



Oral Health and Your Pregnancy

Visiting the dentist during pregnancy

Common oral health problems in pregnancy

Oral health advice

How to use this booklet

Pregnancy is the perfect time to start planning the brightest possible future for your baby. This booklet will show you how your teeth and gums may change during pregnancy, how to manage these changes, and finally how your actions can affect both the overall health and growing teeth of your baby.

It is recommended that you read all 3 booklets, even if not at once, as together they will provide a comprehensive overview of how best to take care of your young family's teeth.

If you find this booklet helpful, even a small donation to the Global Child Dental Fund will greatly help disadvantaged children all over the world gain access to dental care and wear a healthy smile for life.



global child dental fund www.gcdfund.org



Your health during pregnancy is one of the the major factors that determines the delivery of a healthy baby. It is important for you to learn how to take care of your own oral health because crucially, children whose mothers have poor oral health are significantly more likely to suffer poor oral health themselves. This can lead to pain and distress, affecting your child's overall development and wellbeing during childhood. Children often grow up to copy the oral hygiene habits of their parents so it is important you start and maintain healthy habits now before your baby is born.

Visiting the dentist during pregnancy

As well as undergoing prenatal medical examinations, it is important to seek prenatal oral health advice as it will teach you how to prevent and manage oral health problems during pregnancy, and will also promote the health and quality of your life and that of your baby.

Ideally, every woman should have had such information and access to a preventive dental service from childhood. At the very least, you should be able to access an adequate dental care service during your pregnancy. This can reduce the need of invasive dental procedures and possible complications, such as pain, inflammation or oral infections during pregnancy that might disrupt this important period of your life.

It is advisable that every pregnant woman goes to her dentist during her pregnancy to prevent or treat oral diseases such as tooth decay and gum disease. Necessary dentistry will be provided safely during all stages of the pregnancy, and in fact, delaying necessary treatment could cause harm to yourself and indirectly to your baby.

Arrange your appointments to fit your schedule so that you can be at ease with the dentist and not anxious about the time. It is also advisable to avoid any particular period when you may be feeling most nauseous.

A close-up photograph of a dentist in a light blue coat and a light blue surgical mask examining a patient's teeth. The dentist is wearing white gloves and using dental instruments to inspect the patient's mouth. The patient is a woman with dark hair, looking up at the dentist with a slight smile. The background is a plain, light-colored wall.

Your comfort is key to having a good experience so tell your dentist if you do not feel comfortable in the dental chair.

Pregnant women are a group of dental patients that do require special care so the dentist will initially record a thorough history of your oral health. You will be asked about your current and previous medical and dental history. It is crucial you provide the names and means to get in contact with the doctors who are responsible for your prenatal assistance. If there are any concerns the dentist can contact them immediately.

Your comfort is key to having a good experience at the dentist. You must tell your dentist if you do not feel comfortable in the dental chair. As your pregnancy advances, your stomach will become bigger, requiring you to sit up or lie in the left lateral decubitus for maximal comfort. A small pillow can be placed on your left side to elevate your hip about 10 cm for maximal comfort.

Although dental treatment is considered optimal and most comfortable during the 2nd trimester, there is no evidence that preventative and reparative treatment during any trimester of the pregnancy is harmful to the mother or developing fetus.

For safety reasons, vital signs like blood pressure, respiratory and heart rates may be assessed before and after any dental procedure. If a pregnant woman already suffered diabetes mellitus before the pregnancy, or has gestational diabetes mellitus, blood glucose levels must be monitored before and after treatment. It is possible to liaise with her endocrinologist or obstetrician.

Common oral health problems in pregnancy

The oral changes most frequently reported during pregnancy include salivary changes, gingivitis (inflammation of the gums with bleeding), gingival hyperplasia (swollen and red gums), pyogenic granuloma (overgrown gums), cavities (tooth decay) and dental erosion (tooth wear).

Dental caries/Tooth decay

Tooth decay or dental caries, is a chemical-bacterial interaction through a series of dynamic interactions between oral bacteria, sugars and teeth.

Cavities can be prevented, but when left untreated, they may cause pain, inflammation and infection.

It is important to know that women's teeth themselves do not alter in any way during pregnancy. If a pregnant woman has cavities, it is due to local conditions such as dietary change, poor oral hygiene, changes in oral bacteria or frequent vomiting.

To prevent tooth decay during pregnancy, the dentist will establish practices according to your needs, such as making regular appointments to monitor your oral condition, carrying out professional dental cleaning, using fluoride and chlorhexidine as well as providing advice regarding eating habits and home oral hygiene.

Dental erosion

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Dental erosion is tooth wear without the presence of bacteria. It may occur during pregnancy due to frequent vomiting over a long period of time, or possibly from eating acidic foods, causing sensitivity to hot and cold.

Dental erosion results in a brilliant, smooth tooth surface, with a loss of enamel and/or dentin. Depending on the level of loss, it may cause sensitivity, pain and aesthetic damage. To prevent this, your dentist will record a risk assessment for you. Your risk of erosion will increase if you suffer from vomiting or reflux. It is possible to use fluoride to prevent further erosion, and in severe cases, restorations may be required.

