

## TO EVALUATE THE EFFECTIVENESS OF PREVENTION OF DENTAL DISEASES IN PREGNANT AND LACTATING WOMEN

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**Annotation:** Dental care during pregnancy is due to the need for planned sanitation of the oral cavity in order to preserve the general health of the mother and create the most favorable conditions for the development of the fetus. It is determined in connection with the need to prevent dental diseases, the occurrence of diseases during pregnancy and the possibility of exacerbation of previously existing chronic odontogenic foci of infection [2.3.4.6.8.10].

Dental diseases remain high. The reasons for them are the presence of chronic diseases in women, low sanitary culture of young women in terms of prevention of dental diseases, oral hygiene, lack of money for the treatment of chronic foci of infection, etc.

The oral cavity of pregnant women differs from the planned sanitation of other organized groups of the population in that the contingent of pregnant women changes completely every year, and for this reason the number of those in need of oral sanitation and the amount of medical work depend on the level and quality of dental care in the region [1.3.5.7.9.11.13.15.17].

A number of works are devoted to dental institutions [Wagner V.D., 2001; Galesa, S.A., 2004; Gurov, A.N., 2006, Starodubov V.I., Kalininskaya A.A., 2006; Khamadeeva, A.M., 2008]. However, they do not sufficiently investigate the issues of combining the economic interests of manufacturers of dental services and the interests of the state in providing social guarantees to citizens for free dental care [Grinin V.M., 2003].

Unfavorable demographic processes occurring in Russia are accompanied by a deterioration in the health indicators of women and children, which is reflected in the annual State reports on the state of public health (Sharapova O.V. 2004; Vyalkov A.I., 2005; Vaganov N.N., 2005; Starodubov V.I., 2007; Kucherenko V.Z., 2008; Vishnyakov N.I., 2009, etc.). Federal programs and state concepts for the protection of reproductive health of young people, working women, family members, etc. are being developed and implemented. (Shchepin O.P., 2004; Izmerov N.F., 2004; Denisov I.N., 2005; Lisitsyn Yu.P., 2005; Yuryev V.K., 2009; Medik V.A., 2009, etc.). The conceptual basis for solving this problem is early detection and prevention of reproductive disorders, protection of pregnant women's health, improvement of the system of prenatal training of women, optimization of organizational forms and quality of obstetric and gynecological care in maternity institutions (Aylamazyan E.K., 2000; See also L.V., 2001; Baranov A.A., 2001; Albitsky V.Yu., 2001; Frolova O.G., 2003; Orel V.I., 2004; Sivochalova O.V., 2004, etc.). The improvement of the maternity care system should be ensured by solving the tasks of improving the effectiveness of existing prenatal medical care for pregnant women, with improving medical awareness, preventive and medico-social activity of pregnant women (especially young women), optimizing their quality of life, ensuring the availability and quality of clinical and

diagnostic services, reducing the level of exposure to risk factors affecting the reproductive health of working women (Poznań-skaj A.V., 1999; Kostyuchek D.F., 2000; Krotin P.N., 2007; Polyakov I.V., 2008; Tatarova N.A., 2008; Darmograi N.V., 2009; Friedman H.L., 1994; Pedro A., 1999; Pinto S., 2000; Eskes T.K., 2001, etc.).

However, to date, no systematic ideas have been formed about the needs of pregnant women in the necessary types of medical and diagnostic services and medical and social assistance to women during pregnancy and childbirth (Petrenko L.Yu., 2004; Kolomeets E.A., 2006; Beer A.E., 2000; Lackmar F., 2001; Frish R.E., 2002). There are not enough medical-social and clinical-statistical studies with an assessment of risk factors for obstetric-gynecological pathology. There is no data on the dynamics of the quality of life and the effectiveness of prenatal preparation of pregnant women (Bobkov V.V., 2000; Yanov Yu.K., 2000; Ionova T.I., 2001; Yaroslavtsev A.S., 2003; Novik A.A., 2007; Luchkevich B.C., 2009; Ware J., 1993; Limbos M.M., 2000; Getber S., 2001). The features of the socio-hygienic functioning of pregnant women, their psycho-emotional state, readiness for motherhood, satisfaction with the availability, quality and effectiveness of prenatal training have been studied (Kurlandsky B.A., 2000; Shapkaits V.A., 2000; Gaidukov S.N., 2004; Lackmar F., 2001; Gina M.M., 2002, etc.). Medical and organizational measures to improve the system of prenatal training of women in maternity institutions are insufficiently substantiated. This determines the relevance, purpose and objectives of the study.

Medical and social characteristics of the state of dental health of pregnant women who have applied to a women's consultation, the criteria of dental medical activity and parameters of dental health have been established depending on the socio-hygienic and medico-social characteristics of pregnant women. For the first time, indices characterizing dental health were evaluated, their features were revealed in different age groups of women and depending on the duration of pregnancy. For the first time, an assessment of the organization of dental care for pregnant women in the system of compulsory medical insurance is given. The criteria of satisfaction of pregnant women with the organization of dental care in institutions with various forms of ownership, the volume of dental care for pregnant women in the CHI system are determined. The assessment of the quality of maintaining a dental patient's medical record is given. The insert for the exchange card of a pregnant woman has been developed [12.14.16.18.20.21.22.23.24.25].

