

Integration of Oral Health into Systemic Health through Maternal Tobacco Cessation ~ A Global Dental Public Health Initiative

AUTHORS

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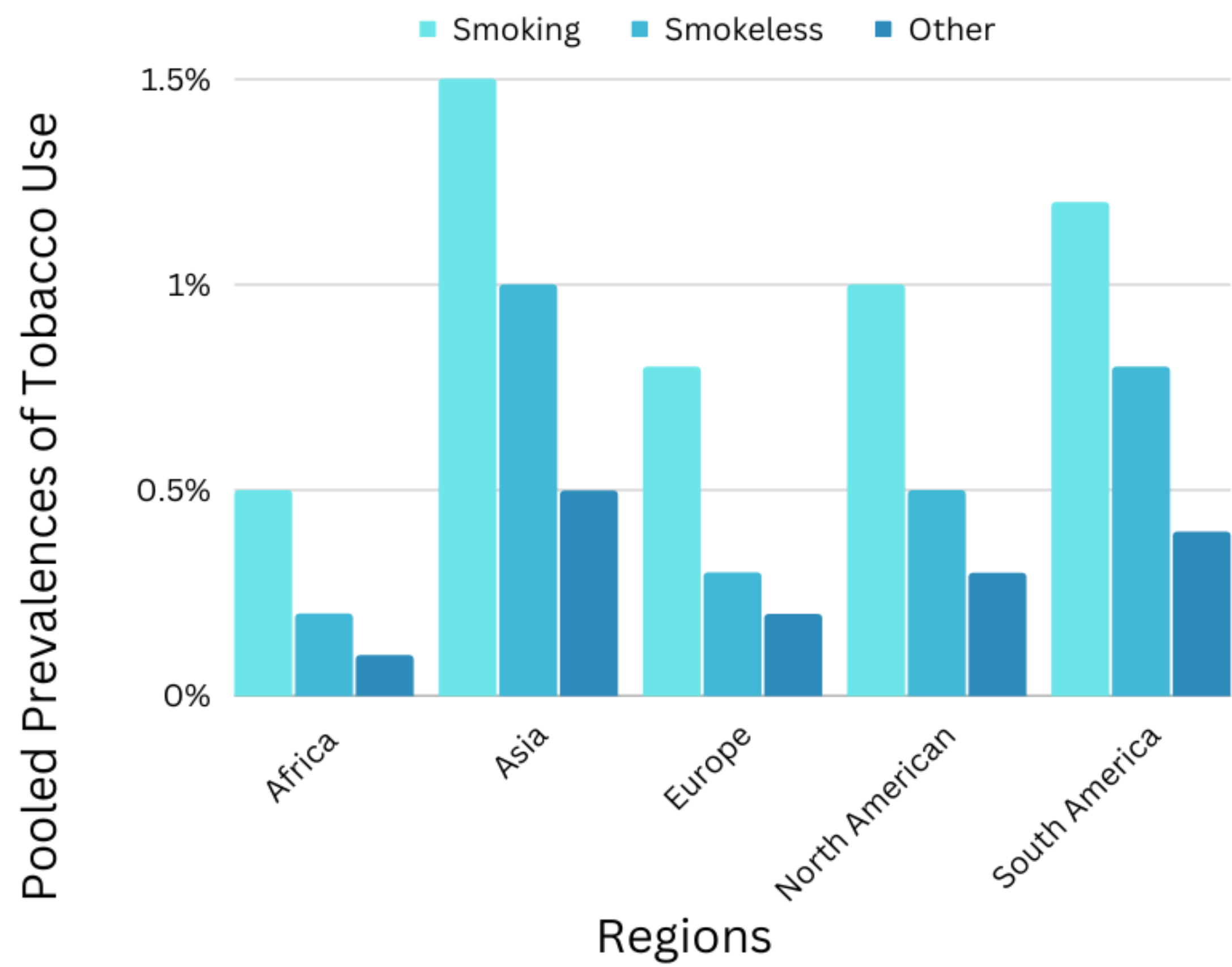
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AFFILIATIONS

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2. Oral Health Working Group - World Federation of Public Health Associations, Geneva, Switzerland
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4. Leibniz Institute for Prevention Research and Epidemiology – BIPS, Bremen, Germany
5. Tobacco Control Working Group – World Federation of Public Health Associations, Geneva, Switzerland



BACKGROUND



- ☐ Socioeconomically disadvantaged women, women with lower education levels, and women with many children are likelier to smoke during pregnancy.
- ☐ Indigenous pregnant women consume tobacco at rates 2 to 3x greater than non-Indigenous pregnant women in the USA, Canada, Australia, and New Zealand.

Figure 1: Pooled prevalence of any tobacco use, current tobacco smoking, and current smokeless tobacco use in pregnant women in LMICs by region from a study using data from the Demographic and Health Survey (DHS). – (Caleyachetty R, 2014)

Globally, 1.3 billion people use tobacco products, with low- and middle-income countries accounting for 80% of all users. (Fig. 1 ~ Pooled Prevalence)

SCOPING REVIEW METHODS

Title: International and National frameworks, guidelines, recommendations, and strategies on maternal tobacco prevention and cessation.

