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RESEARCH

Perception of pregnant women in relation to dental care during pregnancy

Percepção em gestantes em relação ao atendimento odontológico durante a gravidez

Percepción en mujeres embarazadas en relación a la atención dental durante el embarazo

Tereza Maria Alcântara Neves¹, Fabrício Ibiapina Tapety², Lúcia de Fátima Almeida de Deus Moura³, José Guilherme Férrer Pompeu⁴

ABSTRACT

Object: To verify the existence of oral health practices and actions of health professionals during prenatal care in the conception of the pregnant woman. **Method:** This observational, cross-sectional, descriptive study is based on self-reporting by the mothers, in the age range of 18-35 years in Monsinhor Gil, Piauí, Brazil. The women answered a questionnaire on how to seek dental care during pregnancy. **Results:** Among the 66 women surveyed 18.2% stated that they received guidance from doctors regarding a dental consultation, 21.2% of nurses, 16.7% of community healthcare workers and 34.8% of dental surgeons . **Conclusion:** Physicians, nurses, healthcare workers and dental-surgeons have difficulties in guiding pregnant women on oral healthcare as well as for the future child and demonstrates the lack of guidance from the family health strategy healthcare professionals in performing oral health practices and actions that encourage pregnant women to perform dental visits. **Descriptors:** Prenatal, Dentistry, Pregnant.

RESUMO

Objetivo: Verificar a existência de práticas e ações em saúde bucal dos profissionais de saúde durante o pré-natal na concepção de gestante. **Método:** Este estudo observacional, transversal, descritivo é baseado no auto-relato das próprias gestantes, na faixa etária de 18 a 35 anos em Monsenhor Gil, Piauí. As gestantes responderam um questionário sobre como buscar atendimento odontológico na gestação. **Resultados:** Dentre as 66 gestantes pesquisadas 18,2 % afirmaram receber orientação dos médicos para consulta odontológica, 21,2 % dos enfermeiros, 16,7% dos agentes comunitários de saúde e 34,8% dos cirurgiões- dentista. **Conclusão:** Os médicos, enfermeiros, agentes de saúde e os cirurgiões-dentistas apresentam dificuldades em orientar as gestantes acerca dos cuidados com a saúde oral e do futuro filho e demonstra a falta de orientação dos profissionais de saúde da estratégia de saúde da família em realizar práticas e ações em saúde bucal que estimulem as grávidas a realizarem consultas odontológicas. **Descritores:** Pré-natal, Odontologia, Gestante.

RESUMEN

Object: To verify the existence of oral health practices and actions of health professionals during prenatal care in the conception of the pregnant woman. **Method:** This observational, cross-sectional, descriptive study is based on self-reporting by the mothers, in the age range of 18-35 years in Monsinhor Gil, Piauí, Brazil. The women answered a questionnaire on how to seek dental care during pregnancy. **Results:** Among the 66 women surveyed 18.2% stated that they received guidance from doctors regarding a dental consultation, 21.2% of nurses, 16.7% of community healthcare workers and 34.8% of dental surgeons . **Conclusion:** Physicians, nurses, healthcare workers and dental-surgeons have difficulties in guiding pregnant women on oral healthcare as well as for the future child and demonstrates the lack of guidance from the family health strategy healthcare professionals in performing oral health practices and actions that encourage pregnant women to perform dental visits. **Descriptors:** Prenatal, Dentistry, Pregnant.

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INTRODUCTION

Pregnancy represents a period of psychological and physiological changes for women, which may predispose them to an oral health risk situation.¹ It is an ideal time for the insertion of information that promote well-being, having positive effects on the health of the mother and the future child.² Thus, the pregnancy represents an opportune time to demystify some myths and beliefs that revolve around the dental care during this special phase of a woman's life.

It is absolutely essential for the existence of a relationship between physician-dentist-patient, with a view to promoting health, in general.³ For this reason, it is very important that this exchange of information and knowledge among the health professionals responsible for care to pregnant women. Many pregnant women worry much more with the consultations of physicians and the monitoring done by the nurse than with the dental consultation. A multidisciplinary approach to the pregnant mother ensures a healthy pregnancy. However, there is little information on the behavior of health professionals on oral healthcare during pregnancy.⁴ The doctors, dentists, nurses, nutritionists among others, help to promote the well-being of the future mother and her child.⁵ However, due to a series of factors, there is a tendency of these health professionals give little importance to the care needed for oral health.

