cadernos ESP/CE
Revista Científica Escola de Saúde Pública do Ceará Paulo Marcelo Martins Rodrigues

V.16 N.1 - JAN. MAR. (2022) ORIGINAL ARTICLE 10.54620/cadesp.v16i1.570

PERCEPTIONS OF PREGNANT WOMEN ABOUT DENTAL PRENATAL CARE

CAREPERCEPÇÕES DE GESTANTES SOBRE O PRÉ-NATAL ODONTOLÓGICO

PERCEPCIONES DE MUJERES EMBARAZADAS ACERCA DE LA ATENCIÓN PRENATAL ODONTOLÓGICA

Lívia Karynne Martins Mesquita[1], Ana Carolina Souza Torres[2], José Osmar Vasconcelos Filho[3]

ABSTRACT

This study aimed to analyze the perceptions of pregnant women about dental prenatal care in a city in northeastern Brazil. It was a qualitative research conducted in Crateús, Ceará, from June 2020 to February 2021, at the Maratoan Family Health Unit. Data collection occurred through semi-structured interviews with 12 pregnant women. The empirical material developed was transcribed and analyzed using the thematic content analysis technique. The following thematic categories emerged: Self-perception of pregnant women about the importance of dental prenatal care; Access flows to dental prenatal care; Dental phobia or trauma. Participants recognized the importance of prenatal dental care, but not so sure why. Dental care during pregnancy is permeated with myths and mistrust, and the lack of bonding between the health team and patients is one of the factors that most keep pregnant women away from the dentist. Qualified listening by the dentist in dental prenatal care can demystify possible fears and traumas of pregnant women and encourage the creation and strengthening of professional-patient relationship. There is need to invest in health education, with pregnant women as protagonists of their own care, supported by professional care practices developed in dynamic, interactive, and multidisciplinary groups.

Keywords: *Oral Health; Prenatal Care; Primary Health Care.*

RESUMO

Analisar as percepções de gestantes sobre o pré-natal odontológico em um município do Nordeste brasileiro. Pesquisa qualitativa, desenvolvida em Crateús, no Ceará, de junho de 2020 a fevereiro de 2021, na Unidade de Saúde da Família Maratoan. Os dados foram coletados por meio de entrevistas semiestruturadas, com a participação de 12 gestantes. O material empírico gerado foi transcrito e analisado pela técnica de análise de conteúdo do tipo temática. As categorias temáticas geradas foram: Autopercepções de gestantes acerca da importância do pré-natal odontológico; Fluxos de acesso ao pré-natal odontológico; Medo ou trauma de dentista. As gestantes participantes reconheceram a importância do pré-natal odontológico, mas com pouca clareza dos motivos. A assistência odontológica na gestação é permeada de mitos e desconfianças, e a falta de vínculo entre equipe de saúde e pacientes é um dos fatores que mais afastam as gestantes do dentista. A escuta qualificada do dentista no pré-natal odontológico pode desmistificar os possíveis medos e traumas das gestantes e incentivar a criação e a fortificação da relação profissional-paciente. Faz-se necessário investir na educação em saúde, tendo a gestante como protagonista do próprio cuidado, apoiada por práticas profissionais de cuidado desenvolvidas em grupos dinâmicos, interativos e multidisciplinares.

Palavras-Chave: *Saúde Bucal; Cuidado Pré-Natal; Atenção Primária à Saúde.*

RESUMEN

Analizar percepciones de gestantes sobre atención prenatal odontológica, en ciudad del noreste brasileño. Investigación cualitativa, desarrollada en Crateús, Ceará, de junio/2020 a febrero/2021, en la Unidad de Salud de la Familia Maratoan. Datos recolectados a través de entrevistas semiestructuradas, con 12 gestantes. Material empírico transcrito y analizado mediante técnica de análisis de contenido temático. Las categorías temáticas generadas fueron: Autopercepciones de gestantes sobre la importancia de la atención prenatal odontológica; Flujos de acceso a la atención prenatal odontológica; Miedo o trauma del dentista. Las participantes reconocieron la importancia de la atención prenatal odontológica, pero con poca claridad sobre sus razones. La atención odontológica durante el embarazo está impregnada de mitos y desconfianzas, y la falta de vínculo entre equipo de salud y pacientes es uno de los factores que más distancia a la

