.

In terms of family income, 11 women reported that they live on a family allowance, while the others live on a minimum wage, a pension, or no income at all. Only one of them has an income of two minimum wages. The following categories emerged from the analysis of the reports.

### Perceptions of prenatal dental care from the perspective of pregnant and postpartum women

This first category describes the understanding of pregnant and postpartum women regarding dental prenatal care in a specific context, represented by the following reports.

*It has, it is fundamental for the development of the child, right? I think everything that goes through the mother goes straight to the pregnancy, so ... In my opinion the follow-up is essential. (G02)*

*Yes, it is. Because sometimes it is very good to go to the dentist because you also must take care of your health before pregnancy and to give birth to the baby, it is good to prevent early. (G03)*

*Yes, because often the pregnant woman feels toothache, some discomfort, but cannot go because she says it can affect the pregnancy. (G06)*

*I say yes, there is a need. I think more for dental health, then there are times when the person feels something, transmits to the child too, bacteria these things, I say it is necessary. In the case of bacteria, these things hit, I think it is necessary. (G08)*

Most participants recognized the need for prenatal dental care, although they did not know how to explain the need. Only one report presented a negative discourse and a firm opinion, demonstrating that there is no relevance in the implementation of prenatal dental care.

*No, why ... The pregnancy is just to have the child, for me it is not necessary to have ... Dentist follow-up. Because no, I think a lot... A lot of it, I think it's unnecessary. (G17).*

This position reveals the lack of knowledge about prenatal dental care and its necessity, which may result in late diagnosis of oral diseases and in a deficient gestational development regarding oral health and its implications for the mother and the baby at the present time and in the puerperium.

The purpose of dental care during pregnancy has been raised. The following snippets reveal the plight of some of the participants.

*I think it's the pregnant woman health. To have a good oral health, I think it must be. (G04)*

*It also serves to prevent diseases against the child, which she says that sometimes a tooth problem can cause premature birth. That's all. (P02)*

*Woman, I think that to prevent health, because everything that we feel, the baby feels, maybe even to avoid harming the child, I believe this. (G12). (G12)*

*I also think that it is important to take care of a woman's oral health. when they are in the gestation period, their gums swell, they may have some oral health problem, and it*

*may interfere in something, in the of oral health, and may interfere in something, in the... Pregnancy. (G15)*

In these statements, they showed that they had not received any information about the purpose of dental prenatal care, noting that most of them do not know about the question asked.

### **Dialogical relationship between pregnant women and health care professionals**

In this category we searched if the participants had the knowledge and if they had heard about dental prenatal care from another health professional.

*No, no, not at all. (G09)*

*No, I haven't heard, when I wanted to go to the dentist I went on my own, we came to the post and never had a sheet. (G10)*

*No, I've never seen them say it, no. (G16)*

The reports of almost all the pregnant women were direct and negative, leading to the conclusion that the pregnant women had no knowledge about prenatal dental care or had never heard about it from a professional.

Only three of the participants had positive statements about their knowledge of the subject, two of them were postpartum women.

*Yes, yes. Because there in the FHP, it says that you must go through the dentist, every pregnant woman (G05).*

*I hadn't seen it until the last time now in this pregnancy that I had there in the FHP, then I had the follow-up for us, but only this time, which I didn't even know I had. (P01)*

*I only heard that it was already at the end, in the last antenatal care I went to the doctor she said she had it, only at the beginning we didn't have it (P02).*

During the research, participants were asked which professional(s) they received advice from, according to the answers presented.

*I went to the prenatal care, then the dentist accompanied me and told me to also be accompanied by the dentist who was very important. (G01)*

*The woman, the health agent. (G03)*

*It was the doctor that accompanied my prenatal care. (G05)*

*The dentist. (P02)*

It has been verified that only four of the participants have been in contact with some of the dissemination agents. Most of them did not receive information about the need for assistance at the dentist.

### **Consequences of the lack of dental care during pregnancy**

The dialogues revealed that almost all of the pregnant women did not receive odontological follow-up in health units.

*No, I never had a follow-up during my pregnancies. (G02)*

*No, I only had it with the doctor and the nurse, I never had it with the dentist. (G17)*

*One of them reported a follow-up, but it was done before the pregnancy because of the use of orthodontic appliances.*

*So I've always been followed, because of my bleeding, I've had follow-ups. I already do follow-ups, because of the braces, then also because of the bleeding. (G18)*

These reports serve as a warning about the urgency of correcting the way health care reaches these women and what professionals or managers are failing. The women were asked about the effects of dental treatment on pregnancy, and their speeches were:

*I think she must have, I don't know which ones, I don't know if it will harm the pregnancy, if she has something, some inflammation, something in the tooth, she may have a follow-up. (G04)*

*It is like I said, for not passing the disease to baby because sometimes there is disease and infection not only in one but both. (G05)*

*It causes a good thing because it prevents disease against the child and helps you if you are suffering from toothache, with bleeding. (P02)*

*I think it only contributes, no? I think that only must contribute. I think it's just the issue of sanitization that we need to be more careful. (G18)*

Although they were uncertain and lengthy in their speeches, they demonstrated that it is possible to transmit oral diseases to the child and therefore the effect of the treatment is positive. Otherwise, a minority expressed the opposite opinion, fearing that dental treatment could have some negative consequences, which can be observed in the reports.

*It's very risky to move in these parts, the person is already filled with fear. Because anesthesia comes, you must pull these things out, then the person already thinks it might be dangerous. I was more of this business, to clean, these things are easier (G08).*

*And you've heard a comment that says that with few weeks of pregnancy we can't even visit it. Is that so? I mean, I think that if it harms the child, I do not know (G12).*

*I don't think it can do it. harm the boy, in the pregnancy, that's all. (G14)*

It is noted that the fears and myths are still ingrained in the conception of care with the dental professional at this stage, be-



believing that procedures such as anesthesia are harmful and that the simplest as prophylaxis, in their view, are available.