In this respect, all professionals are responsible for monitoring the oral health of pregnant women, depending on the degree of training and the ability to guide you through it, as well as by stimulation of the practice of health promotion and, consequently, the practice of disease prevention. Dental care during pregnancy is not yet indicated by the majority of professionals, because many feature insecurity in relation to

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dental consultation. It is important to sensitize pregnant women to medical care and dental beyond essential role they assume in the child's health.⁶ Many health professionals prefer oral evade dental service to pregnant women especially in the first quarter, with fear of being held liable for possible fatalities occurring with the fetus.⁷

The lack of investment in educational programs, which help to guide professionals in relation to care with pregnant women, is in great need. Dentists, themselves, many times, are responsible for barriers created in relation to dental care, associated with the cultural belief that contraindicate dental assistance in pregnancy.⁸

Dental care given to pregnant, during the prenatal stage by the physician or nurse and scheduled by a community health agent during the consultations, decreases the risk of harm to the health of the mother and newborn, preventing diseases, and inserting the newborn from early on in a health promotion program.⁹ The family health team must act directly on completion of the prenatal with guidelines simple and routine, in order to encourage the pregnant woman to the practice of self-care, preventing diseases caused by the lack of a primary monitoring.¹⁰ The interaction between multiple professional practices becomes a very important factor when taking into consideration the general health of pregnant women during prenatal care.

In face of the monitoring programs for pregnant women in the family health strategy and the importance of health promotion, there was no need to check with the pregnant the measures and guidelines taken by health professionals in relation to dental care in pregnancy

In this sense, this study proposes to check the existence of practices and actions in oral health performed by health professionals of the

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family during the prenatal in the design of a
pregnant woman.

METHODOLOGY

After approval by the Ethics and Research Committee (CAAE 0387.0.043.000) in January 06, 2012, it started a cross-sectional observational study, with a quantitative approach, descriptive and exploratory with the pregnant women of the municipality of Monsignor Gil, Piauí, Brazil located 56 km from the capital Teresina. The total population of the municipality, according to the IBGE, is 10,330 inhabitants. The sample was by census and composed of pregnant women treated by the family health and oral health teams, totaling in 66 pregnant women submitted to a questionnaire, in the age range of 18 to 35 years of age, who do not reported systemic diseases, from different social classes both the urban area as well as the rural area. In accordance with the criterion of distribution of areas, the urban area has two family health teams and oral health and the rural area, three family health and oral health teams. The minimum value of the sample calculated for the survey was 53 pregnant women, taking into account the total population of the municipality. This value was calculated and certified by a statistic. It is noteworthy that during this period, the total number of pregnant women in the city was around 70, but four of them were not found for conducting the research. All the pregnant women read, agreed and signed the Free and Informed Consent.

The data collection instrument (a questionnaire with closed questions) was delivered to pregnant women during prenatal consultations carried out by the nurse from the health team and during the dental service performed by dental surgeons of those teams in health care clinics during the months from February to April 2012. The J. res.: fundam. care. online 2013. dec. 5(6):122-133

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pregnant women were instructed to answer the questionnaire without any interference by the researchers.

The data were tabulated and statistically analyzed using IBM SPSS Statistics program version 16.0 and the statistical program Graph Prism 5.03 for graphic and synthesis analysis. The Dunnett's test was performed that serves for multiple comparisons with only one serving as reference.

RESULTS AND DISCUSSION

According to the exposed data (Table 1), it is clearly observed that the majority of the pregnant women are not guided by family health professionals on the importance of dental monitoring during pregnancy. From 66 pregnant women who responded to the questionnaire, only 21.2 % were guided by the nurse on dental care in pregnancy and only 18.2% were guided by doctors.

Table 1. Evaluation of the guidance given on dental care in pregnancy by professionals of the family health team (n = 66). Monsenhor Gil. 2012.

	Yes		no	
	N	%	N	%
Professionals				
Nurses	14	21.2	52	78.8
Doctors	12	18.2	54	81.8
Community Health Agent	11	16.7	55	83.3
Dental-Surgeon	23	34.8	43	65.1

Source: Direct Research, 2012.

We also observed the fact that the dentists themselves do not encourage women to have dental care during pregnancy. Among the 66 pregnant women surveyed, only 34.8 percent said they received guidance from dental surgeons on the need for dental care. Table 2 below shows the profile of the evaluated population.