[1] Escola de Saúde Pública do Ceará, Fortaleza, Brasil. (0000-0003-0579-1414)
[2] Universidade Federal da Bahia, Salvador, Brasil. (0000-0002-8837-4781)
[3] Universidade Estadual de Campinas, São Paulo, Brasil. (0000-0002-4313-0484)

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

embarazada del dentista. La escucha calificada del odontólogo en la atención prenatal odontológica puede desmitificar posibles miedos y traumas de la gestante y favorecer la creación y fortalecimiento de la relación profesional-paciente. Es necesario invertir con educación en salud, tiendo la gestante como protagonista del propio cuidado, sustentada en prácticas de cuidado profesional desarrolladas en grupos dinámicos, interactivos y multidisciplinarios.
Palabras Clave: *Salud Bucal; Atención Prenatal; Atención Primaria de Salud.*

INTRODUCTION

Dental prenatal care is a real and necessary demand already implemented in Basic Health Units (UBS), referenced by several policies, including the Rede Cegonha, which aims to structure care for maternal and child health in Brazil. This inserts the Dental Surgeon (DC) in basic care for pregnant women, as a professional necessary for comprehensive monitoring[1].

Due to the changes that occur in pregnant women in the psychological, physical and hormonal spheres, they start to constitute a group of patients at temporary dental risk. Added to this is the fact that dental care is a subject of extreme controversy, mainly due to beliefs without scientific proof, both on the part of pregnant women, keeping them away from the dental office, as well as from dentists who, often, they feel unable to attend to them and carry out procedures safely[2].

Dental care for pregnant women must be carried out during any gestation period, with the second trimester being preferred for performing invasive procedures. No maternal needs should be neglected. It is important to be able to meet the demands that exist in pregnancy, satisfactory rapport between professionals who are part of the Family Health Strategy (ESF) unit[3].

There are few studies on the use of dental services among pregnant women in Brazil. Of these, almost all are dedicated to knowing the profile and factors associated with the use of the service during prenatal care, and little is known about the perceptions of pregnant women who are attending health services, but who do not seek dental care. And these are exactly the ones that present a higher risk of having oral problems, as well as newborns in the future[4].

This study addresses a theme that signals the need to develop oral health education strategies with pregnant women. In this way, prenatal dental care will be strengthened as part of the dental treatment that will raise motivation and adoption of new habits in patients, which will contribute to the promotion of oral health of the mother-child binomial, as well as to the demystification of beliefs people who despise dental care during pregnancy.

The choice and implication with this research object arose from the experiences as a health professional - resident of the Integrated Health Residency, at the Public Health School of Ceará (RIS-ESP/CE). Such training offers health professionals an opportunity for differentiated work, especially dentists, who historically were the last to join the ESF, which escapes the reality of the ESF's routine: shared care, active participation in promotion groups health care and individual care.

During the routine of individual and shared care, it was observed that pregnant women were unwilling to undergo dental follow-up. Both the lack of knowledge about dental care during prenatal care and the fear linked to past traumas and myths justify the refusal to accept the treatment. Little information or its distortion, as well as the fear of going to the dentist, can be the main causes of absence and resistance to dental treatment[5].

Given the above, the objective was to analyze the perceptions of pregnant women about dental prenatal care in a municipality in the Northeast of Brazil.

METHODS

Research with a qualitative approach, developed from June 2020 to February 2021, which took place at UBS Maratoan, in the city of Crateús-CE, Brazil. UBS Maratoan consists of a Family

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

Health team (comprised of two nurses, a doctor, two nursing technicians, a dentist and an oral health technician) and an Indigenous Health team (composed of a nurse, dentist, physician, nursing technician, oral health technician and social worker). The practices performed by these health professionals are based on multidisciplinarity, interprofessional collaboration, continuing education, health promotion and comprehensive care. The justification for choosing this research site is due to the fact that health professionals, residents of Family and Community Health at the Integrated Health Residency at ESP-CE, have this territory as their field of practice.

Research informants were selected according to the criteria: women who were pregnant at any gestational period and who sought prenatal care at the Maratoan Health Unit during the study. Pregnant women assisted at the researched UBS were invited to participate in the study in person, through a verbal invitation from the responsible researcher.

As a result of the SARS-CoV-2 pandemic, many pregnant women had difficulties to leave their homes to attend the UBS Maratoan, but all who attended the UBS during the research period accepted to participate in the study, which had the adhesion of twelve pregnant women.

