**BACKGROUND**

Children aged 0-5 years and pregnant women are high risk candidates for chronic dental diseases such as dental caries and pregnancy related periodontal issues respectively. These oral conditions can be avoided by raising oral health awareness through oral health education. Because of this, oral health promotion (OHP) was conducted in Katoomba targeting these groups.

A public dental hospital exists at the heart of Katoomba, suggesting great accessibility to dental services and education but despite this, both private and public dental officers unanimously agree that children and pregnant mothers do not visit dental clinics frequently enough.

The lower socioeconomic conditions and limited knowledge on referrals pathways were major factors contributing to this. This was particular with pregnant mothers as there were misconceptions surrounding periodontal diseases and fear of foetal harm as a result of dental treatment during pregnancy. This was particularly with pregnant mothers as there were misconceptions surrounding periodontal diseases and fear of foetal harm as a result of dental treatment during pregnancy.

The lack of knowledge within the community became a driving force in the creation and implementation of this program to promote both proper oral hygiene and dietary habits.

**AIM**

The aim was to develop and deliver an Oral Health Promotion program and to determine its success.

The program was targeted at preschool educators and parents who are in direct contact with children aged 0-5 years and midwives from the Blue Mountains Anzac Memorial Hospital who are in direct contact with pregnant women.

Success is indicated if there was an increase in oral health knowledge confidence levels after an educational presentation to targeted groups. This study is crucial for determining the efficacy of oral health promotion programs and the necessity for such programs to be continued for the future.

**RESULTS**

**Confidence Evaluation of Midwives**

Midwives had the lowest confidence in the oral manifestations during pregnancy and usage of the dental referral pathway. As expected, there was a great improvement in these key areas after the program.

**Confidence Evaluation of Preschool Educators**

The area of most concern for preschool educators was their lack of confidence in identifying dental trauma and accessing dental services. There was an improvement in confidence levels subsequent to the program however there were a few outliers whose confidence levels did not change.

**Confidence Evaluation of Mothers Group**

Mothers asked the most confidence regarding their knowledge of proper oral hygiene technique for their children and the utilisation of the public dental system. However after the program, these two areas had improved remarkably.

**DISCUSSION**

Usage of the public dental system and knowledge of referral pathways were the areas that all 3 groups showed least confidence in prior to the program. Emphasis was placed on this key aspect of oral health to effectively promote good community oral health.

Posters were designed to outline the referral pathways and provided to the midwifery clinic and preschool centre. This OHP method proved to be effective and highly appreciated. Developing relevant evidence-based presentations for the midwives and preschool educators proved to be a valuable strategy in promoting oral health. Enthusiastic feedback was also received from the Katoomba-Leura Children's Dental Scheme in the mother's group as we hoped this would encourage the use of both public and private dental services.

In regards to pregnant women, midwives are an effective source of information for their oral health during pregnancy. The presentation is reproducible as it was sent to the head of the midwifery clinic and the CHP and ECOH Coordinator of the Blue Mountains region for future references and presentations.

Another successful outcome of this program was the link established between the midwifery ward and the dental clinic in the Blue Mountains Anzac Memorial Hospital through the Nurse Unit Manager and Oral Health Promotion and ECOH Coordinator. This was a major achievement which promised future collaboration between the two wards in the hospital.

Despite the positive experiences with the educators at the Katoomba-Leura Preschool, it is difficult to ascertain the long-term effectiveness of the program delivered as educators do not have a direct impact on the children's oral health. It is the parents who play a stronger and more influential role in their children's oral health. In contrast, the program that directly targeted the Mothers group had a direct impact on the lifestyle and habits of the children targeted and thus more effective.

From our experiences at Katoomba, we suggest that parental figures in larger groups should be targeted in the future.

**CONCLUSIONS**

In conclusion, the program was successful as the results from the evaluation process reported a general increase in oral health and dietary knowledge for all areas. To ensure the sustainability of good oral health in the community, oral health awareness programs should be more frequent in the community.

The oral health educational posters is an effective long term use OHP product for the midwives as it outlines the referral pathway and summaries key concepts from the presentation.

The one-on-one interaction proved most effective when communicating oral health and dietary recommendations for children aged 0-5 years old and directly empowering parents to make a positive change for their children (as opposed to targeting primary school educators alone).

Improvements for future program implementation includes involvement of the parents of the preschool centre. This was a direct request by the Katoomba-Leura preschool educators.

**REFERENCES**
