




Pregnancy & Oral Health



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1. Why is dental care important in pregnancy, postpartum (PP), and newborn/childhood?
 2. When/how do you screen for oral disease in pregnancy/PP?
 3. When is it safe to receive dental care in pregnancy/PP?
 4. What is a dental emergency that needs to be addressed during pregnancy vs PP?
 5. What are good dental hygiene/practices in pregnancy, PP, newborn/childhood?

Why is dental care important in pregnancy, postpartum (PP), and newborn/childhood?



Why is dental care important in **pregnancy**, postpartum, and newborn/childhood?

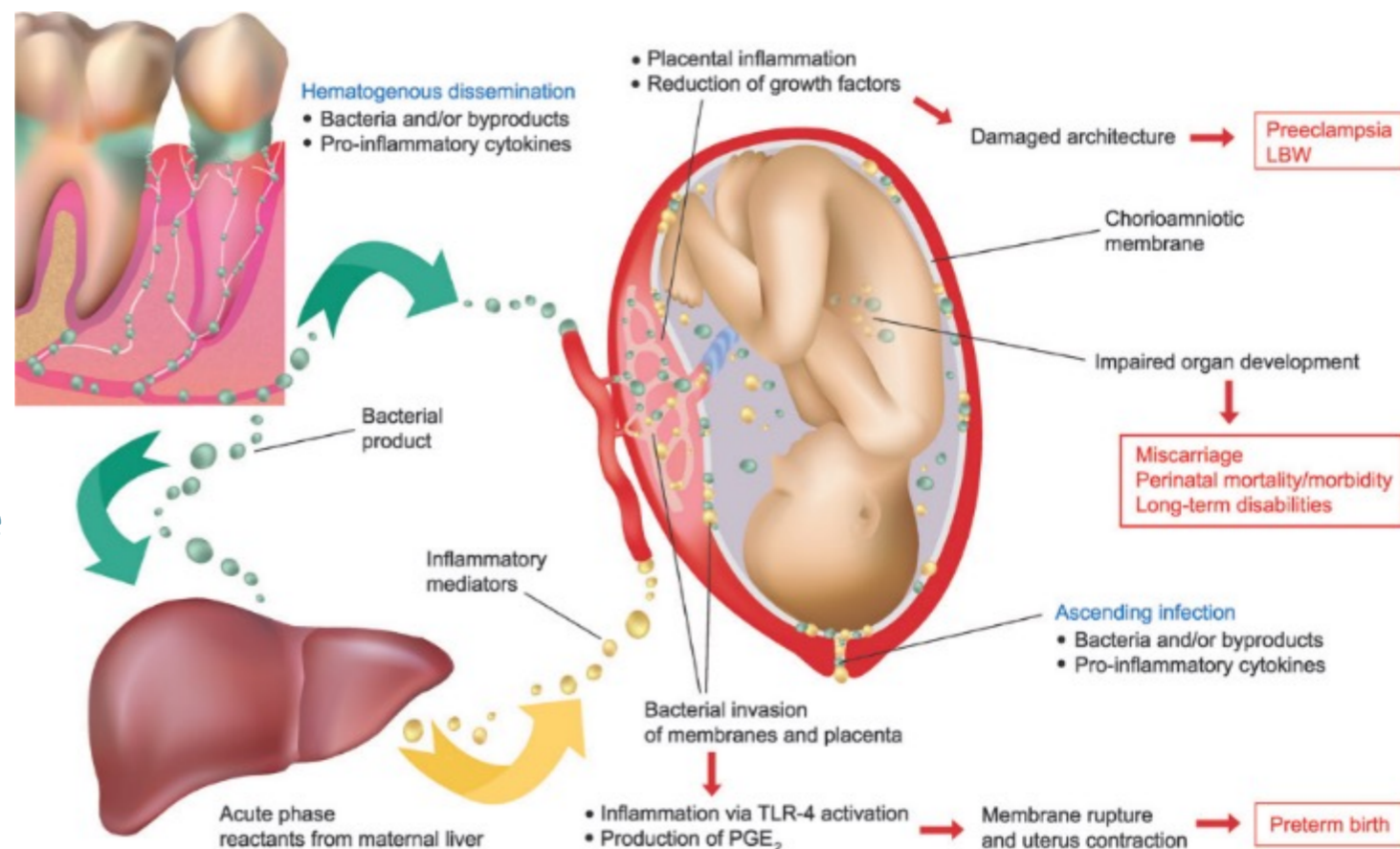
- Pregnancy is one of the highest risk times in life for women's oral health.
- Overgrowth of tissue (pregnancy tumor): not cancerous, only occurs in 5% of women
- Tooth mobility: ligaments and bone that support the teeth may temporarily loosen during pregnancy
- Dry mouth (xerostomia): very common; can contribute to tooth decay & gingivitis
- Pregnancy-induced vomiting: increases risk for tooth enamel erosion
- Tooth decay: changes in diet during pregnancy contribute
- Gum disease (periodontitis): 40% of pregnant women have either gingivitis or periodontitis, which can cause tooth loss and systemic complications

