

ORAL HEALTH DURING PREGNANCY: WHY DOES IT MATTER?



WHAT HAVE YOU HEARD ABOUT THE MOUTH DURING PREGNANCY?



“It is not safe to get dental treatment during pregnancy.”

“You lose one tooth for each pregnancy.”

“Why are my gums bleeding so much?”

“I’m really worried about getting exposed to radiation and chemicals at the dentist that could hurt my baby.”

BARRIERS TO ORAL HEALTHCARE DURING PREGNANCY

The NHS in the United Kingdom and some states in the USA cover maternal dental care during pregnancy and 1 year after childbirth due to its benefits to maternal and child health. This care is funded primarily through government programs such as Medicaid.* However, it can still be difficult for individuals to access this care.

We are here to help you get the dental care you need during your pregnancy. Please let us know about what challenges you face so we can find solutions for you.

“I have to go to so many appointments already.”

“It is hard for me to find time to go to the dentist. I have to find childcare and take time off from work.”

“I didn’t know it I needed to see the dentist while I was pregnant.”

“It’s not safe for me to see the dentist while I am pregnant. It could hurt me or the baby.”

“I don’t have any dental insurance.”

“Going to the dentist costs too much.”

“I’m scared of the dentist.”



MATERNAL ORAL HEALTH AND ADVERSE PREGNANCY OUTCOME CONNECTION

PRETERM BIRTH AND LOW BIRTH WEIGHT

Mothers with advanced gum disease have a higher incidence of preterm and low birthweight babies (Walia, Saini. Int J appl Basic Med Res. 2015 Jan-Apr; 5(1):2-6. doi:10.4103/2229-516X.149217)

Germs that cause gum disease from the mouth have been found in the placenta (source listed above)

Germs or the body's immune response to these germs may impact pregnancy outcomes; no one has proven this beyond doubt, but there is a lot of ongoing research looking into this.

AI/AN women are especially at risk due to pre-existing health conditions (such as diabetes, obesity) and difficulty accessing prenatal/dental care (Anderson, Spicer, Peercy. Matern Child Health J. 2016 Dec; 20(12):2548-2556. doi:10.1007/s10995-016-2080-3)





GESTATIONAL DIABETES

AI/AN have high rates of diabetes than all other groups and higher rates of overweight/obesity than other groups (Anderson et al).

Overweight, obesity, diabetes mellitus, gestational diabetes mellitus predict higher birthweight (Anderson et al)

Higher birth weight can complicate births.

Better gum health is associated with better control of blood sugar in diabetic patients



“Help, my gums are bleeding!”

ORAL HEALTH PROBLEMS DURING PREGNANCY



PREGNANCY GINGIVITIS

Definition: Swelling and bleeding of the gums during pregnancy

Occurs due to hormone changes during pregnancy (increase in estrogen and progesterone)

If untreated, gingivitis can progress to permanently damage the gums and bone (periodontitis)

It is recommended that women that think they may become pregnant or who have recently become pregnant get professional dental cleanings on a schedule determined by a dental professional (every 3-6 months)



DENTAL CARIES (TOOTH DECAY) AND EROSION

Problem: Caries Risk Increases in certain individuals during pregnancy.

Pregnant people must eat more frequently, exposing the teeth to higher frequency of carbohydrate exposure.

The frequency of carbohydrate exposure is related to caries risk; the more exposures, the higher the risk. This is due to bacteria present in the mouth that cause tooth decay.

Solution:

Patients can be mindful of the types of foods they eat and avoid sugary snacks/drinks.

Patients can improve oral hygiene at home and can rinse with water after eating snacks when toothbrushing is not feasible

Problem: Acid Erosion can occur during times of morning sickness or acid reflux (heartburn)

Pregnant people are at higher risk of acid erosion of the teeth due to increased vomiting from morning sickness and acid reflux (heartburn).

Solution:

Rinse with 1 tsp. of baking soda mixed with water (or plain water if not available) after vomiting. **DO NOT BRUSH RIGHT AWAY. THIS CAN DAMAGE WEAKENED ENAMEL.**

Prop up on a pillow at night to help gravity pull stomach acid down out of the mouth

Pregnant patients should always get a dental cleaning regardless of stage of pregnancy. Accommodations can be made for later stages of pregnancy.

