Evaluating Oral Health Promotion for First Time Mothers & Babies in Orange

Douglas Tran & Tatjana Radovic
The University of Sydney, Westmead Centre for Oral Health

INTRODUCTION

Children living outside major cities tend to have more decayed, missing and filled teeth (dmft) than those living within them (AIHW, 2008). 0-5 year-old children and young parents account for a significant proportion of the population in Orange (ABS, 2012) and it is known that oral bacteria is transmissible between family members (Köhler, 2012).

The March Street Program is an oral health promotion program that has been developed and implemented by Linda Barlow, who is a dental therapist in Orange. It focuses on the prevention of Early Childhood Caries (ECC) by educating first time mothers about feeding and oral hygiene for their baby, as well as improving their own oral hygiene. The infants are then put into a recall system for future dental visits. The program is in long-standing with Child and Family Health Nurses and Midwives by whom the mothers and babies are referred.

AIM

The aim of this project was to evaluate The March Street Program in order to determine its long-term impact on participants and the community. In doing so we aimed to address significant findings in order to suggest improvements and draw on conclusions to better the oral health of first time mums and baby’s in Orange.

METHODS

Pre and post evaluation questionnaires were developed and distributed to the mothers in attendance at one of the monthly sessions. The questionnaires were designed to assess the immediate impact of the presentation through changes in confidence level, knowledge and understanding.

A series of telephone interview questions were developed to assess the long-term outcome of the program. Past participants identified in the recall system were contacted via telephone. Data was analysed and feedback was recorded.

The results of our evaluation were passed onto the relevant stakeholders. Oral health resources were distributed to participants of the program.

RESULTS

The results indicated that the program was reaching its target audience and that participants were satisfied with the content presented and its delivery. 100% of the participants said that the presentation was informative.

The March Street Program has been running for 4 years reaching approximately 400 mothers and babies. It is a successful program and has evidently resulted in improvements in the oral health of young children in Orange.

CONCLUSION

Due to the two-week allocation period, only one of the monthly sessions could be impact evaluated. Some identified families were unable to be contacted via the number provided and follow up was not possible due to time constraints. Contact information and data was lost for many previous participants of the program as a result of an inadequate tracking and data recording system. Consequently, dmft results were unable to be obtained.

An analysis of feedback indicated that the distribution of resources would be beneficial to the program indicating a need for funding.

In addition to this, an industry standard program plan with facilitator notes would enable The March Street Program to be implemented elsewhere and taken on board by other facilitators.

Furthermore, the program needs to be further evaluated following involvement from local health districts in acknowledging an ISOH tracking system in order to determine its true benefit to the community.

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REFERENCES