In agreement with the data obtained (Table 2), it can be stated that the average age of the pregnant women is 24 years of age, the majority

Neves TMA, Tapety FI, Moura LFAD *et al.* being married and being in the fifth month of pregnancy (second quarter). The majority live in urban area, completed high school, with an income of two to four minimum wages ($p < 0.02$).

Table 2. Profile of pregnant women evaluated in Monsignor Gil - Piauí, Brazil. 2012.

PARAMETERS	RESULTS n=66
AGE ¹	24.77 (± 5.052)
WEEKS OF PREGNANCY ¹	21st (± 2.05)
MARITAL STATUS ²	married - 57.6 single- 40.9
URBAN ZONE ²	68.2
RURAL ZONE ²	31.8
No. OF CHILDREN ²	yes - 53 No - 47
EDUCATION ²	Elementary School - 25 High School - 74.2
INCOME ²	Up to 1 minimum wage - 21.2 From 2 to 4 minimum wages - 51.5 More than 4 minimum wages - - 27.3

Source: Direct Research, 2012.¹Average ± Dv.² Frequency in %

Currently the Public Dentistry focuses his attention in creating programs for oral health focused towards pregnant women. Based on current Public Health Policies, the surgeon-dentists, members of the Family Health Strategy, aimed at the promotion of oral health, working not only with the disease, but also mainly with healthy people, in order to guide and educate them on health promotion and disease prevention.¹¹ A study was conducted in 1035 with postpartum women, and 11.7% said they received proper dental care, 40% received guidance in pregnancy on oral health education aimed at health professionals during prenatal and 20% were assisted in pregnancy at the preventive dental level.¹² With this, these authors concluded that the access of pregnant women the dental assistance should be expanded and be more integrated public services, providing adequate answers on the need for healthcare, focusing on education and integration at all levels of prenatal care. Based on table 01 it can be seen that, the reality of a small city in the interior of Piauí State, Brazil, there is not much difference in relation to the data of a municipality in the Southeastern J. res.: fundam. care. online 2013. dec. 5(6):122-133

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In July 19, 2011, with the decree no. 1654 GM/MS was established the Program for Improvement of Access to and Quality of Basic Health Care (PMAQ), aiming at extending access and improving the quality of basic health care, with a guarantee of a quality standard. One of the indicators for oral health of PMAQ is the coverage of first consultation of dental service to pregnant women.¹³ The implementation of this indicator is an incentive for health professionals and family oral health in spreading the importance of dental care strategy assisting in the demystification of beliefs about the appointment with the dentist during pregnancy. With this, there is also an incentive to practice the collective health of interdisciplinary manner, already that all professionals of the family healthcare team should not only provide notions of oral health for pregnant women, but also forwards them to the first consultation with the team's surgeon dentist.

The existence of beliefs, myths and fears about dental treatment becomes one of the main items responsible for evasion of dental offices with pregnant women.^{1,8,10} The popular beliefs discourage pregnant women to seek dental care during pregnancy, because, according to them, there are risks to take dental anesthesia, hemorrhages and dangers for the future child, in addition to the stronger feeling toward their own oral health expressed by pregnant women is the fear of the dentist.⁸ Many pregnant women associate in general, tooth pain to pregnancy and only seek dental care in the case of curative treatment. The demystification of dental care as responsible for bringing risks to the mother and fetus is the first step to improve adherence, safety and motivation for dental care during pregnancy.^{1,24,27} Many of the health professionals,

Neves TMA, Tapety FI, Moura LFAD *et al.* mainly the dentists can contribute to the fears and myths related to dental care during the gestational period.⁷ They are responsible for not encourage the visits of pregnant women to dental office, since there is a lack of confidence and preparation for care to pregnant women. This kind of insecurity in relation to dental behavior in pregnant patients ultimately influence the practice of other health professionals passing to incorporate and reproduce such myths. The need for investment in education both at undergraduate and post-graduate on oral health is evident, since the presence of this uncertainty among the own dentists do with that they guide the pregnant women to carry out the dental treatment after the childbirth. This conduct can bring serious risks to the health of the pregnant woman and as a consequence of the fetus, which may come to be born before the normal period or with low weight due to gingival/periodontal pathologies of the mother.^{1,24,27}