**The purpose of the study** The aim was to identify and evaluate the effectiveness of medical and social aspects of the prevention of dental diseases in pregnant and lactating women.

### **Research objectives.**

1. Study and assessment of risk factors for the development of dental diseases in pregnant and lactating women.
2. To evaluate the effectiveness of prevention of dental diseases in pregnant and lactating women.
3. To determine the medical and social aspects of the prevention of oral diseases in women.
4. To assess the impact of general somatic pathology on the dental health of pregnant and lactating women
5. To study the dental status of pregnant women with different blood groups and to identify the most unfavorable phenotypes of blood groups in relation to dental caries and periodontal condition.
6. Offer a set of individual preventive measures to improve dental health during pregnancy.

**Research methods.** Standard dental measures taken as a basis for all patients will be as follows: sanitation and professional oral hygiene, training in individual oral hygiene and controlled brushing of teeth. The prevalence and intensity of caries (kp indices, kp + kp, KP). The degree of activity (form) of the carious process will be established by T.F. Vinogradova (1987). The obtained indicators will be analyzed.

The socio-hygienic characteristics were as follows: 9.3% were aged 15-19 years, 71.3% - 20-29 years, 19.1% - 30-39 years, 20.5% had a pregnancy before 12 weeks, 36.5% - 13-24 weeks, 37.0% - 25-37 weeks and 6.0% - 38-40 weeks, 12.5% of pregnant women were students; universities, 2.0% students of secondary specialized educational institutions, 10.0% housewives; 49.5% employees, 22.0% workers. 71.5% of pregnant women were in a registered marriage, lived in a civil marriage, 21.5% were married, were not married; 5.3% were married.

Dental health was rated as excellent by only 6.3% of respondents, 46.5% consider it good, 34.0% - satisfactory, 13.2% - bad. Those who assessed the state of dental health were more good among medical workers (51.9%), poor - among students (16.9%), housewives (12.1%) and handymen (11.5%). According to pregnant women, 9.2% had caries due to pregnancy, 2.5% had tooth mobility, 3.2% had hypersensitivity of all teeth. Of the 100 surveyed, 9.5 pregnant women consider frequent colds to be the cause of poor dental health, 13.5 — chronic diseases of the digestive system, 20.5 - improper nutrition, 24.5 - insufficient oral care, 13.5 — hereditary predisposition, 19.8 - late access to a doctor, 31.8 — low availability of free dental care, etc.

Pregnant women rated the quality of medical care in municipal institutions as poor, 42.1% as satisfactory, 41.3% as good and 7.3% as excellent. However, only half of the respondents noted that they were satisfied with the organization of dental care for pregnant women. Those who applied to private dental institutions appreciated the quality of medical care more highly. So, only 18.5% consider it satisfactory, the rest are good (61.8%) and excellent (18.8%).

The CPU in the examined pregnant women was  $9.22 \pm 0.21$ , IG -  $3.07 \pm 0.06$ , CP1SH -  $2.16 \pm 0.09$ . It was revealed that the deterioration of dental indices occurred with age, which indicates low medical activity in terms of dental health and low efficiency of oral sanitation before pregnancy. A strong relationship between IG and CPU ( $x = 400.1$ ;  $C=0.67$ ,  $p<0.001$ ), between IG and CPITN ( $x^2 = 684.0$ ;  $C=0.76$ ,  $p<0.001$ ), IG and PMA ( $x^2 = 432.7$ ;  $C=0.68$ ,  $p<0.001$ ), indicates a poor condition of the cavity oral cavity and the need to improve the effectiveness of oral sanitation in pregnant women.

The assessment of the state of dental health differed from objective data in that 20.0% of the surveyed consider their dental health to be good, 25.8% noted the presence of plaque and bleeding gums, 17.4% - the occurrence of caries due to pregnancy, 15.9% feel the need to replace previously placed fillings. Those who noted good dental health were more among women with a pregnancy period of up to 8 weeks (28.8%). With an increase in the duration of pregnancy, there were fewer such responses. It was found that 40.8% of women did not go to dental institutions for preventive purposes before pregnancy, there are more of them among women with the worst CPITN and PMA indices.

Pregnant women in dental manipulations in the treatment of caries, periodontitis and inflammatory diseases of the oral mucosa at the expense of MHI funds, a form of insert into the exchange card of a pregnant woman, an algorithm of dental manipulations for pregnant women are proposed for implementation in women's consultations. Ways to improve the prevention of oral diseases in pregnant women and dental care for them have been developed.

## Conclusions

Dental clinic at the place of residence, 27.5% — to a private dental clinic, 1.3% — to a dental office of a women's consultation, 2.3% — to a Republican dental clinic. The remaining 26.6% did not seek dental care. The low availability of free medical care is indicated by the fact that 48.8 out of 100 pregnant women surveyed received dental treatment during pregnancy on a paid basis, tooth extraction - 19.5, gum treatment - 20.0 and prevention of dental diseases - 11.7.

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