

## Dental Care During Pregnancy

Going to the dentist is probably not at the top of your favorites list, but if you are pregnant, don't think for a minute you can neglect those pearly whites that line your mouth and serve you so well each time you eat or smile.

It's understandable that teeth and gums may seem unimportant compared to all those other physical, and mental, changes taking over the body and mind of a pregnant woman. That's why so many pregnant women neglect even routine brushing and flossing — and end up with bigger oral problems down the road.

### What are some of the oral changes that occur during pregnancy?

The hormonal changes of pregnancy, food cravings and acid regurgitation that commonly occur may make a pregnant mother more prone to poor oral hygiene leading to increased risk of gingivitis and severe periodontal disease with resulting damage to gums and other structures and, ultimately, loss of teeth. Of the highest concern to the pregnant woman is that poor oral hygiene may adversely affect the pregnancy. Therefore, it is imperative that we give this important area serious attention.

High levels of estrogen and progesterone produced by the placenta may affect the gingiva (gums), causing inflammation of the structure that holds the teeth in place causing increased tooth mobility. There is an increase in oral vascularization and a decrease in immune response, which

may also increase susceptibility to oral infections. The gums will become swollen, inflamed, reddened and bleed readily on tooth brushing or flossing, especially with poor oral hygiene and when plaque is present. In addition, hormonal changes may cause excessive saliva production called ptyalism, or less commonly, a dry mouth called xerostomia.

### What are some of the specific dental complications that can occur in pregnancy?

- **Tooth decay** occurs at an increased rate in pregnancy due to acid reflux and excessive vomiting in the first trimester, in combination with bacteria and carbohydrate cravings.
- **Gingivitis** caused by plaque results in swollen, inflamed gums that bleed readily. It occurs in 60–75% of pregnant women and may range from mild asymptomatic cases to more severe cases with pain and bleeding. Changes are progressive, occurring in the second month and continuing to the eighth month.
- **Periodontal disease** affects up to 40% of all pregnant women. It is nine times more likely to be found in women with gestational diabetes. Preterm delivery, low birth weight and preeclampsia have been linked to periodontal disease. However, more studies need to be done to determine if this is only an association or if it is a true cause and effect relationship.

### When should a pregnant woman consider treatment for a dental problem?

Dental treatment may be undertaken at any time during the pregnancy. However, if optional, it is advisable to avoid treatment during the first trimester due to risk of teratogenicity (organ malformations in the fetus) with the use of medications during the time of organ formation, and then toward the end of the third trimester—due to risks of preterm labor and hypotensive (low blood pressure) episodes are greater, such as when lying on the back for extending periods of time during treatment in a dental chair.

The majority of pregnant women fail to seek dental care despite the importance of maintaining oral hygiene in pregnancy. In addition, studies have

shown that when dental problems occur in pregnancy, less than half the women seek treatment. Mothers seem to have irrational fears of harm to the fetus resulting from dental care or treatment during pregnancy. Optimally, women should obtain any extensive treatments prior to becoming pregnant so thorough evaluation by a dentist in the preconception period is advisable. Elective treatments could be deferred to second trimester or wait until the postpartum period.

*Editorial is reprinted with permission from Dr. Michele Brown, a board-certified Yale trained obstetrician, and developer of Beauté de Maman, a unique line of health and beauty products to treat problems specifically related to the physiological and hormonal changes experienced by women during pregnancy.*

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