The majority of dental surgeons evade dental service to pregnant women especially in the first quarter, with fear of being held liable for possible fatalities.⁷ The fear that something in the dental treatment will harm the future child makes the future mothers not seek dental care. This fear is related to the fear that the pregnant women have in relation to the use of anesthetics during the dental procedure, because they think they can be harmful to the fetus, thus discarding the possibility of dental service with anesthesia, if there is need, and, therefore, the completion of the procedure.¹⁴

In a study conducted with 599 pregnant women met at the University of North Carolina, USA, 64% reported not having received routine dental care in pregnancy. According to the authors, this fact reaffirms the need for the insertion of dental educational programs focused on pregnant women.¹⁵ It is important that pregnant women are

Perception of pregnant women... heard on the problems, beliefs and taboos, and it is incumbent upon the health team respects it and answer them in a clear way, showing the changes that occur in the mouth during the pregnancy, emphasizing the importance of oral hygiene and healthy life habits.^{16,17} This high percentage of pregnant women without dental service is unexpected, being given the U.S. a first world country, where oral health care should be exemplary.

The media can effectively be responsible for encouraging healthy measures during pregnancy.¹⁸ There is a need for integration among the programs of the Ministry of Health aimed at women, to create campaigns that encourage mothers to perform the dental care during pregnancy. The importance of campaigns aimed at the insertion of dental visits for prenatal care should emphasize in relation to oral hygiene and oral health, the importance of breastfeeding and acquiring healthy eating habits. Consequently, pregnant woman will be a vector in the spread of fundamental measures for the promotion of health and prevention of diseases in the family environment.

In a study with 220 interviewed pregnant women, 81.4% received no guidance on how to take care of their own oral health, as well as the oral health of the future child and 74.6% reported not having sought dental treatment during pregnancy.¹⁹ This reflects the reality of dental assistance in relation to the population in general, becoming clear the precariousness the disregard about the care with the oral health of pregnant women on the part of health professionals. After studies performed was reported that approximately 90% of the pregnant women studied did not seek the dentist for the monitoring during pregnancy due to beliefs and myths.¹⁹ Years later in another study by the same authors, they stated that the dentist neglects its role as disseminator of learning in oral

Neves TMA, Tapety FI, Moura LFAD *et al.* health and reports that there is a need for a program of dental care that prioritizes pregnant women, because pregnancy makes woman more receptive to new habits.²⁰ Has as an oral health indicator for the first dental visit for pregnant women and asks nurses to refer them a dentist for pregnant women served by these prenatal care professionals.¹³

We agree with the authors when they say that the team responsible for prenatal care should provide basic information on oral health.^{19,20} However, it was observed that good part of doctors and nurses are not trained to acquire knowledge on basic dental guidelines, therefore may not clarify some doubts about dentistry and not forward to them to the surgeon-dentist, this fact is observed in Table 1. Professionals involved in prenatal care should discuss the importance of oral health with pregnant women and refer the patients for dental treatment, when necessary. The development of multidisciplinary and interdisciplinary work becomes necessary between health professionals and managers.

Associated with the beliefs, myths and fears which revolve around the dental treatment to pregnant women, it was observed the lack of motivation of pregnant women for the prevention dental, a consequence of the lack of action on the part of the surgeon dentist- and other professionals responsible for prenatal care.^{1, 2, 7,24} Knowledge of the surgeon-dentist on the pregnancy is important to predict and measure possible problems for both women as for the newborn.²¹ With this, there is the need of knowledge about medication prescription, radiographic examinations and dental procedures for pregnant women without bringing risks to her and her child. Dental service to pregnant women has as basic requirements knowledge about local anesthesia, technique and adequate protection in taken radiographic, correct management of patient and contact as responsible physician about the

Perception of pregnant women... general health conditions of pregnant women.¹⁹ In Brazil, dentistry students present difficulties in relation to invasive clinical procedures, medication administration and knowledge on care with the pregnant woman and their child.¹² The beliefs and myths should be combated by means of educational measures developed by all members of family health teams with the achievement of permanent campaigns, along with media, in order to disseminate them throughout the national territory with means that reach all women in the gestational period.