Pregnant patients should almost always be able to get emergency treatment during pregnancy for serious oral health conditions.

Pregnant patients can get routine treatments previously planned prior to or during pregnancy during the second trimester.

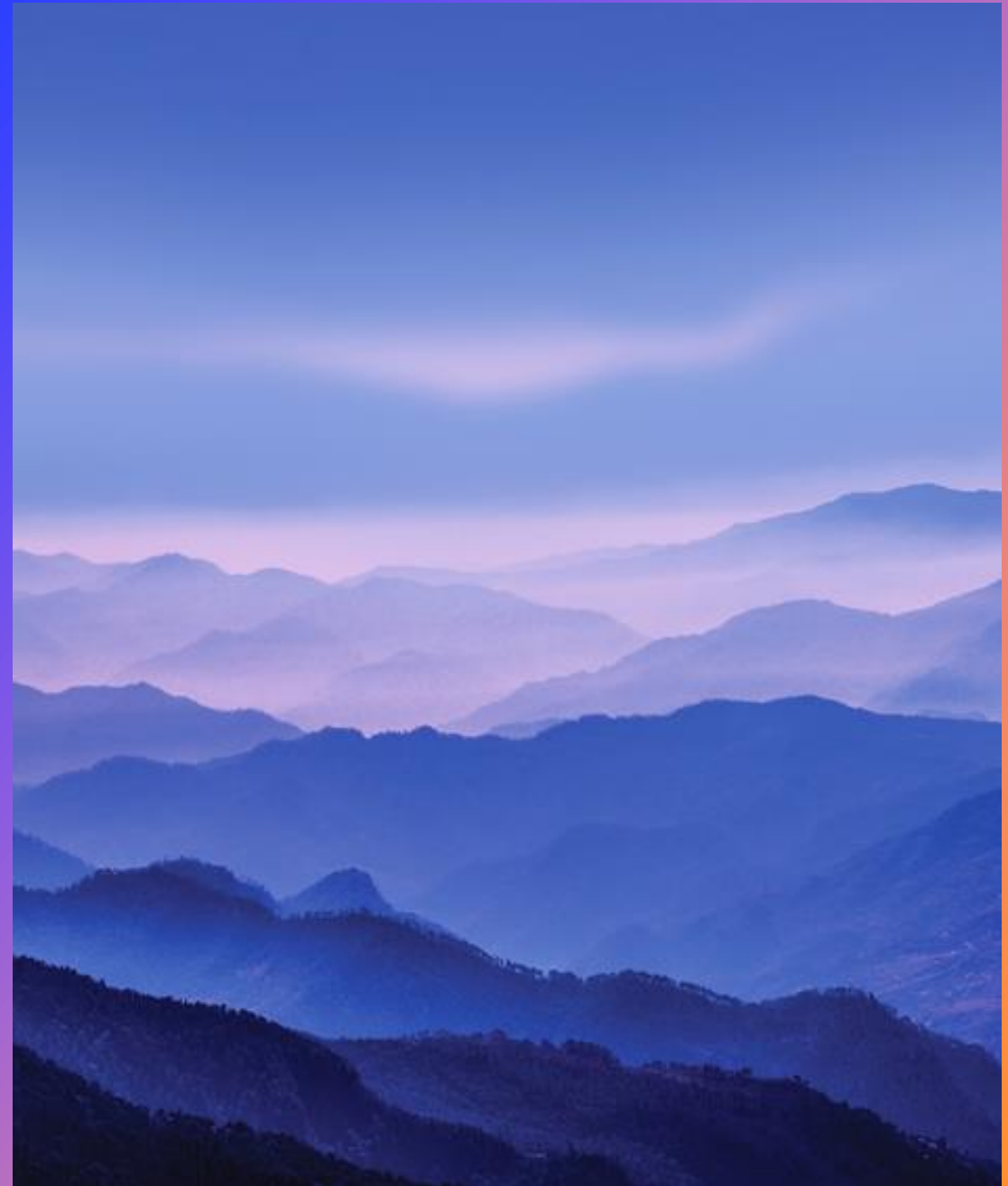
GUIDANCE FOR ORAL HEALTHCARE

X-RAY SAFETY

Routine dental x-ray exams should not be taken during pregnancy. Radiographs should be minimized as much as possible during pregnancy.

