



# pregnancy and oral health

## Caring for the oral health of your pregnant patients

This fact sheet provides important information to help GPs understand the importance of oral health during pregnancy and provide evidence-based care and advice to pregnant women.

Most of the care that a woman seeks in her first trimester is provided by a GP. GPs are well placed to discuss the importance of oral health during pregnancy and its impact on the patient and her baby. Good oral health in pregnancy is important because:

- 1** Hormonal changes during pregnancy will result in her gums becoming more susceptible to inflammation from toxins produced by oral bacteria. As a result, gums may bleed more easily and teeth may loosen. Saliva production may also be reduced which, in combination with sweet and sour food cravings and morning sickness, may result in an increased risk of tooth erosion and dental decay.
- 2** Erosion of teeth (perimylolysis) may occur with frequent vomiting or when the duration of vomiting is excessive.
- 3** Although not definitive, there is growing evidence suggesting advanced periodontitis during pregnancy may be associated with preterm or low birth weight babies and pre-eclampsia.
- 4** Dental decay is a bacterial infection caused by mutans streptococci, which can be vertically transmitted to the infant from the mother (and other close carers) with untreated dental decay (post birth). Cariogenic bacteria can be found before the first primary tooth and teeth can decay as soon as the first tooth erupts. (Rogers, 2010)

You can help improve dental health for mothers and their children by adding oral health to your checklist when a woman comes in to have her pregnancy confirmed.

- 1** **Check with the patient**  
Ask about bleeding gums, swelling, sensitive teeth, loose teeth, holes in teeth, broken tooth, toothache or any other problems with the mouth.
- 2** **Look at gums and teeth**  
Can you see any visible signs of tooth decay (e.g. white or brown discolouration of the tooth surface) or inflamed gums (redness, swelling, or bleeding)?  
If yes, encourage the patient to visit her dentist.
- 3** **Provide advice for care of teeth during pregnancy**  
Reinforce the importance of brushing teeth twice a day, even if gums are sore or bleeding. Suggest a soft toothbrush with a small head.

**PLEASE NOTE:** Morning sickness, nausea and vomiting can cause dental erosion as a result of regurgitated gastric acid. If your patient is suffering from morning sickness advise her to:

- rinse her mouth out with water straight away after vomiting - wait for at least 30 minutes before brushing her teeth with a fluoridated toothpaste
- chew sugar free gum to stimulate saliva to clear and neutralise the acids
- use a fluoride mouth rinse before bed to replace lost minerals from tooth enamel.

## quick facts

**25%** of women of reproductive age who have untreated dental caries (Silk et al, 2008)

**75%** of pregnant women suffer from gingivitis, the most common oral disease in pregnancy. (Bogges 2008)

**30%** of women of reproductive age who suffer from periodontitis. (Bogges 2008)

There is an association between severe gum disease and preterm birth, low birth weight and pre-eclampsia. (Shanti, 2012 and Herrera, 2007)





## 4

### Refer your patient to a dentist

Refer your patient to a dentist if she has not visited one in the last 12 months or if anything has changed since the last visit. In your referral, indicate that the woman is pregnant and note any issues that the dentist might need to know.

Your patient is eligible for public dental services if she:

- holds a current Victorian Health Care or Pensioner Concession card or is a dependant of a concession card holder
- is a refugee or asylum seeker
- is 18 years old or younger and is in out-of-home care provided by the Children Youth and Families Division of the Department of Human Services
- is a youth justice client in custodial care and is 18 years of age or younger.

Eligible pregnant women can get priority access at public dental clinics in Victoria. This means they are offered the next available appointment for general care and are not placed on the wait list.

Patients can phone 1300 360 054 or visit [www.dhsv.org.au](http://www.dhsv.org.au) for more information and to locate their nearest clinic.

Patients not eligible for public dental services can visit [www.ada.com.au](http://www.ada.com.au) to 'Search for a Dentist'

## Common questions a pregnant woman may ask

### Is it safe for me to have dental treatment?

It is safe for pregnant women and their unborn babies to have dental treatment during pregnancy. Caring for your teeth while you are pregnant is a great way to help the baby to develop healthy teeth.

### Should I be using mercury fillings?

Amalgam restorations (commonly known as mercury-based fillings) are considered safe for pregnant women and their babies. (Daniels et al, 2007)

### Are X-rays safe?

Dental X-rays can be taken during pregnancy. You can rest assured that the exposure is minimal and the focus of the x-ray is distant from the baby. Your dentist will use a lead protective drape as an extra precaution.

### Does it cost to use the public dental service?

There is no charge if you are 17 years of age or younger but you may have to pay a small amount if you are 18 or older. If you need dentures or more specialist care, you may also have to pay more, but these costs will be explained to you before treatment goes ahead.

### How long will I have to wait for care?

Public dental services offer priority access to pregnant women. Eligible pregnant women are offered the next available appointment for general care and are not placed on the general care wait list.

For more information about public dental services or for GP oral health support visit [www.dhsv.org.au/GP/](http://www.dhsv.org.au/GP/) or phone (03) 9341 1000.

A recent systematic review suggests an association between treatment of periodontitis and reduction of pre-term births for pregnant women at risk of pre-term birth. (Kim et al 2012)

Mothers with poor oral health are the primary transmitters of cariogenic bacteria to their babies. The earlier this occurs, the greater the risk of early childhood caries. (Douglass et al, 2008 and Rogers, 2012)

Early Childhood Caries is a serious dental disease, the result of which is cavities, pain, infection, speech problems, early tooth loss, dental phobia and loss of self esteem. (Cameron et al, 2006).

There is no increased risk of preterm deliveries, spontaneous abortions or still births, or foetal abnormalities associated with either essential dental treatment or general care. (Michalowicz, 2008 and Daniels, 2007)

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