In Brazil, there are several studies, which showed that the dentists and/or obstetricians diverged from scientific literature and among themselves in several recommendations related to dental assistance, for example, local anesthetics, supplementation of fluorine prenatal and dental radiographs.^{1,4,25}

Few dentistry courses in the country offer the possibility of a student to meet and interact with pregnant patients. The dental schools in Brazil are based on technical content strongly linked to the outpatient party.²⁶ The social approach to issues relating to public health and health training are still little discussed between teachers and students.^{26,27,28} The lack of training for many professionals in relation to the multi professional approach and trans-disciplinary nature of content result in fear of a good part of dental surgeons in caring for pregnant women, reinforcing the myths on the care.^{26,28} The undergraduate courses, especially in dentistry, should emphasize the care to pregnant women and train future professionals hence there will be a decrease of myths and beliefs surrounding the care.²⁷ There is a need for modification of the current model of dental education centered in the diagnosis, treatment and recovery for a face for health promotion and disease prevention. It also highlights the need for interaction of the student with the population and

Neves TMA, Tapety FI, Moura LFAD *et al.* other health professionals from the beginning of the process of vocational training during their undergraduate studies.

The syllabuses of dentistry courses throughout the country should adopt the Special Patients discipline, because the woman is passes through transformations mainly psychological, physiological and hormonal. The fetus possesses a body in formation that can suffer environmental and organic interference, which the mother may be subjected.

The need for health education with pregnant women as part of dental treatment to demystify popular beliefs, allowing the insertion of new habits that will culminate in the promotion of oral health for the woman and her child.²¹⁻²²

Some authors agree that part of dental surgeons exempt from the responsibility of an educator in oral health, caused also by lack of interest of these professionals, in addition to the lack of popular participation and social stimulus.^{4,5,14.} It should be emphasized the importance and necessity of the participation of other professionals responsible for monitoring the pregnant woman by forwarding to the surgeon-dentist, an aspect that has been neglected in this study by professionals of the health care team, including by the surgeon - dentist, as shown in Table 1. It suggests more studies by professionals themselves of the family health strategy to clarify the real reasons of the low percentage of accession of health professionals the measures for the promotion of oral health towards pregnant women. The absence of systematic incorporation of dental care in pre-natal care is not among the priority concerns of doctors, nurses, dental surgeons and community health agents, according to Table 01, since in some municipalities not represents reason of interest and collection on the part of managers. Most programs of stimuli assistance to pregnant women should be created by governmental

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In a sample of 17 obstetricians who responded to a questionnaire, nine showed that often instruct their patients for a dental appointment, while five do eventually when the patient presents a complaint and three of them do not have the habit of referring.²³ When the subject sucrose consumption was addressed by pregnant women, the authors realized that the majority of the questioned obstetricians (thirteen professionals) guided the pregnant women to reduce the consumption of sugar by calorie control and by the reduction of caries risk in pregnancy.

Of the 100 pregnant women surveyed, 38% increased their feeding frequency, demonstrating the need to intervene early in the dietary habits of pregnant women, 72% do not feel motivated to seek a monitoring dental, and they reported that the frequency of oral hygiene during pregnancy remained similar to the period prior to the pregnancy.²⁴ Prenatal care presents itself lacking dental services, similar to that observed in our study, where the majority of the women interviewed reported not being instructed to seek dental care when making medical appointments, nursing and being visited by community health agents Table 01).

In 108 pregnant women evaluated, 74 (68.5 %) women increased the frequency of consumption of sugary foods during the gestational period.²⁵ All of these authors are unanimous in stating that during pregnancy some women suffer from "syndrome of perversion of appetite", responsible for increased food frequency and the consumption of sugar. We agree with the authors above when mention in his research on the need for a preventive-educational action to remedy the lack of information provided by doctors to pregnant

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women and improve in relation to dental services,
guidelines on nutrition and healthy habits.

The professionals of family health teams and oral health in the same way that participate in training courses for vaccines, combating diseases, upgrades of systems and data from the Ministry of Health, should also participate in training courses to care to pregnant women. Although the Ministry of Health and some municipalities conduct this with nurses, courses and updating programs for humanize care for women, including pregnant women. However, other professionals, doctors, dentists and community health agents do not perform such training and capacity building, causing a lack of comprehensiveness in the treatment of women, in this case the pregnant woman.

The multidisciplinary work is fundamental and it implies the sharing of planning, on cooperation and collaboration, which can happen between professionals of a healthcare team²⁹. The family health teams must work together during meetings and prenatal consultations; it is in this multidisciplinary environment that pregnant women should receive guidance about various changes that occur in the oral environment and the importance of self-care during the entire period. There is the need to acquire materials and physical resources to improve the care, training, awareness and engagement of health professionals focused on promoting comprehensive health care.

