

Table 1. Oral Health Practices at 24 months by Prenatal Opioid Exposure

	Exposed N=121	Control N=75	p-value
How many snacks and drinks containing sugar does your child usually have between meals?			
0-1 per day	52 (52%)	30 (50%)	0.710
2-3 per day	46 (46%)	28 (47%)	
4 or more per day	2 (2%)	2 (3%)	
Has your child ever been put to bed with a bottle containing something other than water?			
Yes	61 (61%)	25 (42%)	0.018
No	39 (39%)	35 (58%)	
What is the primary source of your home drinking water for your child?			
Well water	2 (2%)	0 (0%)	0.264
Bottled water	68 (59%)	35 (49%)	0.190
City or community water system	37 (32%)	11 (15%)	0.012
Filtered water	29 (25%)	33 (46%)	0.003
Does not drink water	1 (1%)	0 (0%)	0.431
How often are your child's teeth brushed at home?			
Sometimes (but not every day)	13 (13%)	6 (10%)	0.279
Once a day	40 (40%)	22 (37%)	
Twice a day or more often	46 (46%)	30 (50%)	
My child's teeth are NOT brushed at home	0 (0%)	2 (3%)	
Has your child ever gone to the dentist?			
Yes	26 (26%)	15 (25%)	0.860
<i>Did your child see a dentist for a check-up or because of dental problems?</i>			
Check-up	22 (85%)	14 (93%)	0.641
Dental problems	1 (4%)	0 (0%)	
Check-up and dental problems	3 (12%)	1 (7%)	
No	73 (74%)	45 (75%)	
How would you describe the condition of your child's mouth and teeth?			
Excellent	53 (53%)	33 (55%)	0.818
Very good	36 (36%)	19 (32%)	
Good	7 (7%)	7 (12%)	
Fair	3 (3%)	1 (2%)	
Poor	1 (1%)	0 (0%)	
I don't know	0 (0%)	0 (0%)	
Has your child ever had a toothache or other dental pain? Do NOT include pain from teething			
Yes	2 (2%)	0 (0%)	0.270
No	98 (98%)	60 (100%)	