Design: Use of JBI methodology and PRISMA guidelines.

Data Sources: Literature Systematic search in MEDLINE (PubMed), Web of Science, Scopus, Global Health (Ovid), LILACs, AJOL, and EMBASE; year range: 2015 - 2023.

Additional Search: Expert survey among members of the World Federation of Public Health Associations (WFPHA) – Oral Health and Tobacco Control Working Groups to evaluate the search outcomes.

| Eligibility Criteria: | + | - |
|--|--|---|
| 1) national or international level approach | Research interventions aimed at individual behaviour change will be excluded as the level of impact needs to be international or national population-based approaches. | |
| 2) maternal tobacco prevention and/or cessation frameworks (system-level strategy/approach) | | |
| 3) aim at preventing and/or reducing tobacco consumption in pregnant women or women of reproductive age. | | |
| 4) all study designs applicable. | | |

POLICY RESOLUTION AND DISSEMINATION

- ❖ The scoping review serves as a stepping-stone to creating a policy resolution with the expertise of the WFPHA Oral Health, Tobacco Control, and Women, Child, and Adolescent Working Group members.
- ❖ Collaboration will create a policy resolution on “Maternal Tobacco Cessation and Prevention Recommendations for Primary Care Providers and Dental Providers” which will be forwarded to the WFPHA General Council and the General Assembly to disseminate to the member Public Health Associations (Fig. 2 and Fig. 3).

