

# Promoting Oral Health in Pregnancy

Dr. Peter Doane, MD

Ruth Doane, CPHDH

- Oral health is an important component of general health including during pregnancy
- Oral health during pregnancy may decrease transmission of caries-producing bacteria from mother to infant after parturition
- There is lack of evidence that treatment of periodontitis decreases pre-term delivery or low birth weight infants but no evidence of harm

# Quick and Easy Oral Health Questions and Examination

- Ask, “Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or any other problems in your mouth?” Even more simply ask, “Do you have any problems with your teeth, gums or mouth?”
- When was your last dental visit?
- Do you need help finding a dentist?
- Perform brief oral examination at initial prenatal visit

# The Dental Visit

- Blood pressure
- Review medical history and medications
- Head and neck exam (skin, lymph nodes)
- Soft tissue exam (tongue, gingiva, throat, mucosa)
- Nutrition
- Tobacco cessation prn
- Reinforce good oral hygiene

# Prenatal Discussion

- Vomiting and acid reflux—recommend rinsing with water or 1 cup of water with 1 tsp. baking soda to neutralize acid to help minimize enamel erosion
- Use of chlorhexidine, xylitol, fluoride rinses
- Explaining transmission of Strep. mutans
- Care of baby's gums and teeth—not putting baby to bed with a bottle, wiping gums with soft cloth or finger brush, early care helps with better acceptance of brushing and flossing child's teeth as they grow, not licking off pacifier if it is dirty

# Potential Dental Problems During Pregnancy

- Gingivitis—aggravated by pregnancy due to increased capillary permeability from increased estrogen levels
- Loose teeth—usually temporary. Lamina dura (lining of the socket where the tooth is connected to the bone) effected by progesterone and estrogen levels
- Caries with or without pain—change in diet, food cravings
- Dental erosion due to vomiting
- Pregnancy tumors—usually resolve after delivery

# Dental Medical

- Suspicious soft tissue lesions
- Tobacco cessation
- Blood pressure
- Diabetes
- Xerostomia and medications
- Nutrition

# Medical Dental

- Prenatal counseling about OH has been shown to be highly correlated with dental prophylaxis during pregnancy
- Carious lesions with or without pain
- Loose teeth
- Soft tissue lesions (pyogenic granuloma)
- Bleeding gingiva
- Malodor



# Dental Treatments During Pregnancy

- Radiographs with lead shield, including thyroid collar
- Simple restorations
- Dental prophylaxis
- Simple or surgical extractions
- Use of Local Anesthesia (Lidocaine without Epinephrine, Carbocaine)
- Root canal therapy
- Prescribed meds including penicillin, Erythromycin, and Tylenol with codeine

# Special Programs in Our Area

- Medicaid in NH pays for exam, x-rays, extractions. No restoratives or prophylaxis
- Speare Memorial Hospital Dental Program for cleanings, fluoride, sealants, temporary fillings
- Mid-State in Bristol
- Tamworth Dental Center
- Saving People's Smiles in Concord
- Dartmouth

# Recommendations

(From the American College of Obstetricians and Gynecologists)

- Discuss oral health with all patients, including those who are pregnant or in the postpartum period
- Advise women that oral health care improves a woman's general health through her lifespan and may also reduce the transmission of potentially caries-producing oral bacterial from mothers to their infants
- Conduct an oral health assessment during the first prenatal visit

# Recommendations

- Reassure patients that prevention, diagnosis, and treatment of oral conditions, including dental X-rays, and local anesthesia are safe during pregnancy
- Inform women that conditions that require immediate treatment, such as extractions, root canals, and restoration of untreated caries, may be managed at any time during pregnancy. Delaying treatment may result in more complex problems

# Recommendations

- For patients with vomiting secondary to morning sickness, hyperemesis gravidarum, or gastric reflux during late pregnancy, the use of antacids or rinsing with a baking soda solution may help neutralize the associated acid
- Be aware of patients' health coverage for dental services during pregnancy so that referrals to the appropriate dental provider can be made.
- Develop a working relationship with local dentists. Refer patients for oral health care with a written note or call, as would be the practice with referrals to any medical specialist

# Recommendations

- Advocate for broader oral health coverage of women before, during, and after pregnancy. Pregnancy is a unique time when women may gain access to oral health coverage
- Reinforce routine oral health maintenance, such as limiting sugary foods and drinks, brushing twice a day with fluoridated toothpaste, flossing once daily, and dental visits twice a year