Gingivitis, Periodontitis, Enamel Erosion, and Pregnancy Tumor



Systemic Complications from Oral Disease

- Infective endocarditis
- Diabetes (bi-directional)
- Atherosclerotic cardiovascular disease
- **Adverse pregnancy outcomes**
- Chronic obstructive pulmonary disease
- Rheumatoid arthritis
- Cognitive impairment
- Certain cancers
- Chronic kidney disease
- Macular degeneration
- And more.....



If the mother has periodontitis, she has a 7.9x risk of pre-term birth (<36 weeks) and a 7.5x risk of delivering a low birth weight baby (<2500 grams)

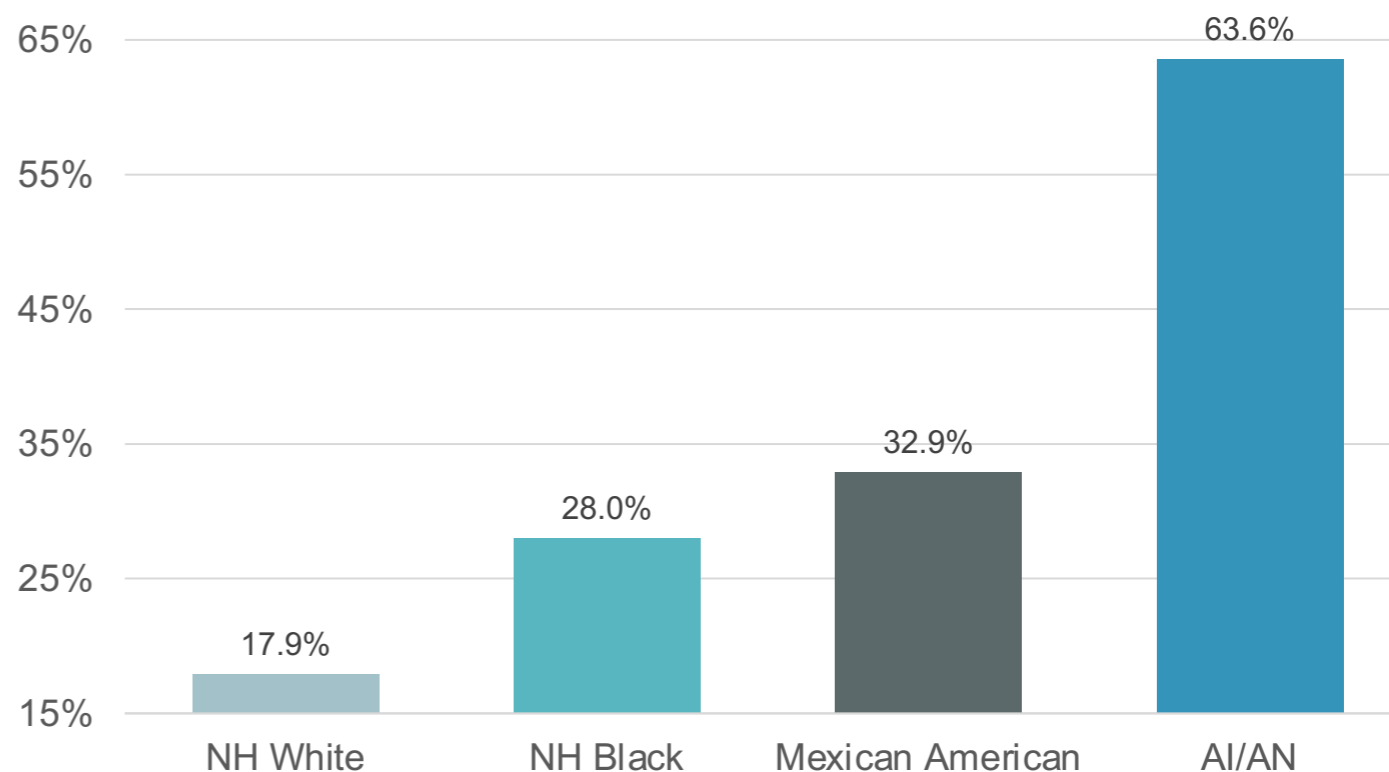
Why is dental care important in pregnancy, **postpartum**, and newborn/childhood?