Gingivitis and Periodontal disease

Pregnancy can make the gums and other tissues that support the teeth more susceptible to inflammation and infections. This is called periodontal disease. It happens because of hormonal changes affecting the oral flora (saliva and gingival fluids). Pregnant women who have diabetes are also more prone to having periodontal disease.

The inflammation of gums specifically is called gingivitis. This is fairly

common during pregnancy, and if a pregnant woman brushes and flosses her teeth properly, she will be less likely to suffer with such gingival diseases.

When inflammation and infection are poorly controlled, it can result in the loss of the bone that supports and surrounds the teeth. This disease is called periodontitis. Research has linked periodontal disease in pregnant women with preeclampsia, premature and low birth weight babies. Keep in mind, though, that pregnancy does not cause gingival diseases. This is the result of poor oral hygiene causing changes in the gums.

Gingival hyperplasia and Pyogenic granuloma

Hormonal changes that occur during pregnancy may be associated with a specific or generalized form of gingival hypertrophy, which is the overgrowing of the gums. The presence of local factors, such as biofilms, calculus and overhanging restorative dental materials may accentuate the response of the gums, forming a pyogenic granuloma, which is a benign, fast-growing lesion, usually occurring in the 1st trimester of pregnancy and extending to the 3rd trimester.

A good oral hygiene regime is important to minimize systemic factors for all forms of gingival hyperplasia. Generally, pyogenic granulomas shrink away after birth; however, surgical excision may be required. Pregnant women must be aware that it may recur, thus professional monitoring is of high importance.

Xerostomia

Some pregnant women may suffer from temporary dry mouth (xerostomia). The hormonal changes associated with the pregnancy are a possible explanation for this. It is advisable to sip water more frequently and chew chewing gum containing xylitol (no sucrose) to help alleviate this dryness. Frequent usage of toothpastes and mouthwashes with fluoride can also help restore minerals to the teeth and reduce the risk of cavities and localised sensitivity.



Balanced meals with essential nutrients will play an essential role in keeping you healthy.

Oral health advice

Changing daily habits is undoubtedly a challenging task, but pregnancy is a good time to start adopting good oral health behaviours.

So when is the best time to start to look after your child's teeth? During pregnancy is the best time. Good oral health and the absence of dental and periodontal problems during pregnancy will significantly contribute to the quality of your general health.

Diet

Balanced meals with essential nutrients will play an essential role in keeping you healthy. If a mother has a poor nutritional state during the 1st trimester of her pregnancy, it can alter her baby's hormonal and nutritional environment during the critical period of placenta development. This may also affect the baby's weight and health. The continuity of any maternal malnutrition during the 2nd and 3rd trimesters may continue severely impairing the growth and development of the baby.

Your diet during pregnancy may also impact on your baby's teeth. These will begin forming around the 6th week of pregnancy and the permanent first molar will start forming around the 5th month.

Should you have a vitamin deficiency, it is important to seek medical advice, not least because the teeth which are forming could be damaged. Any deficiency is often easily resolved by your doctor recommending suitable supplements. In addition, vitamins which contain fluoride should be avoided during pregnancy since the fluoride combines with the bone calcium and so prevents the vitamin's absorption.

Ultimately, pregnancy is a normal process and the vast majority of babies are born uneventfully. Having said that, every mother is advised to follow a healthy lifestyle and:

- Eat healthy food in a balanced manner and at appropriate times.

Such healthy foods include fruits, vegetables, whole grains like cereals and bread, meat fish, eggs, beans and nuts