## DISCUSSION

The pregnant and postpartum women in this study demonstrate knowledge of the importance of prenatal dental care, but do not accept the need for it. Prenatal care is the period that precedes the birth of the child, and all the procedures that concern the clinical and educational-preventive aspects should be carried out to guide women and their families on all the aspects related to pregnancy, childbirth and care for the newborn, so that interurrences become less and less frequent. This includes health promotion and prevention activities that are part of the prenatal care provided by the dentist.<sup>3</sup>

When pregnant women start prenatal care, they should be referred to dental care through interprofessional work. This attention should include collective actions, including educational-preventive actions, as well as oral hygiene and healthy diet guidelines. To this should be added the evaluation of oral health conditions and individualized care to carry out the treatment of oral diseases when necessary.<sup>8</sup>

A study conducted in southern Brazil showed that pregnant women use health services for prenatal care, but rarely or not at all use dental services, which are more likely to be affected by oral problems, as well as newborns.<sup>9</sup> Attention should be paid to the need for interdisciplinarity among health professionals in order to improve the health care of pregnant women.<sup>10</sup>

The reports presented evidence that women did not receive guidance on the purpose of prenatal dental care. The pregnant woman needs to receive dental care during pregnancy, but misinformation and fears reflect their lack of initiative in seeking this type of care. Some factors also reflect the low demand for medical care, such as low interest, socioeconomic level, lack of time, and other pregnancy problems they consider more serious, such as hypertension.<sup>11</sup>

All these factors have a direct impact on how these women perceive oral care during pregnancy. Prenatal care by the dentist aims to ensure that the pregnant woman has a positive development during this period, which is reflected in a safe delivery and a healthy newborn.<sup>12</sup>

It is essential for the dentist to be active in prenatal programs, in collective actions, in individual care, and to play a role in the dissemination of information.<sup>11,13</sup> Current studies recommend that pregnant women receive dental care and treatment during this period, and to encourage and increase women's awareness of its importance, it is urgent that information be disseminated by professionals.<sup>14-15</sup>

All the pregnant women presented negative discourses regarding the orientations given by other professionals in the multidisciplinary team about dental prenatal care. It is of paramount importance that pregnant women are supported by the different professionals that are part of the team, so that they receive guidance and are warmly welcomed in order to form

a bond with them.<sup>16</sup> It is recommended that pregnant women receive treatment at this stage, whenever necessary, and that this information should always be disseminated by other professionals who are part of the health team. However, there are shortcomings in daily practice due to a lack of training in this area in the professionals training.<sup>4</sup>

Multiprofessional and interdisciplinary work, when carried out by qualified people, can create an understanding of the importance of prenatal dental care and demystify the prejudices associated with these services for pregnant women. This can lead to an improvement in the quality of life of pregnant women, postpartum women and children.<sup>15</sup>

A strategy that can be used by the dentist is active participation in team meetings as a tool to explain the importance of dental follow-up so that all pregnant women receive comprehensive care and to use the space to improve dialogue among team professionals.<sup>13,16</sup>

Only one of the participants was involved in prenatal dental care. The oral health team should always work to involve the other professional categories to promote knowledge among them and to stimulate bonds with the patients, because once this is done, they begin to rely more on the guidance they receive regarding the need for dental care.<sup>13</sup>

Despite all the evidence presented over time, there are still many barriers to pregnant women's access to dental care, such as fears, anxieties, and beliefs, as well as professionals' own insecurities and lack of scientific knowledge, which leave them unprepared to manage the situation.<sup>17</sup>

All professionals who are part of a team can and should be able to provide information to pregnant women about dental care. This includes midwives, who are in a privileged position to provide information that promotes healthy behaviors for the mother and her child.<sup>13</sup>

Dental care for pregnant women is essential and should begin as soon as the woman is aware of her condition. Actions should range from health promotion with a preventive character to interventions to stop oral diseases. Therefore, it is important that these women are aware of the importance of dentistry for their pregnancy health.

For pregnant women this phase is permeated by doubts and one of them is about dental care and its risks for the baby, but that in fact what they need to know is that the lack of treatment of oral diseases in the pre-gestational and gestational phase can have negative repercussions on the health of the mother-child binomial. One of these problems is periodontal disease, which, if left untreated, can result in adverse outcomes such as pre-eclampsia, preterm birth and low birth weight.<sup>4</sup>

In addition, the limitations of the services and the lack of interdisciplinarity of the health care team allow diseases that could be avoided to manifest themselves and develop over a longer period, affecting and reducing the quality of life. Collaboration among professionals, including the simple act of directing the service, can help prevent and control periodontal disease, thereby reducing the incidence of gingivitis and other oral and

systemic diseases, improving the quality of prenatal care, and ultimately reducing complications such as prematurity and low birth weight.<sup>17</sup>

## CONCLUSION

Pregnant women are aware that dental care during pregnancy is important, but they do not understand the positive consequences of this care. They also do not have a concrete understanding of the damage that lack of dental care can cause to the mother-child binomial during pregnancy, the puerperium and early childhood.

It has been found that pregnancy is permeated by many myths and beliefs that hinder their access to dental care, even if it is preventive. This is aggravated by the fact that health professionals are not trained or encouraged to take this context into account. Ways to repair this delay can be adopted by dentists within their health units, performing joint work with the multidisciplinary team, which are powerful disseminators of relevant reports before the population assisted.

It is worth mentioning that the role of managers is essential to provide ways to align all professionals of the family health strategy of the municipality, so that they work in search of offering comprehensive care to their pregnant women.

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