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Impact of preventive oral health interventions during the prenatal care on preterm delivery, an integrative review protocol.

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Protocol status: Working

We use this protocol and it's working

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Keywords: Premature birth, Oral hygiene, Periodontal health, Periodontal therapy, Periodontitis, Pregnancy outcome, oral health interventions during prenatal care, oral health during antenatal care, oral health of pregnant women, preventive oral health intervention, impact of preventive oral health intervention, prevention of preterm birth, prenatal care on preterm delivery, preventing spontaneous preterm birth, oral health intervention, oral health, prenatal care, neonatal outcome, good quality of antenatal care pregnancy, preterm birth, antenatal care pregnancy, antenatal care, spontaneous preterm birth, preterm labor, periodontal disease, higher duration of gestation, preterm delivery, gestation, infant mortality, prematurity, pregnant women, prevention, rate of prematurity

Abstract

Background: Spontaneous preterm birth is a worldwide concern due to the impact on infant mortality. Good quality of antenatal care pregnancy has the potential to reduce the rate of prematurity and improve neonatal outcome. Periodontal disease suppose to affect preterm labor. The impact of interventions to promote the oral health of pregnant women in the prevention of preterm birth is still controverse.

Objective: To assess evidence on the impact of oral health interventions during prenatal care in preventing spontaneous preterm birth.

Methods: A comprehensive integrative literature review to respond to the primary research question: Which the interventions to promote oral health during antenatal care associated with higher duration of gestation?

First version, March-09-2019.

Stage of review: Ongoing

1 Eligibility criteria

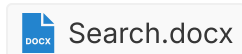
Studies describing the effect of oral health preventive interventions during prenatal care.

2 Information sources

The authors will conduct a comprehensive search for published evidence in the BBO, CUMED, IBECS, BINACIS, SOF, PubMed, Lilacs, Scielo, BVS library databases.

3 Search strategy

The search strategy was performed using the following keyword combination for the composition of key-words and descriptors of health: Health Education; Health Education, Dental; Health Promotion; Pregnant Women; Pregnancy Outcome; Infant, Low Birth Weight; Premature Birth; Infant, Small for Gestational Age; Gestational Age; Periodontitis; Periodontal Diseases; Periodontal health; Periodontal treatment; Periodontal therapy; Number of teeth; Oral Hygiene.



4 Study records - Selection process

Specified inclusion criteria were: Human pregnancy, Oral or dental health; Oral health education; Health promotion; Premature birth outcome. Exclusion criteria were: nonhuman pregnancy; Opinion of specialist; Literature review or recommendations without scientific evidence; No clinical approach; Protocols of research without results; No intervention in oral health.

5 Data items

During data extraction the variable were:

1. Institution= Private, Public, University, Philanthropic, Non applicable.
2. Population (sampling)= Multicentric, National, Regional, Local, None-applicable, Systematic Review.
3. Groups of study: inclusion criteria
4. Type of approach= Prevention, Education, Treatment, Health promotion, Diagnosis, Educational media, Non applicable.
5. Type of source= Sistematic Review, Clinical Trial (randomised), Clinical Trial (no-randomised), Observational study, Thesis or dissertation, Specialist opinion, Chapter of book, Protocol of scientific society, Literature Review, Other source.

6. Dental approach= Periodontal treatment, Dental scale and polish, Dental hygiene, Periodontal therapy, Periodontal disease, Periodontitis, Gengivitis, Dentist evaluation, Non applicable (Disease index).
7. Moment of approach= Initial prenatal care, During prenatal care, After birth, Premature birth risk factors, Premature birth, Non applicable.
8. Duration of the approach= Once, More than one, Non applicable
9. Number of assessment (during approach) = Number
10. Outcomes= Premature rate or diagnosis, Costs reduction, Birth weight, Gestational age, Comprehensiveness of action, Non applicable.
11. Lessons learnt;
12. Limitations (publication)

6 Outcomes and prioritization

During selection process the priority are: Clinical trials (randomised / non-randomised / after-before), Systematic reviews, Case-control studies.

7 Data synthesis

The authors prepared the review protocol using the application software StArt (Systematic Review System).

Ref: 14. Whitlock EP, Lin JS, Chou R, *et al.* Using existing systematic reviews in complex systematic reviews. *Ann Intern Med.* 2008;148(10):776–82.

8 Suport

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The authors declare no conflict of interest