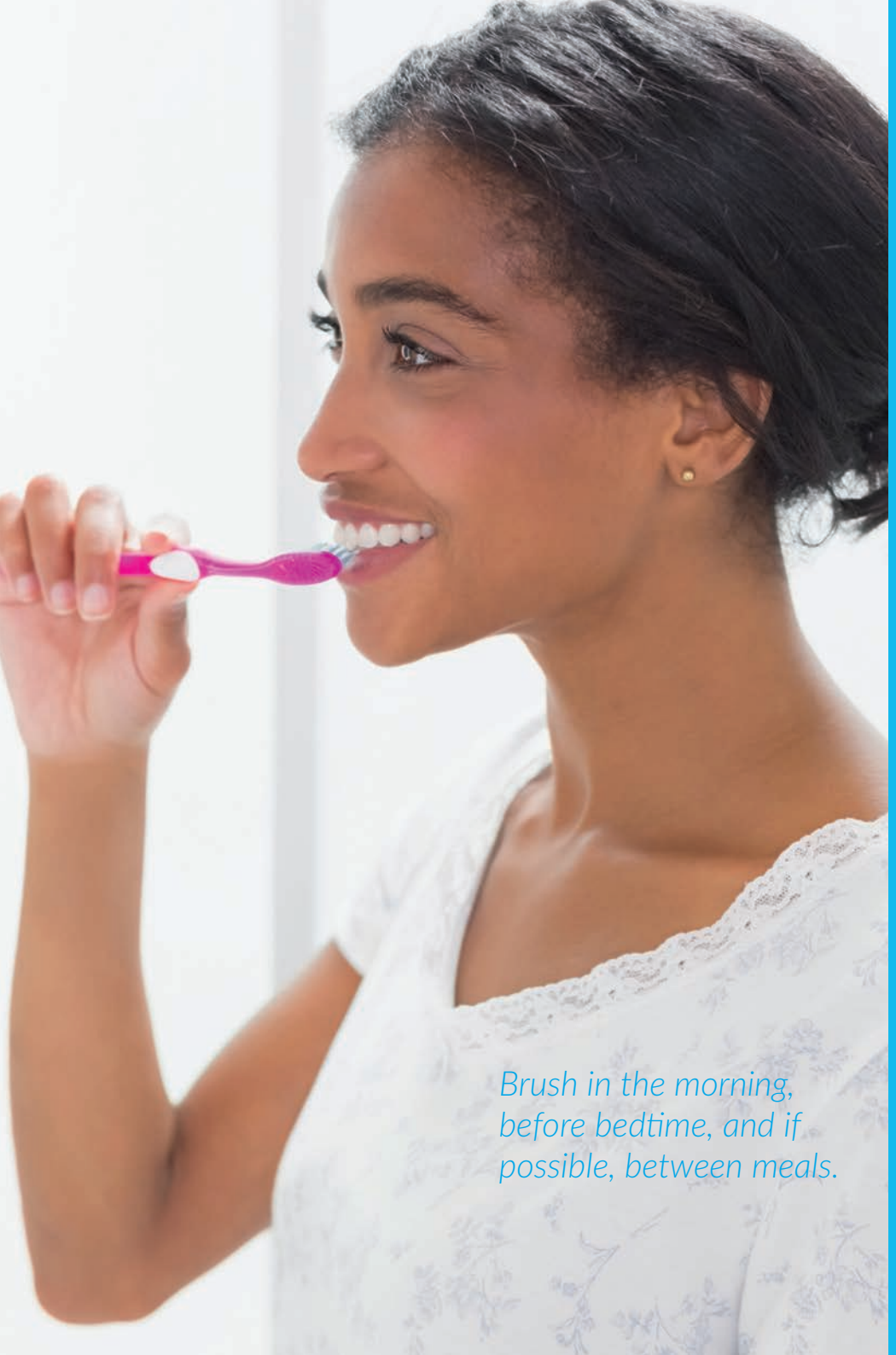
- Eat a limited amount of sugary foods and only at mealtimes;
- Avoid sugary drinks, citric and other acidic drinks
- Eat more fresh fruit instead of fruit juice to meet the recommended daily intake;
- Regular medical check-ups are recommended;
- Avoid smoking and consumption of alcohol during pregnancy

ORAL HYGIENE

It is recommended:

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- Brush your teeth with fluoride toothpaste 2 or 3 times a day and use dental floss. You must always brush in the morning and before bedtime, and if possible, between meals. Change your brush every 3-4 months.
- If necessary, you may need to use a daily mouthwash (preferably without alcohol). Some mothers may need antimicrobial mouthwashes, such as chlorhexidine. You can discuss these with your dentist.
- If you cannot clean your mouth after a meal you should consider a sugar-free chewing gum containing xylitol, which will help reduce the bacteria which causes tooth decay.
- If reflux or vomiting becomes a major problem, you should consider rinsing your mouth with a solution of baking soda, or a fluoride containing mouthwash directly after vomiting. By doing this you will neutralise gastric acids and avoid excessive dental erosion.



*Brush in the morning,
before bedtime, and if
possible, between meals.*

Other booklets in this series:

Oral Health and Your Baby

Breastfeeding Bottle Feeding Pacifiers
Teething and the first visit to the dentist
Diet and baby teeth
Oral hygiene
Most frequent oral diseases
Prevention of dental trauma

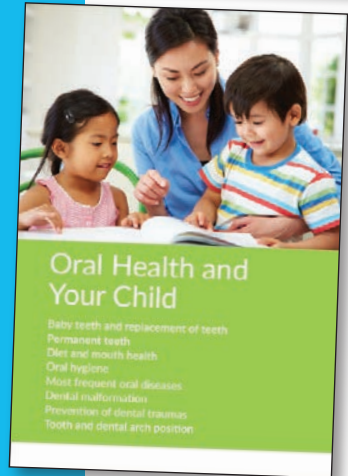
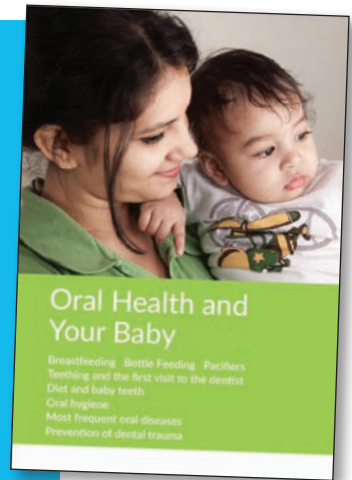
Oral Health and Your Child

Baby teeth and replacement of teeth
Permanent teeth
Diet and mouth health
Oral hygiene
Most frequent oral diseases
Dental malformation

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