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Letter to Editor

A Call for Interdisciplinary Action to integrate Oral Health into the Holistic Nursing and Midwifery Practice

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Dear Editor,

The recent convergence of global research, including a systematic review and meta-analysis by Purohit et al. (1) and the WHO Global Oral Health Status Report (2), underscores a critical yet frequently overlooked issue: oral disease as a pervasive determinant of overall well-being. Modern Care Journal, with its focus on nursing, midwifery, and interdisciplinary medical sciences, provides a relevant platform to address this gap. From the perspective of holistic care, oral health is not a separate domain but an integral component of chronic disease management, maternal-child health, and health equity.

The meta-analysis by Purohit et al. reveals that oral conditions adversely affect the daily lives of over half (53.36%) of the world's children and adolescents, with prevalence ranging from 83% in South America to 33% in Africa (1). These functional impairments—difficulty eating, speaking, socializing, and learning—have direct implications for nutrition, growth, psychosocial development, and school performance (3). Impaired speech and social interaction may hinder psychosocial development, while dental problems are significantly associated with poorer school performance and reduced psychosocial well-being (3). These outcomes fall within the scope of pediatric nursing, midwifery care, and community health education.

Maternal oral health knowledge and behaviors play an important role in shaping children's oral health outcomes. Razeghi et al. demonstrated that while mothers' knowledge of caries prevention was moderate, both mothers' and children's oral health behaviors remained unsatisfactory, with a significant relationship between maternal and child oral health behaviors (4). These findings highlight a critical knowledge-practice gap. Longitudinal evidence suggests that maternal oral behaviors during pregnancy are associated with children's dental caries and oral hygiene patterns; children of mothers with caries were more likely to have caries, and those with inadequate maternal hygiene were 30% more likely to have inadequate hygiene (5).

These disparities are multifactorial in origin. Gaffar et al. found that among 60 responding countries from 158 FDI (World Dental Federation) member-countries, 48 had a national oral health policy, and 42 included dental care within their universal health care plans (6). This policy gap manifests acutely in vulnerable populations. Pregnant women face barriers to care, with observational evidence reporting an association between periodontal disease and adverse pregnancy outcomes (7). Older adults represent another vulnerable group facing substantial barriers—financial constraints, access issues, and fragmented service delivery (8). These findings highlight the need for interdisciplinary approaches integrating oral health into broader nursing and geriatric care frameworks.

The evidence also charts a path forward. Community-based interventions—including school-based programs, primary care integration, and community-led initiatives—have been explored as approaches to improving oral health, with collaboration among nurses, midwives, dentists, and community health workers emerging as a recurring theme (9).

Critical Appraisal of the Evidence Base

Several limitations warrant acknowledgment. Many cited studies are cross-sectional, limiting causal inference. The meta-analysis by Purohit et al. (1) relies

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on studies with heterogeneous populations and methodologies. The scoping review cited (9) provides valuable descriptive evidence but is exploratory. The reported association between periodontal disease and adverse pregnancy outcomes (7) does not establish causality. These limitations should be considered when interpreting the findings.

In line with the mission of Modern Care Journal, I propose three actionable steps:

Clinical Integration

Oral health screening and anticipatory guidance—including risk assessment, basic visual examination (identifying visible signs of early caries, such as white-spot lesions), preventive counseling, and referral to dental professionals—could be integrated into well-child visits, prenatal care, and chronic disease management (10). Given their frequent patient contact, nurses and midwives are well-positioned to conduct risk assessment, provide counseling, and facilitate referrals. Roles should be clearly defined: nurses focus on risk assessment and care coordination; midwives on prenatal education and perinatal risk assessment; and dentists on definitive diagnosis and comprehensive treatment. In settings where it falls within scope of practice, oral health risk assessment may include fluoride varnish application by appropriately trained professionals.

Interdisciplinary Research

Priorities include studying potential links between oral inflammation and systemic conditions—including bidirectional relationships (e.g., diabetes), observed associations (e.g., adverse pregnancy outcomes), and causal pathways (e.g., infective endocarditis)—evaluating nurse-led integrated preventive models (school-based, community-based, home-visit, and hospital-based programs), and assessing cost-effectiveness. Building a robust evidence base through interdisciplinary research is a prerequisite for effective advocacy.

Policy and Educational Reform. Policy reforms should address systemic barriers: financial constraints, access issues, and fragmented service delivery. Joint committees involving nursing, midwifery, and dental associations could develop shared clinical guidelines addressing risk assessment, referral pathways, preventive care protocols, and interprofessional collaborative practice competencies. Curricular reforms should strengthen core competencies in oral health within nursing and midwifery curricula.

The evidence reviewed supports the view that oral health is closely linked to general health across multiple domains—nutrition, maternal and child health, chronic disease care, infection prevention, and health equity for vulnerable populations. While the available evidence has limitations, consistent findings across diverse populations suggest that integrating oral health into nursing and midwifery practice merits serious consideration. As a community dedicated to advancing holistic care, there are important opportunities to promote integrated, person-centered approaches and advocate for reforms that support whole-person care. By translating available evidence into practice, policy, and further study, we can work toward improved health outcomes, equitable access to essential oral health services, and better quality of life for children, mothers, older adults, and other vulnerable populations.

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