

Survey on Oral Health Knowledge, Attitude, and Practice (KAP) among Pregnant Women

Research Unit: Department of Stomatology / Maternal and Child Health Care Center, Fuzhou University Affiliated Provincial Hospital

Location: Obstetrics Outpatient Clinic, Fuzhou University Affiliated Provincial Hospital

Questionnaire Version: 1.1

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Informed Consent Form

This study is jointly conducted by the Department of Stomatology and the Maternal and Child Health Care Center of Fujian Provincial Hospital, Affiliated to Fuzhou University. It aims to optimize oral health care services for pregnant women. This questionnaire is anonymous; no personally identifiable information (such as name or phone number) will be collected. The data will be used solely for scientific statistical analysis. It is expected to take about 5-8 minutes to complete.

You have the right to skip any questions you do not wish to answer. Completing this questionnaire is considered your informed consent to participate in this study. You may withdraw from the questionnaire at any time without providing a reason.

If you have any questions, please contact the research team at: 0591-88216231.

1. Basic Information

1.1 **【D1】** Your Age:

18–24years 25–29years 30–34years 35–39years 40years and above

1.2 **【D2】** Current Gestational Age: _____ Weeks. Please check the trimester:

≤ 12 weeks (First Trimester) 13-27 weeks (Second Trimester) ≥ 28 weeks (Third Trimester)

1.3 **【D3】** Your Residence: Urban Rural

1.4 **【D4】** Number of Pregnancies (Gravidity): First time 2nd time ≥ 3 times

1.5 **【D5】** Your Highest Education Level:

Below high school High school/Technical Secondary School Associate degree

Bachelor's degree Graduate and above

1.6 **【D6】** Occupation: Employed Housewife/Homemaker Student Unemployed

Other, please specify: _____

1.7 **【D7】** Monthly Household Income: Less than 8,000 RMB 8,000 – 14,999 RMB

15,000 – 24,999 RMB 25,000 RMB and above

1.8 **【D8】** Did you undergo an oral health examination within the 6 months prior to pregnancy?

Yes No

1.9 **【D9】** Did you have any of the following problems before pregnancy?(Multiple selections allowed; “None” and “Unsure” are mutually exclusive options—if selected, do not select others.)

- Dental Caries (Cavities)
- Gingival Bleeding/Swelling and Pain
- Toothache
- None
- Unsure

1.10 **【D10】** During your prenatal checkups for this pregnancy, did the obstetrician “explicitly suggest seeing a dentist” or “provide referral information/channels to the Stomatology Department”?

- Yes
- No
- Do not remember

2. Oral Health Knowledge (K)

2.1 **【K1】** Hormonal changes during pregnancy may aggravate gingival inflammation.

- True
- False
- Unclear

2.2 **【K2】** Studies show that severe gum problems may increase the risk of preterm birth.

- True
- False
- Unclear

2.3 **【K3】** Routine dental checkups are allowed during pregnancy.

- True
- False
- Unclear

2.4 **【K4】** Dental scaling (cleaning) and fillings performed by a doctor are safe during pregnancy.

- True
- False
- Unclear

2.5 **【K5】** Local anesthesia can be used for treatment during pregnancy if necessary.

- True
- False
- Unclear

2.6 **【K6】** Under a dentist’s assessment and with proper protection, dental X-rays are generally not harmful to the fetus during pregnancy.

- True
- False
- Unclear

2.7 **【K7】** The second trimester (13–27 weeks) is the safest period for receiving dental treatment.

- True
- False
- Unclear

3. Oral Health Attitude (A)(1 = Strongly Disagree, 5 = Strongly Agree)

3.1 **【A1】** Keeping teeth clean is important for health during pregnancy.