Pregnant women confirmed their consent to participate in the research by signing the Informed Consent Form (FICF). The information was constructed through individual interviews, with a semi-structured script that used recording as a recording resource, in which a situation of informal conversation was established, guided by themes. The environment was neutral and provided comfort for pregnant women to express their opinions.

The structure of the script was divided into two fields: one for characterization of the pregnant woman, which consisted of personal, socioeconomic and pregnancy data; and another field to analyze the perceptions of pregnant women about the importance of dental care during prenatal care. The semi-structured script included questions in line with the objectives of the study, through the following questions: Do you consider that pregnancy harms oral health? Are you afraid to go to the dentist? Were you informed before or during pregnancy of the importance of going to the dentist during this period? If informed, who passed on the information? Have you been going to the dentist's scheduled appointments? How often? When you don't go to the dentist's appointments, do you have a specific reason? Do you consider it dangerous to go to the dentist when you are pregnant? Do you think you can transmit any oral disease to your baby? Do you consider it dangerous to perform dental radiography during pregnancy? Do you have any previous experience with the dentist that was traumatic?

After transcribing the interviews, thematic content analysis of the empirical material was carried out. Therefore, a thorough reading of the transcribed material was carried out and the excerpts with the most relevant structures and central ideas (sense cores) were selected, grouping them and classifying them into thematic categories[6].

The research followed the ethical norms established by Resolution nº 466/2012 of the National Health Council (CNS) and was approved by the Ethics Committee for Research with Human Beings of the School of Public Health of Ceará, as per opinion nº 4.068.9007.

When writing the results, the informants were represented by the code “Pregnant”, followed by a numeral, as a way of preserving their identities.

RESULTS

The twelve pregnant women interviewed were aged between 15 and 41 years old, with an average age of 26.25 years old; 58.4% of pregnant women considered themselves brown, 33.3% black and 8.3% white. Regarding marital status, 41.6% were married, 33.4% were in a stable relationship and 25% were single. Regarding education, 41.6% declared having completed high school, 25% did

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

not complete high school, 16.8% did not complete higher education, 8.3% completed higher education and 8.3% did not complete Elementary School. Among them, 66.6% reported having paid work. The family income of 50% of them was one minimum wage, 41.6% less than one minimum wage and 8.4% two minimum wages. None were or had been smokers. Regarding the number of pregnancies, 58.3% were in the first pregnancy, 25% in the second pregnancy and 16.7% were in the third and fourth pregnancy. Gestational age ranged between four and forty weeks.

The analysis of the empirical material generated the following thematic categories: Pregnant women's self-perceptions about the importance of dental prenatal care; Access flows to dental prenatal care; and Fear or trauma of a dentist.

The category Self-perceptions of pregnant women about dental prenatal care revealed that most pregnant women considered dental care important during prenatal care, even though they were unable to clearly explain the reasons, as seen in the following reports:

> *"[...] I think it's important. Because I think that not only our bodies, but our oral health is also important at this moment. I think that any problem we have will harm the child too... Important because it's a whole lot of health, it starts in the mouth and goes on." (Pregnant woman 3)*

> *"[...] it is also important to see how it is, because we are in this period of pregnancy, I believe that we eat a lot (she speaks with laughter), and everything that we see ahead is not the same before pregnancy, I believe you have to be extra careful." (Pregnant woman 5)*

Also in this category, some users also considered it dangerous to go to the dentist while pregnant, as well as risky to undergo dental radiography, even though it would be important to go to the dentist during this period, as seen in the following statements:

> *"[...] I consider the anesthesia to be dangerous." (Pregnant woman 9)*

> *"[...] the X-ray harms our health and would certainly harm the child." (Pregnant woman 7)*

In the category Access flows to dental prenatal care, it was observed that the vast majority of pregnant women were undergoing dental follow-up and had easy access to the service and information, but that the SARS-CoV-2 pandemic changed this reality, making it difficult access and continuity of care at the UBS, as seen in the reports:

> *"[...] I went until the day it worked, then when the pandemic started, that's it, then the appointments were canceled." (Pregnant 1)*

> *"[...] it's once a month, but because of the pandemic, last month, I didn't go." (Pregnant woman 4)*

In the category Fear or trauma of the dentist, it was found that the perceptions of most pregnant women were linked to information present in social culture, in common sense, which distanced them from the dental office, as in the following reports:

> *"[...] because there are many bad stories that people tell about pregnant people who go to the dentist and horrible things happen. During pregnancy, I'm afraid." (Pregnant woman 4)*

