Educational intervention about oral health among pregnant ladies in tertiary care hospital: Islamabad: A Pre & Post Study Design

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Oro-dental problems qualify as major public health problem owing to their higher prevalence and significant impact on overall health both physically and mentally. The main objective of the study was to improve and promote oral health of pregnant women using constructs of health belief model as a framework. To develop an intervention, a baseline is needed to assess the current knowledge, perceptions and practices of mothers regarding oral health. Then develop an educational intervention in mothers regarding oral health after an intervention is done then assess the difference in knowledge, practices and perceptions. Current study was conducted Pre and Post experimental design. Sample was calculated using sample estimation formula that was 96, but total sample included was 115, to avoid any reduction in sample size it was increase by 20 % .A self-structured questionnaire was used to assess the knowledge, practices, and mothers perceptions based on health belief model constructs. It contained questions regarding socio demographic variables, knowledge about Oral hygiene teeth cleaning material, timing frequency and practices, knowledge about dental floss and dental visits dental health education intervention was developed for the mothers and demonstrated after pre-test was done .written information, brochures, practical demonstration and videos were shared with each group of patient for 10 Minutes. After 8 weeks of intervention knowledge and practices of the participants was tested again. The current study revealed prevalence of periodontal issue among mothers during pregnancy is almost 73 % which is very high in case of timing and frequency of brushing, after intervention there was significant difference among pre and post group. Regarding the consequences of not cleaning teeth regularly and regular dental visits the awareness was raised significantly. There was significant difference in perceived susceptibility, benefits threats self-efficacy of patients regarding Oro-dental health (p<0.05)) and insignificant results in case perceived barriers (p>0.05). Pregnancy is typically thought-about as a flash of happiness for expecting mothers. However, it's related to several dental and oral issues which may have an effect on the Oral Health-Related Quality of Life (OHRQoL). These issues embrace tooth decay, erosion, pregnancy-induced periodontitis, dentistry infections, physiological condition epulis, enlarged tooth quality, and dental issues associated with labour and delivery. With enlarged levels of principal feminine sex hormones, viz., steroid and progestin, vital physiological changes area unit seen in expecting mothers because of the synergistic result of those hormones in dominant the oscillation, maintenance of physiological condition, and also the initiation of labour. it's been ascertained that, compared to the degree seen throughout the oscillation, the steroid and progestin levels might reach thirty times and ten times higher, severally, throughout physiological condition. The rise within the levels of those hormones will considerably have an effect on the key organ systems, as well as the periodontium. These enlarged secretion levels as a result of enlarged blood provide to the animal tissue, leading to swollen and injury gums called periodontitis. The tooth quality reportable throughout physiological condition is generally because of diseases touching the dentistry ligaments. It ought to be noted here that physiological condition will solely modify different conditions which will lead to dental diseases. Moreover, life-style factors even have a serious role in oral health and behaviour. Pregnant girls bear many changes in their life-style which will have an effect on their oral health and OHRQoL. though there area unit several studies on OHRQoL or life-style factors in pregnant girls, the impact of life-style factors on OHRQoL has not been assessed up to now. For the choice of study population, Indore town was divided into four zones; 2 maternity centres were indiscriminately elite from every zone. Supported the findings of a pilot study; the ultimate sample size was calculated for this study. The supposed sample size was calculated to be 374, keeping the ability of study at eightieth and alpha error at five-hitter with anticipated fifty fifth prevalence of a minimum of one impact on OHRQoL. It had been rounded off to four hundred pregnant girls so as to atone for non-response. Applied mathematics software package N Master two (CMC, Vellore) was wont to calculate the sample size. A form was ready to gather info on socio-demographic characteristics, past case history, oral hygiene practices, and former dental visits of the participants. The Oral Health Impact Profile-14 (OHIP- 14) form was wont to assess OHRQoL. It consisted of fourteen things unionized in seven domains (functional limitation; physical pain; psychological discomfort; physical disability; psychological disability; social disability; and handicap). The responses were categorized on a five-point Likert scale (1. terribly often; two. fairly often; three. occasionally; four. hardly ever; five. never). The form supposed to see whether or not the pregnant girls had any issue within the seven domains within the last twelve months. The minimum score was zero, and also the most score was fifty six. a better score indicated poor OHRQoL. For the sake of convenience, OHRQoL was dichot-

omised at its median, and a score ≥ twenty eight indicated poor OHRQoL. The Health follow Index (HPI) was wont to assess completely different life-style factors. This index consisted of associate eight-item scale, go 0–8. The form collected info relating to smoking, consumption of alcohol, consumption breakfast, hours of sleep/night, hours of work/day, work up, biological process balance, and mental stress. The "good" health practices were coded one, and "poor" health practices were coded as zero. Supported the amount of excellent health practices, every subject was appointed a score between zero and eight and classified into the subsequent 3 classes supported the Morimoto criteria: poor life-style (score = 0–3), moderate life-style (scores = 4–5), and smart life-style (scores = 06 or higher).