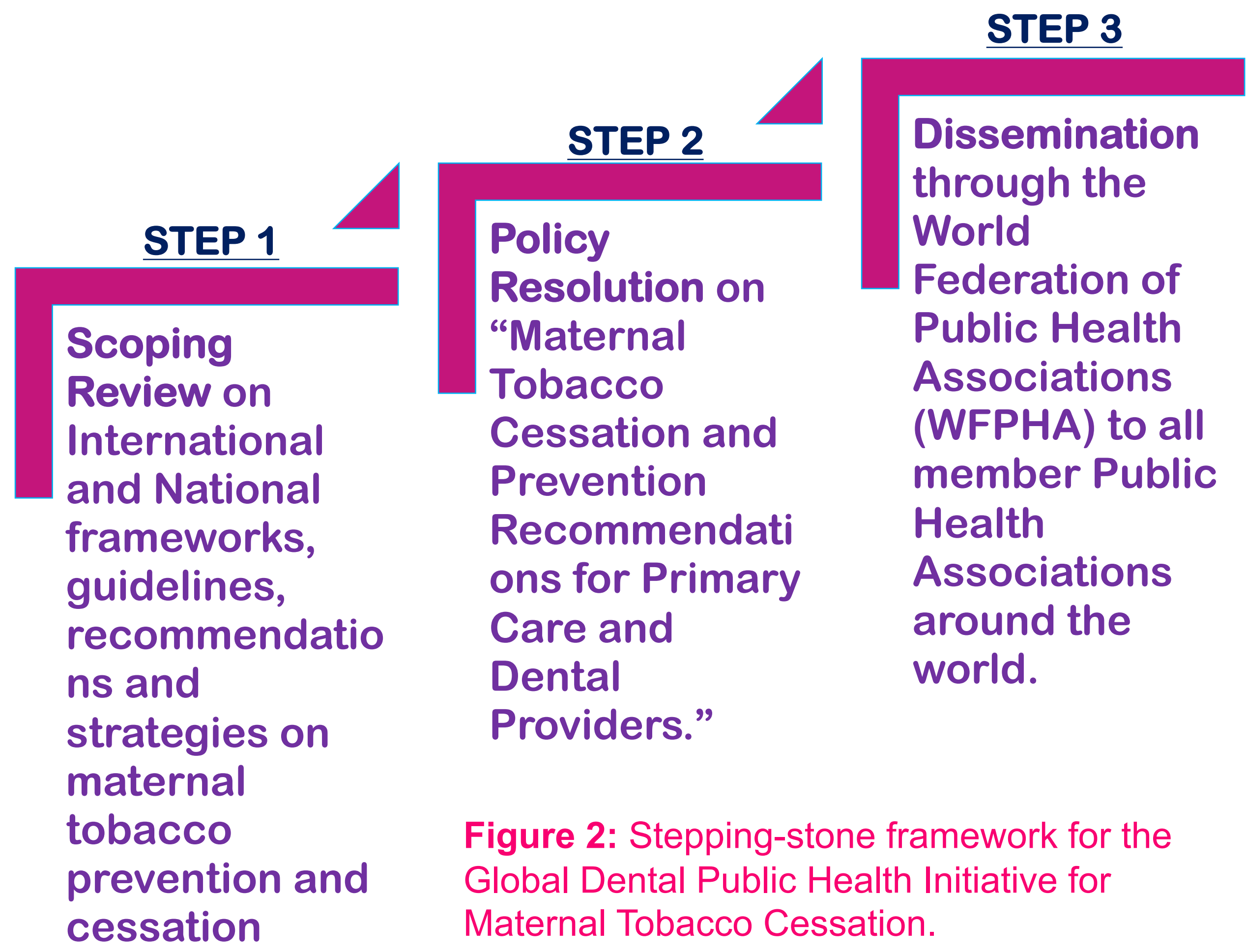


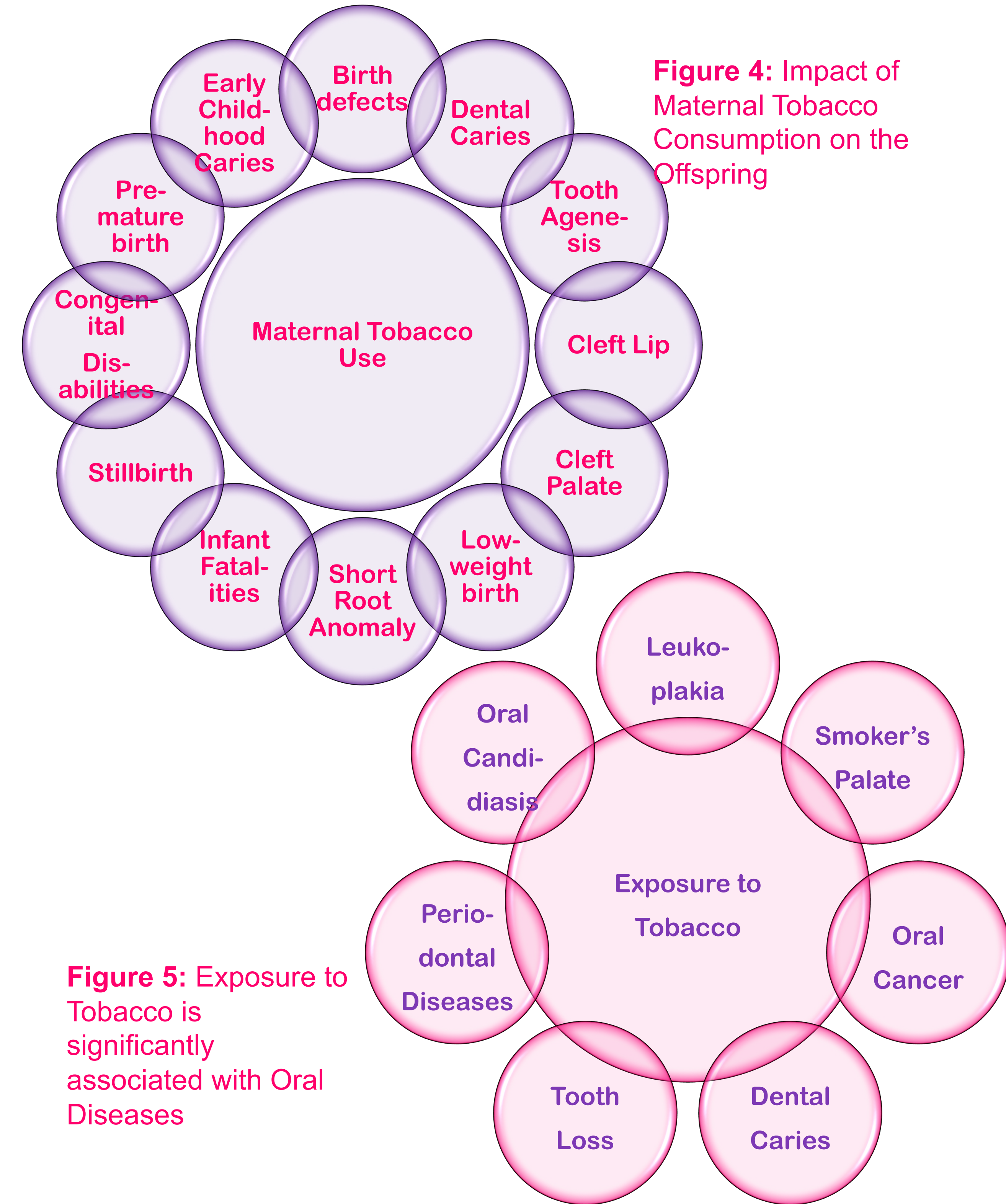
Figure 2: Stepping-stone framework for the Global Dental Public Health Initiative for Maternal Tobacco Cessation.

EXPECTED IMPACT



Figure 3: Process from Dissemination to Expected Results.

CLINICAL RELEVANCE



- Due to its detrimental effects on fetal development and pregnant women’s health and well-being, tobacco use is a significant public health issue (Fig. 4 and Fig. 5).
- Tobacco prevention & cessation measures tailored specifically for pregnant and childbearing-age women are not often included in maternal and oral health initiatives, or in clinical recommendations for primary and dental care providers to adapt in clinical practice.

REFERENCES



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- World Federation of Public Health Associations
- Icahn School of Medicine at Mount Sinai
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