

# PERINATAL ORAL HEALTH ACTION PLAN & PERSONAL GOALS

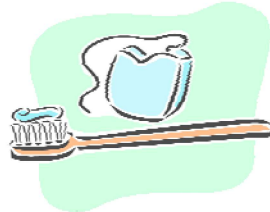


NAME \_\_\_\_\_

DOB \_\_\_\_\_



Quit Bad Habits



Brush twice a day with fluoride toothpaste



No Soda



Rinse after morning sickness



Less/No candy & junk food



Floss nightly



Complete dental treatments



Chew Xylitol Gum/Mints



Use fluoride rinse/gel regularly



Take Pre-Natal Vitamins daily



Eat Healthier



Drink Tap Water