

Pregnancy and Oral Health

How does pregnancy affect my oral health?

It's a myth that calcium is lost from the mother's teeth and "one tooth is lost with every pregnancy." But you may experience some changes in your oral health during pregnancy. The primary change is a surge in hormones—particularly an increase in estrogen and progesterone—which is linked to an increase in the amount of plaque on your teeth.

How does a build-up of plaque affect me?

If the plaque isn't removed, it can cause gingivitis—red, swollen, tender gums that are more likely to bleed. So-called "pregnancy gingivitis" affects most pregnant women to some degree, and generally begins to surface in the second trimester. If you already have gingivitis, the condition is likely to worsen during pregnancy. If untreated, gingivitis can lead to periodontal disease, a more serious form of gum disease.

Pregnant women are also at risk for developing pregnancy tumors, inflammatory, benign growths that develop when swollen gums become irritated. Normally, the tumors are left alone and will usually shrink on their own. But if a tumor is uncomfortable and interferes with chewing, brushing or other oral hygiene procedures, the dentist may decide to remove it.

How can I prevent these problems?

You can prevent gingivitis by keeping your teeth clean, especially near the gumline. You should brush with fluoride toothpaste at least twice a day and after each meal when possible. You should also floss thoroughly each day. If tooth-brushing causes morning sickness, rinse your mouth with water or with anti-plaque and fluoride mouthwashes. Good nutrition—particularly plenty of vitamin C and B12—help keep the oral cavity healthy and strong. More frequent cleanings from the dentist will help control plaque and prevent gingivitis. Controlling plaque also will reduce gum irritation and decrease the likelihood of pregnancy tumors.

When should I see my dentist?

If you're planning to become pregnant or suspect you're pregnant, you should see a dentist right away. Otherwise, you should schedule a check-up in your first trimester for a cleaning. Your dentist will assess your



oral condition and map out a dental plan for the rest of your pregnancy. A visit to the dentist also is recommended in the second trimester for a cleaning, to monitor changes and to gauge the effectiveness of your oral hygiene. Depending on the patient, another appointment may be scheduled early in the third trimester, but these appointments should be kept as brief as possible.

Are there any procedures I should avoid?

Nonemergency procedures generally can be performed throughout pregnancy, but the best time for any dental treatment is the fourth through sixth month. Women with dental emergencies that create severe pain can be treated during any trimester, but your obstetrician should be consulted during emergencies that require anesthesia or when medication is being prescribed. Only X-rays that are needed for emergencies should be taken during pregnancy. Lastly, elective procedures that can be postponed should be delayed until after the baby's birth.

Sources: Barbara J. Steinberg, DDS, Professor of Medicine and Surgery, Allegheny University of the Health Sciences, Philadelphia, Pa.; "The Pregnant Dental Patient," *Northwest Dentistry*, September-October, 1996; "Alteration in Female Sex Hormones: Their Effect on Oral Tissues and Dental Treatment," *Compendium of Continuing Education*, Vol. XIV, No. 12.; *Periodontal Care Report*, *Dental Products Report*, April 1996; "Pregnancy and Oral Health," the American Dental Association.

Pregnancy and gingivitis

Will pregnancy affect my oral health?

Expectant mothers (and women who take some oral contraceptives) experience elevated levels of the hormones estrogen and progesterone. This causes the gums to react differently to the bacteria found in plaque, and in many cases can cause a condition known as “pregnancy gingivitis.” Symptoms include swollen, red gums and bleeding of the gums when you brush. Remember that the bacteria in plaque (not hormones) is what causes gingivitis. Brush twice a day and floss before you go to bed to help avoid plaque buildup.

What are “pregnancy tumors?”

Pregnancy tumors (pyogenic granuloma) are rare, usually painless lesions that may develop on your gums in response to plaque. Although they are not cancerous, they should be treated. Pregnancy tumors usually subside shortly after childbirth.

Could gingivitis affect my baby’s health?

New research suggests a link between pre-term, low birth weight babies and gingivitis. Excessive bacteria, which causes gingivitis, can enter the bloodstream through your mouth (gums). If this happens, the bacteria can travel to the uterus, triggering the production of chemicals called “prostaglandins,” which are suspected to induce premature labor.

Should I receive dental treatment while I’m pregnant?

Good oral health care is vital during your pregnancy. Continue with your regular dental cleaning and check-ups to avoid oral infections that can affect the fetus, such as gingivitis and periodontal disease.

Dentists recommend that major dental treatments that aren’t urgent be postponed until after your child is born. The first trimester, the stage of pregnancy in which most of the baby’s organs are formed, is the most crucial to

your baby’s development, so it is best to have procedures performed during the second trimester to minimize any potential risk.

Dental work is not recommended during the third trimester because the dental chair tends to be too uncomfortable for the mother. If you lie back, the chair may cut off circulation by placing pressure on the vein that returns blood to the heart from the lower part of your body.

If I do need treatment, what drugs are safe?

Be extremely cautious of all drugs during pregnancy. If you have gingivitis or periodontal disease, your dentist may want to treat you more often to achieve healthy gums and a healthy baby.

Although dental anesthetics such as novocaine or lidocaine can enter the placenta, which filters out most drugs, the doses used in most dental procedures are considered safe.

If you need to have dental work done during your pregnancy, research has

shown that some acceptable antibiotics include penicillin, amoxicillin, and clindamycin, but avoid tetracycline, which can cause discoloration of your child’s temporary and permanent teeth.

Products containing acetaminophen, such as Tylenol, are approved, but you should be wary of other over-the-counter medications such as aspirin or ibuprofen. Avoid using narcotics for dental pain until your child is carried to term.

Who can I talk to?

If you have any concerns about treatment or medications, make sure to ask your dentist or physician before receiving treatment. Most dental procedures are safe during pregnancy.

Remember, the healthier your mouth is, the healthier and happier your pregnancy and baby will be.

Sources: Pregnancytoday.com,
Kimberly A. Loos, DDS
www.med.umich.edu
www.ada.org
www.thekidsdds.com/prenatal.htm
howthingswork.com/dental11.htm