- New parents often neglect their own healthcare as their new baby takes priority.
- Caregivers with tooth decay have more bacteria to pass on to babies.
- Mothers with high rates of caries pass their high oral bacterial load and dietary habits on to their babies early in life, often by 6 months of age.
 - It is thought that transfer occurs via saliva contact such as tasting, pre-chewing food, licking utensils, and sharing toothbrushes.
 - The higher the level of maternal bacteria, the more likely the child is to acquire the bacteria. Mothers who address their hygiene are less likely to pass on the caries causing bacteria.
 - If this colonization is delayed until after 2 years of age, then tooth decay scores at age 4 years decreases. Hence, getting dental care during pregnancy is an important risk modification strategy.



Why is dental care important in pregnancy, postpartum, and **newborn/childhood**?

- American Indian/Alaska Native children suffer disproportionately from dental disease.



When/how do you screen for oral disease in pregnant/post-partum mothers?



When/how do you screen for oral disease in pregnant/post-partum mothers?

- “A dental checkup early in pregnancy will help ensure that your mouth stays healthy.” Pregnant women are at an increased risk for cavities and gum disease”— American Congress of Obstetricians and Gynecologists
- Dentists, medical clinicians, and patients need to be aware of the importance of oral health and the safety of treatments during pregnancy.
- Clinicians need to take time during first prenatal visits to ask about oral health, examine the mouth, and refer.

Screening Questions

Do you have any tooth sensitivity to sweets, cold, or air?

Are your gums red, swollen, or bleeding?

Do you have an unpleasant breath odor?

Are any of your teeth loose?

How frequently do you brush and floss your teeth?



When is it safe to receive dental care in pregnancy?



When is it safe to receive dental care in pregnancy?

- Preventive, diagnostic and restorative dental treatment is **safe** throughout pregnancy.
- Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine, mepivacaine) may be used during pregnancy.
- Antibiotics such as penicillin, amoxicillin, cephalosporins, and metronidazole are considered safe.
- Use of other medications calls for consultation with the patient's obstetrician to weigh risks and benefits. Nitrous oxide is a Category C medication and shouldn't be used during pregnancy.

Table. Pregnancy Risk Categories¹² for OTC Medications

Category A	Controlled studies show no risk
Category B	<p>No evidence of risk in humans</p> <ul style="list-style-type: none"> • Adequate well-controlled studies in pregnant individuals have not shown increased risk of fetal abnormalities despite adverse findings in animals. <p>OR</p> <ul style="list-style-type: none"> • In the absence of human studies, animal studies showed no fetal risk. The chance of fetal harm is remote but remains a possibility.
Category C	<p>Risk cannot be ruled out</p> <ul style="list-style-type: none"> • Adequate well-controlled human studies are lacking, and animal studies have shown a risk to the fetus or are lacking as well. There is a chance of fetal harm if administered during pregnancy, but the potential benefits may outweigh the potential risk.
Category D	<p>Positive evidence of risk</p> <ul style="list-style-type: none"> • Studies in humans, or investigational or post-marketing data, have demonstrated fetal risk. Nevertheless, potential benefits from use of this drug may outweigh the potential risk. For example, the drug may be acceptable if needed in a life-threatening situation or serious disease for which safer drugs cannot be used or are ineffective.
Category X	<p>Contraindicated in pregnancy</p> <ul style="list-style-type: none"> • Studies in animals or humans, investigational or post-marketing reports, have demonstrated positive evidence of fetal abnormalities or risk that clearly outweighs any possible benefit to the patient.

What is a dental emergency that needs to be addressed during pregnancy vs PP?



What is a dental emergency that needs to be addressed during pregnancy vs PP?

- During pregnancy and post-partum, women should strive to maintain good oral health, including maintaining dental appointments and cleanings 1-4 times per year (depending on risk).
- Common issues which require immediate dental intervention include:
 - Knocked-out (avulsed) tooth
 - Broken tooth
 - Ulcers/mouth wounds that won't heal
 - Objects caught between teeth
 - Tooth pain, especially when it lingers after removal of the stimulus (heat, cold)
 - Broken partial or complete denture
 - Loose bridge



What are good dental hygiene/practices in pregnancy, PP, newborn/childhood?