> *"[...] yes, because sometimes we go to the dentist and sometimes it can harm the child, it can even make the delivery premature. The lives of us and the child are at risk." (Pregnant woman 7)*

Some pregnant women related fear to childhood dental experiences or anesthesia-dependent procedures, as perceived in the statements:

> *"[...] I had (laughs) I don't know why as a child, but after I wore braces, the fear went away." (Pregnant woman 3)*

> *"[...] it is a pain, sometimes, that the person feels during anesthesia, something like that, and then it causes embarrassment." (Pregnant woman 5)*

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

DISCUSSION

Dental care for pregnant women is a public health issue due to physiological and psychosocial changes peculiar to pregnancy. Therefore, pregnant women are part of a special group, with priority given to dental care in the Unified Health System (SUS), which is based on the recommendations established by the Ministry of Health guidelines, as an integral part of prenatal care.[8, 9]

Adequate care for pregnant women must be conducted by a multidisciplinary and interdisciplinary health team. Such practices make it possible to exercise care based on comprehensive care, which is one of the principles of SUS[10]. The quality of prenatal care is becoming more important every day, due to the increase in maternal and perinatal mortality rates[11]. With all this, it is important to know the pregnant women and seek the best way to integrate the team and the pregnant woman. The coexistence group has been presented as an important tool, as it helps to add knowledge with the exchange of experiences.

Some pregnant women reported insecurity regarding dental procedures, as well as the anesthesia to be used. The anesthetic solution considered the gold standard for the care of pregnant women, in line with the vast majority of authors, is 2% lidocaine with epinephrine at a concentration of 1:100,000. The vasoconstrictor in the anesthetic solution is extremely important and there is no contraindication, having the advantage of the local concentration of anesthetics, reducing systemic toxicity[12].

The radiographic takings were identified by the majority of pregnant women interviewed in this study as inappropriate. Research indicates that during pregnancy there is no reason to postpone radiographic exams, if necessary[13]. However, some precautions must be taken, such as the use of ultra-fast films, digital radiographs, protection with a lead apron and use of a thyroid collar, in addition to avoiding the repetition of radiographic takes and, if the treatment can be postponed, wait for the third quarter.

Previous traumatic experiences and reports from family members and close people reinforce the idea that there can be no dental care during the gestational period, as reported by some of the pregnant women interviewed, which proved to be one of the main restrictive factors for not seeking dental care . The feeling of fear of the dentist, present in the statements of the interviewed users, corroborates the perceptions analyzed in a study carried out with primigravid women in six UBS in a city in São Paulo, Brazil, which showed the same feeling in pregnant women, in which the experience of treatment dental care can be dangerous or painful, also being referred to as fear of the dentist, which represents a barrier in the search for health care[14]. This context is justified due to the historical past of dentistry, linked to a practice related to fear, pain and torture, practiced by barbers and practitioners of mutilating dentistry[15].

Strategies to overcome fear and trauma associated with dental appointments have been discussed. Thus, the CD is suggested to be a good listener, show empathy, be calm and inspire confidence in the patient[16]. Therefore, an important strategy to gain the patient's trust is longer consultations, which allow explaining the procedures and listening to the user's wishes[17]. The dentist-patient communication proved to be a decisive factor for the success of the dental appointment.

Another point that deserves to be clarified for pregnant women is that dental treatment does not cause any harm to the systemic health of the pregnant woman and/or baby, on the contrary, the lack of oral care and the development of chronic pathologies expand the fetal placental toxicity, which it can lead to a maternal-fetal inflammatory condition[18]. Women with periodontitis have a higher risk, which can be three to seven times more of premature birth than in women without the disease[19].

Realizing the importance of dental monitoring during pregnancy and noting the lack of

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

this and other basic services, the Federal Government, through Ministerial Ordinance No. 2.979[20], of November 12, 2019, instituted the Prevent Brazil Program, which is part of the new SUS financing model, placing the proportion of pregnant women with dental care provided as one of the indicators that must be met for the transfer of funds. The purpose of this indicator is to encourage the team's bond with pregnant women and the performance of dental prenatal care.

