



Barriers and Facilitators for Integration of Maternal Periodontal Disease in existing Maternal and Newborn Health Primary Health Care Programs/Services in Nepal

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Introduction

The 2016 Nepal Demographic and Health Survey (NDHS) reported that the maternal mortality ratio (MMR) in Nepal decreased from 539 maternal deaths per 100,000 live births to 239 maternal deaths per 100,000 live births between 1996 and 2016. Also, high neonatal mortality persists in Nepal, though it declined from 97.98 in 1953 to 19.9 per 1000 births in 2018 [1]. Nepal's Country Program Action Plan (CPAP) 2018-2020, and Nepal's National Maternal and Child Health Policy (NMCHP) show that neonatal mortality represents 54% of child mortality. In response, the Government of Nepal (GoN) and the World Health Organization (WHO) are implementing a Safe Motherhood and Community Based Integrated Management of Childhood Illness (CB-IMCI) program, including routine Ante-Natal Care (ANC). However, Maternal Periodontal Disease (MPD) is still contributing to adverse pregnancy and neonatal outcomes – such as preterm delivery, low birth weight – and remains neglected in Maternal Newborn Health (MNH). Globally, periodontal disease is the 11th most prevalent disease [2]. Several studies show that periodontal disease is a source of persistent infection that increases the risk of adverse pregnancy and neonatal outcomes [3]. Few studies conducted in Nepal reported up to 40 percent incidence of MPD among pregnant women [4].

Although Nepal has made efforts to integrate oral health and MNH in Primary Health Care (PHC), oral health screening and addressing MPD is still neglected during routine ANC visits [5]. As a matter of fact, WHO and GoN have not yet recommended integrating oral health screening and addressing MPD in routine ANC visits [6].

Although Nepal has strengthened Safe Motherhood and MNH programs, MPD remains a neglected risk factor in relevant programs/services at PHC level. Information is still lacking to under-

stand which factors - and how - may undermine integration of oral care in existing programs/services for pregnant and post-partum women at PHC level in Nepal.

Study purpose

This study will aim to identify barriers to and opportunities to better operationalize oral health care for women in the continuum of Safe Motherhood/MNH programs and services currently available to women during pregnancy and post-partum at PHC level in Nepal, with a focus on prevention, diagnosis, and treatment of MPD; and provide a set of recommendations that can be implemented in existing relevant PHC programs and services in Nepal to strengthen integration of oral health in these services.

Enquiry questions and objectives

Question

- What barriers and facilitating factors exist to integrate prevention, diagnosis, and treatment of MPD in existing Safe Motherhood/MNH programs and services at PHC level in Nepal?
- How can these factors be addressed programmatically in existing relevant programs and services in Nepal?

Objective

- To identify factors hindering and facilitating integration of oral health, and especially MPD prevention-diagnosis-treatment for pregnant women in existing Safe Motherhood/MNH programs and services at PHC level in Nepal.
- To provide recommendations to operationalize integration of oral health, and especially MPD prevention-diagnosis-treatment for pregnant women in existing Safe Motherhood/MNH programs and services at PHC level in Nepal.

Expected end product(s)

- Research report with concrete operational recommendations
- A poster presentation at an international conference
- A manuscript published in an international peer reviewed journal
- Research findings and recommendations disseminated nationally in Nepal through relevant channels

Study approach

My project will be informed by an in-depth literature review. I am envisaging to design a participatory action research study of up to 1-year in selected PHC facilities in two districts in Nepal with high maternal and newborn mortality and morbidity.

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