- 1
- 2
- 3
- 4
- 5

3.2 **【A2】** Dental care during pregnancy is generally safe under the dentist’s supervision:

- 1
- 2
- 3
- 4
- 5

3.3 **【A3】** I would accept treatment during pregnancy if the doctor suggested it. 1 2 3 4 5

3.4 【A4】 I hope to receive oral care guidance during prenatal checkups. 1 2 3 4 5

3.5 【A5】 I am willing to attend lectures on oral health care for pregnant women. 1 2 3 4 5

3.6 【A6】 Pregnant women should undergo regular oral examinations. 1 2 3 4 5

3.7 【A7】 To ensure the quality of the questionnaire, please select “Strongly Agree” (This question is for validity check only and is not included in the analysis). 1 2 3 4 5

4. Oral Health Behavior (B)

4.1 【B1】 Frequency of brushing teeth per day after becoming pregnant:

- 0 times 1 time 2 times ≥ 3 times

(If you selected '0 times', please do not answer the next question; skip directly to Question 4.3)

4.2 【B2】 Cleaning tools used (Multiple selections allowed): (Answer only if you brush ≥ 1 time/day)

- Manual toothbrush Electric toothbrush Dental floss
 Interdental brush None of the above used

4.3 【B3】 Have you experienced gum bleeding after becoming pregnant?

- Frequently Occasionally Never

4.4 【B4】 Do you have a habit of getting a dental scaling (cleaning) or checkup at least once a year?

- Yes No Unsure

4.5 【B5】 Have you had a toothache after becoming pregnant? Yes No (If “No” → Skip to B6)

4.6 【B6】 If you had a toothache, did you see a dentist? Yes No Unsure

4.7 【B7】 During this pregnancy, have you visited the Stomatology/Dental Department (including checkups, scaling, fillings, treatment, etc.)? Yes No (If “Yes” → Skip 【BR1】 and 【BR2】)

5. Barriers and Facilitators (BR)

5.1 【BR1】 If you did not see a dentist during pregnancy, what was the main reason? (Single selection)

- Fear of affecting the fetus
 Fear of dental visits (fear of pain, drilling)
 Obstetrician did not explicitly suggest it or provide referral info
 Did not know I could see a dentist during pregnancy
 Did not know where to go for treatment
 High cost / Not covered by insurance
 No time
 Could not find a reliable dental clinic
 Felt the problem was not serious

- Felt treatment during pregnancy is useless; better to wait until postpartum
- Family did not prioritize/support it
- Other barriers, please specify: _____

5.2 **【BR2】** What circumstances would encourage you to see a dentist during pregnancy? (Multiple selections allowed, max 3)

- Obstetrician explicitly requires it
- Family support and accompaniment
- Hospital has a priority channel (Green Channel) for pregnant women
- Most costs are reimbursable
- Seeing scientific evidence that treatment is safe
- Having attended relevant health lectures
- Nothing would encourage me to go

6.Information Sources and Education Needs (I)

6.1 **【I1】** Where do you obtain oral health knowledge? (Multiple selections allowed)

- Obstetrician (Prenatal checkup doctor) Dentist
- Douyin (TikTok) / Xiaohongshu (RedNote) / WeChat Family and friends
- Pamphlets / Pregnancy classes Have not obtained any information

6.2 **【I2】** During prenatal checkups, did the medical staff explain oral care during pregnancy in detail? (e.g., distributing manuals, demonstrating brushing/flossing, discussing precautions)

- Yes No Unsure

7.Expectation (E)

7.1 **【E1】** If you had a toothache right now, you would:

- See a dentist immediately
- Ask the obstetrician first, then decide whether to see a dentist
- Endure it and only see a doctor if it gets worse
- Insist on waiting until after the baby is born
- Don't know what to do

8.Open Suggestion (O) (Optional)

8.1 **【O1】** What oral health services do you wish the hospital would provide for pregnant women? (e.g., more lectures, opening a Green Channel, fee reduction/exemption, extended clinic hours, etc.)

End of Questionnaire. Thank you for contributing to maternal and infant health! The information you provided will be directly used to improve medical services.

Consultation Phone: 0591-88216231 (Weekdays 8:00 – 17:00)