Radiographs (x-rays) may (and should) be taken for severe emergency dental problems such as infections, broken teeth, severe pain, etc.

Additional lead shielding of the abdomen has been recommended to protect the fetus (* this is evolving due to newer equipment producing less radiation).



MEDICATIONS FOR DENTAL PROBLEMS

Sometimes, medications are necessary to manage dental problems and treatment in the pregnant dental patient

Problem/Treatment	Medication	Safe Choices	Evidence
Fillings, extractions, deep cleaning	Local Anesthetic	Lidocaine with epinephrine	Over 50 years of successful use
Infection/Abscess	Antibiotics	Amoxicillin, Pen VK	Can use if strongly indicated
Pain	Analgesics OTC	Acetaminophen (Tylenol)	Safest OTC analgesic
Pain	Analgesics Rx.	Tylenol #3	Avoid unless necessary due to fetal withdrawal risk
Gum disease	Mouth Rinse	Alcohol free	Essential oils or cetylpyridium chloride OK

TIMELINE

Stage of Family Planning/Pregnancy	Intervention	Frequency	Frequency
Pre-pregnancy planning	Routine Exams and Radiographs (x-rays)	Exams: 6 months-1year depending on risk	X-rays: Every 1-2 years and sometimes more often depending on risk
Pre-pregnancy Planning	Professional Hygiene visits	Healthy gums: 6 months	Unhealthy gums: 3-4 months
First Trimester	X-rays: Avoid Exams: OK Cleanings: OK ER treatment: OK Routine Treatment: Avoid	Hygiene Healthy gums: Follow pre-pregnancy schedule, but may need additional visits	Hygiene Unhealthy gums: 3 months
Second Trimester	X-rays: Avoid Exams:OK Cleanings: OK ER treatment: OK Routine Treatment: OK	Hygiene Healthy gums: Follow pre-pregnancy schedule, but may need additional	Hygiene Unhealthy gums: 3 months
Third Trimester	Defer most treatments until post-partum	ER visits OK PRN	Hygiene visits OK with accommodations if indicated (3 MRC)

Emergency Dental Care:

- Almost always safe
- If not safe, drugs may be prescribed to prevent serious complications

Routine Dental Care:

- Safe during the second trimester (planned treatments such as fillings, cleanings, crowns, extractions, dentures) for most patients

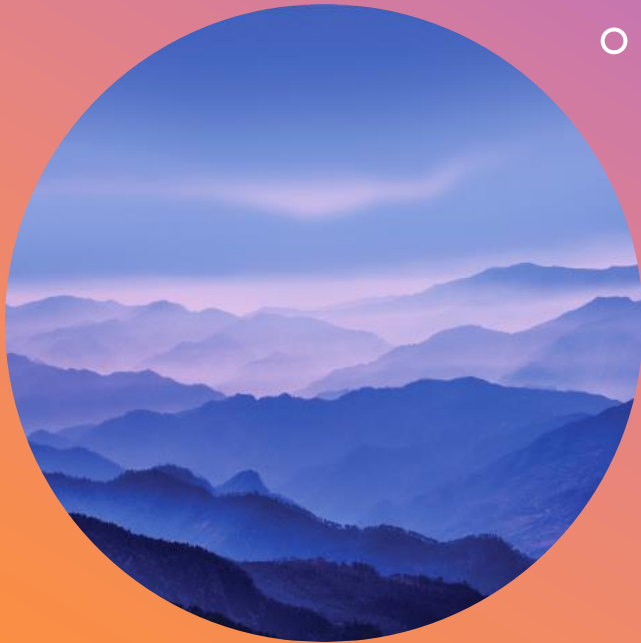
Prevention is key:

- Establish oral health care in patients that may become pregnant. Get the x-rays done before pregnancy.

- X-rays can be taken with a relative level of safety if needed; benefits outweigh the risks
- Some medications, including local anesthetics, can be safely given during the pregnancy
- The second trimester is the best time to get dental treatment during pregnancy (first trimester has more developmental risks and third trimester has more risks for the mother)
- Oral hygiene visits with dental hygienist are highly recommended to prevent complications from pregnancy gingivitis

REMEMBER:





THANK YOU

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Mission and Vision: Ensuring health & wellness through excellence in healthcare with respect for culture.

“Healthy People, Healthy Community and Healthy Lifestyle”