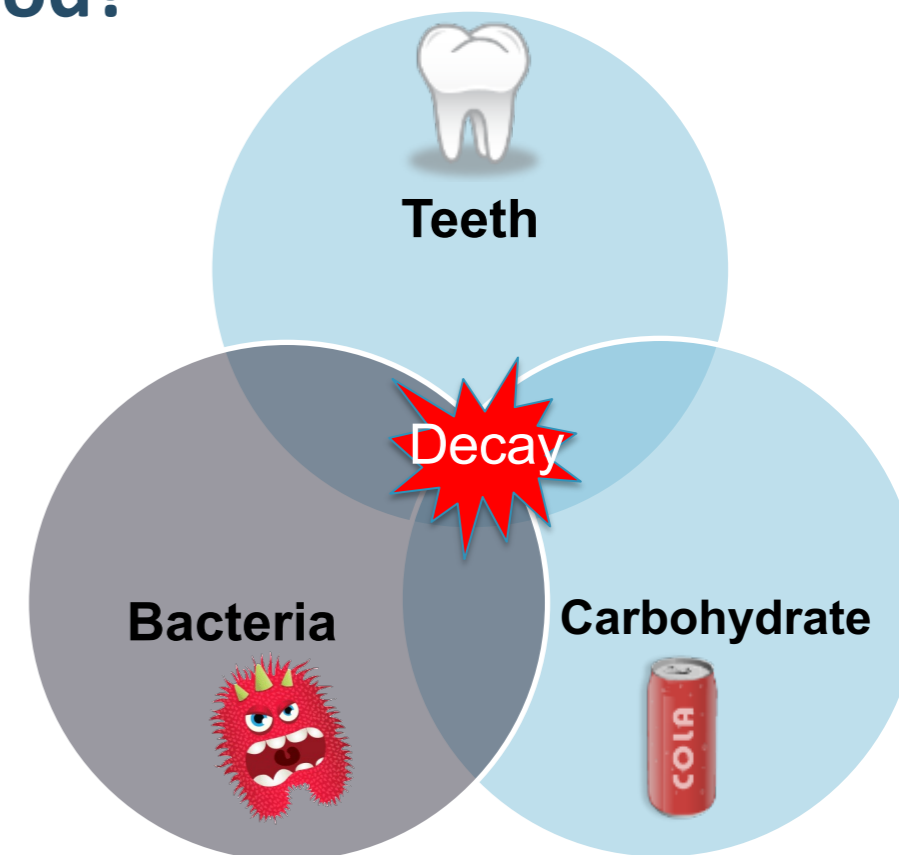


What are good dental hygiene/practices in **pregnancy, PP, newborn/childhood?**

- Get oral health care
 - Keep routine dental appointments
 - See your dentist at the beginning of your pregnancy and midway through to assess oral disease risk
- Practice good oral hygiene
 - Brush your teeth with fluoridated toothpaste twice a day
 - Replace your toothbrush every 3-4 months
 - Rinse with a non-alcohol mouthrinse nightly
 - If you vomit, rinse mouth with a teaspoon of baking soda
- Eat healthy foods
 - Eat a variety of foods
 - Eat and drink fewer foods high in sugar
 - For snacks, consider fruits, vegetables, cheese, or unsweetened yogurt
 - Drink water throughout the day
- Practice other healthy behaviors
 - Attend prenatal classes
 - Stop any use of tobacco products and recreational drugs, and avoid second-hand smoke
 - Stop any consumption of alcoholic beverages

What are good dental hygiene/practices in pregnancy, PP, newborn/childhood?

- Continue taking care of your mouth after your baby is born
- Continue to see your dental professional regularly
- Return (or maintain) a healthy diet
- Do not neglect your own oral health!