It is necessary a political-pedagogical practice that encourages activities aimed at the promotion, protection and recovery of health, respecting the diversity of cultures and knowledge, valuing popular knowledge, ancestry, encouraging individual and collective production of knowledge and introduction of these in SUS[21]. Popular health education is a strategy that contributes to reversing the lack of knowledge, clarifying pregnant women's doubts, demystifying fear, trauma and insecurities brought by these users, as it is based on the construction of dialogued, humanized, welcoming care processes culture and popular knowledge, in a horizontal and egalitarian way. It also influences the adequacy and creation of a bond, even before the individual consultation[22].

Regarding access to dental appointments, pregnant women reported discontinuity in care due to the new coronavirus pandemic (SARS-CoV-2). During the pandemic, many agencies, such as the Ministry of Health, the National Health Surveillance Agency (ANVISA) and the Federal Council of Dentistry, released technical notes that adapted and restricted dental care only for urgencies and emergencies. In this context, the DC was faced with new functions, in addition to those it had previously performed, as it was also part of the screening teams at Covid-19, initial listening and home monitoring[23].

Even given the magnitude of the SARS-CoV-2 pandemic, there should not be such an abrupt interruption of health actions, as the population continues to lack these services and become ill. With the intention of providing this service remotely, they described the new trend of service continuity as "teleodontology", given the restrictions in face-to-face care, which proved to be an alternative that offers support and motivation to oral hygiene and general guidelines on possible oral pathologies[24]. However, even in the face of all the technology of the 21st century, one must think about those who do not have access to the internet, cell phones, computers and, in reality, illiterate people. Thus, the question is: how to overcome this barrier of social inequities and manage to bring health to the entire population?

FINAL CONSIDERATIONS

The study allowed the clarification of doubts raised by the participating users about the gestational period, which contributed to demystifying culturally constructed fears and beliefs, in order to avoid complications in general and oral health during pregnancy. The research favored the empowerment of users about self-care during pregnancy, in order to provide benefits that extend not only to mothers and children, but also to the entire family environment.

As a limitation, the development of the research pointed to singularities of pregnant women belonging to the reality of a single scenario, making it necessary to expand the investigation of the subject, through new studies that can encompass other realities of dental care for pregnant women in Primary Health Care (APS).

It is concluded that dental care during pregnancy is full of myths and mistrust and that the lack of bond between the health team and pregnant women is one of the factors that most distance pregnant women from the dentist. The main alternative to change this situation would be to invest in health education, with the pregnant woman as the protagonist of her own care, supported by professional care practices developed in dynamic, interactive and multidisciplinary groups. The dentist must also dedicate himself to a service with qualified listening, in order to demystify possible fears and traumas and

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

encourage the creation and strengthening of the dentist-pregnant relationship.

EDITORIAL INFORMATION
Corresponding Author
José Alexandre do Nascimento
E-mail
alexandredede@live.com