The referring of the pregnant woman to the dental surgeon should be part of the doctor's routine. Once well oriented the pediatrician and obstetrician could provide oral health education. The doctor could collaborate with the surgeon-dentists in relation to the guidance of oral hygiene, supplementation of fluoride, guidance on feeding mode and general explanation of why avoid sugary foods, in addition to referring the pregnant women for a dental consultation. Undoubtedly, the

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fundamental point of collaboration of pediatricians in the promotion of oral health is the referring and guidance to parents of the need for a first dental visit in the first years of a child's life.²⁵

According to Table 01, only 18.2% of the women interviewed reported being oriented by the doctor to seek dental surgeons during the prenatal period. After the research carried out it was observed that there is a lack of knowledge on the part of the students in medicine.³⁰ The authors identified a few articles about oral health education and training for medical students, since there is a deficiency in content that address the oral health within the university education. The reality is that the doctors have little involvement in relation to oral health, therefore, to carry out the consultations during the prenatal period don't know refer pregnant women for dental care. Some studies draw attention to the development of medical professionals who should have knowledge about the promotion in oral healthcare and prevention of diseases related to pregnancy and the oral environment. The absence of such knowledge is a real reason for concern among the representatives of medical education, because the relationship between oral health, global factors of risk to health and systemic diseases have been the subject of many reports in recent years.³¹

We agree with the authors to claim that there is a great lack of information on the part of doctors on oral health.⁴ In studies carried out by these authors, 250 physicians interviewed, 88% say they advise the pregnant women to postpone the dental treatment. Among 219 nurses, 86% declared forward patients for examinations of dental health, many showed information mistaken about the quarter more favorable prenatal to start a dental treatment, but admitted the need to collaborate with dentistry professionals to reduce the risks during pregnancy. According to the authors, this fact demonstrates the insecurity and lack of

Neves TMA, Tapety FI, Moura LFAD *et al.* preparation of doctors in relation to pregnant women undergoing dental procedures, a consequence of the absence of a discipline in the university that covers basics of oral health.

Although education in oral health be the basic functions of dentistry professionals, other health professionals, such as the Community health agents should not miss the opportunity to contribute to the promotion of oral health. Professionals involved in prenatal care should discuss the importance of oral health with pregnant women and refer the patients for dental treatment, when necessary.^{4,33}

The importance of self-care for each member of the healthcare team must be emphasized, since they are the disseminators of knowledge for those under their care, as previously stated. In studies conducted with 238 Community health agents about the care that they have with their own oral health, only 46 percent reported that they use the public dental service and 21.2% use services of a practical, being that the most frequent reason for seeking dental consultation is the urgency (36.2 %).³³ When analyzing the data referring to Table 01, we can verify that only 16.7 % of pregnant women reported receiving guidance of healthcare agents to seek dental care. Based on data from the survey of pregnant women served by the Family Health Strategy (Table 1 And 2) and study these authors demonstrated an association between lack of referral of pregnant women to dental visits and demand for care with the dental surgeon by the healthcare agents themselves. According to the survey among pregnant women, low incentive on the part of community health agents so that they deem important to preventive dental care during pregnancy is a result of the agents themselves not seeking for preventive oral health self-care. As community healthcare agents, can they promote and encourage health promotion, if they show disregard for their own oral health?

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The indifference and negligence with their own oral health on the part of community agents represents a factor that reflects on the community health. In this case, of pregnant women, because they are responsible for the promotion of health in the environment in which they live and are often seen as reference when it comes to credibility in relation to public service, health actions and disease prevention.

There is an evident need for insertion into syllabuses of medicine and nursing courses in a discipline that provide basic notions on oral health. Moreovre these notions should be deepened in specialization courses in areas that deal directly with the health of pregnant women and children, such as gynecology and obstetrics, pediatrics and their respective areas in the field of nursing. These notions and trainings in the field of oral health must be addressed also in specializations in family health and in training courses of family health teams provided by the Ministry of Health.

CONCLUSION

It is concluded that, in the conception of pregnant women, the actions and practices in oral health performed by professionals of family health teams during the prenatal are still very scarce due to lack of knowledge and preparation on the part of doctors, nurses, healthcare workers and also from their own dental surgeons, associated with myths and beliefs that guide dental care during pregnancy.

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