

# Oral Health Care during Pregnancy:

## At-a-Glance Reference Guide

*Pregnancy is a “teachable moment” when women are motivated to change unhealthy behaviors. The dental and obstetric teams can be very influential in helping women initiate and maintain oral health care during pregnancy to improve life-long oral hygiene habits and dietary behaviors for women and their families.*

*Unfortunately, according to the Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) survey, oral health care is poor among new mothers; 28% of postpartum mothers reported that it had been 1-5 years since their last teeth cleaning, 8% reported that it had been 5 or more years, and 8% reported that they had never had their teeth cleaned (Source: Maryland PRAMS 2009-2010 births).*

### Pregnancy is NOT a reason to defer dental cleanings or treatment for oral health problems.

#### Emergency or non-elective dental treatment and dental x-rays:

- Oral health problems may impact the pregnancy adversely. Dental treatment, if needed during pregnancy, is optimally performed during the 2<sup>nd</sup> trimester but can be performed at any time during pregnancy including the 1st trimester. Note that the increased blood volume and hormonal changes during pregnancy may result in bleeding gums and gingivitis.
- Dental x-rays to diagnose disease processes that need immediate treatment can be undertaken safely with the use of a thyroid collar and abdominal apron.
- Consult with and inform the patient’s obstetric provider about proposed dental work and medications to be used.

#### Routine dental cleanings or elective dental procedures:

- All women should have their teeth cleaned during the pregnancy; no need to delay treatment.
- Elective dental procedures should be deferred until postpartum if possible.

<i>Use the following medications when clinically indicated:</i>		<b>Be mindful of possible allergic reactions</b>
<p><b>Analgesics</b></p> <p>Best option: acetaminophen Narcotics (codeine, oxycodone, propoxyphene) are not absolutely contraindicated – USE ONLY IF PAIN RELIEF IS NOT ADEQUATE WITH ACETAMINOPHEN</p>	<p>If have to prescribe a <b>narcotic</b>:</p> <ul style="list-style-type: none"> <li>• First try preparations combined with acetaminophen</li> <li>• Use the lowest dose that alleviates pain</li> <li>• Avoid chronic use or high doses near term to prevent fetal or neonatal effects</li> <li>• Notification or discussion with the patient’s medical provider is highly recommended</li> </ul>	
<p><b>AVOID:</b> non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen during 1st and 3rd trimester to prevent fetal or neonatal effects– may be used for short term acute pain only in 2nd trimester.</p>		
<p><b>Antibiotics</b></p> <p>Best options: amoxicillin, ampicillin, cephalosporin, erythromycin (except estolate ester), penicillin</p>	<p><b>AVOID:</b> erythromycin estolate, tetracycline, aminoglycoside</p>	
<p><b>Local Anesthetics</b></p> <p>Best option: lidocaine, xylocaine (use as little as possible but enough for the comfort of the patient)</p>		

The medication table presented is for guidance only and should not be used as a substitute for current professional resources. Communication with the medical provider is always highly recommended. For an up-to-date listing of acceptable and unacceptable drugs to use during pregnancy please visit the FDA’s website, <http://www.fda.gov/ForConsumers/byAudience/ForWomen/default.htm>.

## In complying with the standard of care, have you?

- Performed and documented the patient's history of tobacco, alcohol and other substance use.  
*Remember there is no safe amount of alcohol consumption during pregnancy. Women who smoke during pregnancy are at increased risk for low birth weight babies and other adverse outcomes. Infant health risks associated with maternal smoking include sudden infant death syndrome.*
- Checked for any signs of physical or psychological abuse? (see the Mid Atlantic Prevent Abuse and Neglect through Dental Awareness or PANDA website at: <http://www.midatlanticpanda.org/> and Intimate Partner Violence: A Guide for Health Care Providers at <http://fha.dhmf.maryland.gov/mch/Documents/IPV-providers.pdf/>).  
*Remember trauma to the mouth and teeth are commonly seen in physically abused women.*
- Performed a comprehensive clinical evaluation including an oral cancer screening.
- Developed and discussed a treatment plan that includes preventive, restorative and maintenance care.
- Taken x-rays when needed and used proper precautions.

## Keep in mind the following to increase comfort when treating the pregnant patient:

Avoid long waits in the waiting room/reception area.

Avoid early morning appointments for patients experiencing morning sickness.

Allow for bathroom breaks.

Be conscious of an exaggerated gag reflex.

Keep patient head higher than the feet in the dental chair and make sure legs are uncrossed. Use pillow if needed.

## In improving or maintaining oral health during pregnancy, have you recommended?

- Brushing twice daily with a toothpaste containing fluoride
- Chlorohexidine and fluoridated mouth rinses\*
- Fluoride varnish as appropriate\*
- Xylitol-containing chewing gum\*
- Baking soda rinse for "morning sickness" or acid reflux? Baking soda will help restore pH balance in the oral cavity
- Low-suds or foaming toothpaste if the patient is experiencing an exaggerated gag reflex
- Flossing at least once daily
- Limiting sugary foods and drinks

*\*No adverse effects have been reported with the use of these products however few studies have been done during pregnancy. The above are suggested guidelines of the management of the pregnant patient. Always consult with the patient's obstetric provider. Definitive diagnosis and treatment is ultimately at the discretion of the practitioner.*

**Content for this guide was done with obstetric consultation from the Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene.**

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