Submitted
29/04/2021
Accepted
26/09/2021

REFERENCES

1. Pittner M, Bonassina M, Pittner E. Educação para a saúde bucal infantil: da gestação à idade pré-escolar. Rev UNINGÁ. 2016;27(2):22-9.
2 Matsubara AS, Demetrio ATW. Atendimento odontológico às gestantes: revisão da literatura. Rev UNINGÁ. 2017;29(2):42-7.
3 Silveira JLGC, Abraham MW, Fernandes CH. Gestação e saúde bucal: significado do cuidado em saúde bucal por gestantes não aderentes ao tratamento. Rev APS. 2016;19(4):568-74.
4 Konzen Júnior DJK, Marmitt LP, Cesar JA. Não realização de consulta odontológica entre gestantes no extremo sul do Brasil: um estudo de base populacional. Ciênc Saúde Colet. 2019;24(10):3889-96. doi: 10.1590/1413-812320182410.31192017.
5 Nunes Neto RA, Frutuoso MFP. Oral health and the care of pregnant women: workshops as a strategy to problematize practices in basic healthcare in residents living in the peripheral areas of the hills in the city of. Rev Gaúch Odontol. 2018;66(4): 305-16. doi: 10.1590/1981-86372018000400033504.
6 Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2015.
7 Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União [Internet]. Brasília, 2013 jun 13 [citado em: 2021 Jul 23]; Seção1:59. Disponível em: https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf.
8 Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica, Coordenação Nacional de Saúde Bucal. Diretrizes da Política Nacional de Saúde Bucal [Internet]. Brasília; 2004 [citado em: 2021 Jul 23]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_brasil_sorridente.htm.
9 Botelho DLL, Lima VGA, Barros MMAF, Almeida JRA. Odontologia e gestação: a importância do pré-natal odontológico. SANARE. 2019;18(2).
10 Franco RVAB, Abreu LDP, Alencar OM, Moreira FJF. Pré-natal realizado por equipe multiprofissional da atenção primária à saúde. Cadernos ESP [online]. 2020 [citado 2021 Jul. 14];14(1):63-70. Disponível em: https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/247.
11 Andrade UV, Santos JB, Duarte C. A percepção da gestante sobre a qualidade do atendimento pré-natal em UBS, Campo Grande, MS. Rev Psicol Saúde. 2019;11(1):53-61.
12 Fabris V, Scortegagna AR, Oliveira GR, Scortegagna GT, Malmann F. Conhecimento dos cirurgiões dentistas sobre o uso de anestésicos locais em pacientes: diabéticos, hipertensos, cardiopatas, gestantes e com hipertireoidismo. J Oral Investig. 2018;7(1):33-51. doi: 10.18256/2238-510X.2018.v7i1.2468.
13 Miranda EB. Manejo odontológico em pacientes portadoras de diabetes gestacional [trabalho de conclusão de curso]. Gama (DF): Centro Universitário do Planalto Central Apparecido dos Santos; 2019. 6 f.
14 Fumagalli IHT, Lago LPM, Mestriner SF, Bulgarelli AF, Mestriner Júnior W. Percepções e atitudes de primigestas em relação à atenção em saúde bucal materno-infantil: um estudo qualitativo. Robrac: Rev Odontol Bras Central. 2021;30(89):44-63. doi: 10.36065/robrac.v30i89.1463.
15 Peronio TN, Silva AH, Dias SM. O medo frente ao tratamento odontológico no contexto do sistema único de saúde: uma revisão de literatura integrativa. Periodontia. 2019;29(1):37-43.

10.54620/cadesp.v16i1.570
JAN. MAR. (2022) VOL. 16 Nº.1

16 Batista TRM, Vasconcelos LMR, Vasconcelos MG, Vasconcelos RG. Medo e ansiedade no tratamento odontológico: um panorama atual sobre a versão na odontologia. Rev Salusvita. 2018;37(2):449-69.
17 Lemos PGS, Duque MAM, Machado CN. Componentes que afetam o medo no tratamento dentário em adultos: um estudo seccional. Braz J Implantol Health Sci. 2019;1(4):41-54.
18 Silva PNS, Deliberador TM, Gabardo MCL, Baratto-Filho F, Pizzatto E. Associação entre doença periodontal, parto prematuro e baixo peso ao nascer. Rev Cuba Estomatol. 2018;55(1):26-33.
19 Delgado JA, Santos PO, Alves MIM. A relação da doença periodontal com o parto prematuro. Rev Virtual ACBO [online]. 2019 [citado em: 2021 Jul. 23]; 8(1):20-4. Disponível em: http://www.rvacbo.com.br/ojs/index.php/ojs/article/view/399.
20 Ministério da Saúde (BR). Portaria nº 2.979, de 12 de novembro de 2019. Institui o Programa Previne Brasil, que estabelece novo modelo de financiamento de custeio da Atenção Primária à Saúde [...]. Diário Oficial da União [Internet]. Brasília, DF; 2019 nov 13 [citado em: 2021 Jul. 23]; 220 (seção 1):97. Disponível em: https://www.in.gov.br/en/web/dou/-/portaria-n-2.979-de-12-de-novembro-de-2019-227652180.
21 Fagundes DQ, Oliveira AE. Educação em saúde no pré-natal a partir do referencial teórico de Paulo Freire. Trab Educ Saúde. 2017;15(1):223-43. doi: 10.1590/1981-7746-sol00047.
22 Leal NAC, et al. Educação popular em saúde: desmistificando o pré-natal odontológico em um grupo de práticas corporais. Braz J of Dev [online]. 2021 [citado 2021 Jul. 23];7(4):37450-8. Disponível em: https://www.brazilianjournals.com/index.php/BRJD/article/view/28056.
23 Carletto AF, Santos FF. A atuação do dentista de família na pandemia do Covid-19: o cenário do Rio de Janeiro. Physis. 2020;30(3):1-10. doi: 10.1590/S0103-73312020300310.
24 Moura JFS, Moura KS, Pereira RS, Marinho RRB. COVID-19: a odontologia frente à pandemia. Braz J Health Rev. 2020;3(4):7276-85.