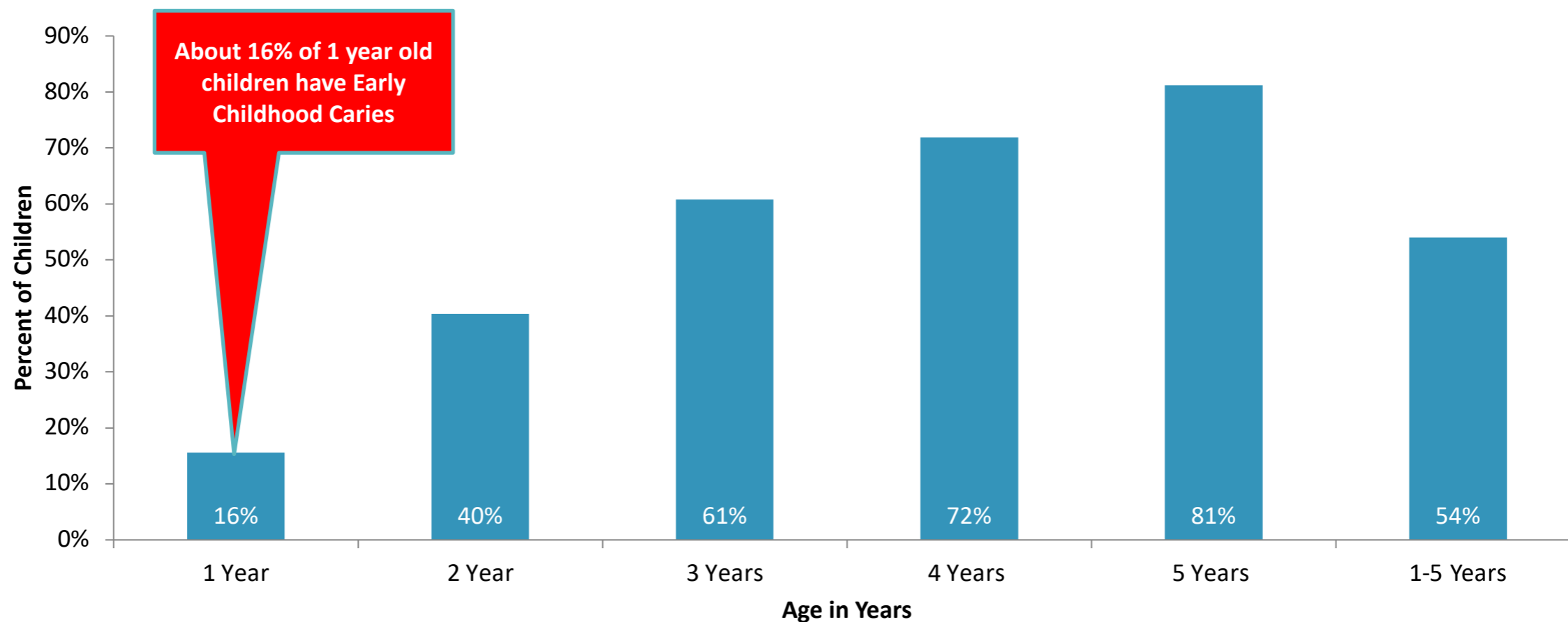
Oral bacteria + Sugar = Acid



Tooth Decay

What are good dental hygiene/practices in pregnancy, PP, newborn/childhood?

- Two is too late! One may be even too late.



What are good dental hygiene/practices in pregnancy, PP, **newborn/childhood?**

- Take care of the baby's gums and teeth
- First tooth, first exam!
- Pediatrician should check the baby's mouth and make dentist referral
- Do not put children to bed with a bottle
- As soon as the first tooth erupts, brush twice daily with a fluoridated toothpaste
- If the child is at high risk of early childhood caries (sibling with ECC, mother with active tooth decay, or other reasons), the dentist may apply fluoride varnish 3-4 times per year to the teeth and apply dental sealants when the back teeth erupt.



What are good dental hygiene/practices in pregnancy, PP, **newborn/childhood?**

- Breast fed children less likely to develop tooth decay than bottle fed babies
- Many other proven health advantages of breastfeeding
- American Academy of Pediatrics recommends:
 - Exclusive breastfeeding for first 6 months of life
 - Continuing until at least 12 months or beyond, as desired by mother and child



Resources

- Smiles for Life:
<https://www.smilesforlifeoralhealth.org>
- American Dental Association:
<https://www.ada.org/en/resources/ada-library/oral-health-topics/pregnancy>
- National Maternal and Child Oral Health Resource Center:
<https://www.mchoralhealth.org/>

Smiles for Life
A national oral health curriculum



 OHRC
National Maternal and Child Oral Health Resource Center

IHS Division of Oral Health Key Contacts

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- IHS Dental Portal (data briefs, initiatives)
 - <https://www.ihs.gov/doh>
- IHS Early Childhood Caries Collaborative
 - <https://www.ihs.gov/doh/ecc>

