

# PERINATAL ORAL HEALTH ACTION PLAN & PERSONAL GOALS

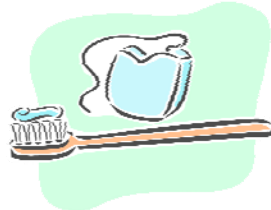


NAME \_\_\_\_\_

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