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Pregnancy and Oral Health in General Practice

This fact sheet for general practitioners and practice nurses highlights the importance of maintaining a healthy mouth during pregnancy and provides evidence-based recommendations for patient care.

Approximately 67% of pregnant women experience gingivitis.[1]

Around 40% of pregnant women experience periodontitis.[1]

Periodontal disease is associated with increased risk of preterm birth, low birth weight and preeclampsia.[2,3]

Common oral health conditions during pregnancy

1. Pregnancy gingivitis – occurs due to changes in estrogen and progesterone levels affecting the gingiva.[1] These hormonal changes lead to an increased inflammatory response to plaque, causing gingiva to swell and bleed more easily. Pregnancy gingivitis commonly occurs during the second trimester and gradually diminishes after childbirth.

2. Periodontitis – left untreated, gingivitis may progress to periodontitis. Periodontitis during pregnancy has long been considered a potential risk for adverse pregnancy outcomes such as developing preeclampsia, preterm birth and low birth weight.[2,3]

3. Perimylolysis (dental erosion) - is more common during pregnancy due to increased exposure to gastric acid from vomiting secondary to hyperemesis.
This can lead to demineralisation of the teeth, worsening of enamel erosion, increased caries risk, and xerostomia.

4. Dental caries (tooth decay) – increased levels of Streptococcus mutans and changes to salivary composition during pregnancy increases risk of caries during pregnancy. Pre-existing and untreated caries have a greater risk of progressing.

5. Pyogenic granuloma (pregnancy tumor) - approximately 5% of pregnant women develop an enlarged swelling on the gingiva.[4] This vascular lesion is caused by increased progesterone in combination with local irritants and bacteria. Pyogenic granulomas are most common after the first trimester, grow rapidly, and typically recede after delivery.

RACGP Red Book preventative interventions

- Ask your patient if they have bleeding gums, swelling, sensitive teeth, loose teeth, holes in their teeth, broken teeth, toothache, or any other problems in their mouth.[5]
- Check oral cavity to confirm.
  - Inspect the mouth for dental decay, stained, worn or broken teeth, inflamed or swollen gums, signs of xerostomia (dry/reddened gums, increased decay especially on root surfaces), and check oral cavity for white or red patches, ulceration, or induration.[5]

Oral health advice

- Advise your patient to:
  - Visit a dental professional for treatment of all active caries and periodontal disease. Reassure the patient that it is safe to have a range of dental treatments during pregnancy.
  - Brush twice daily with a soft toothbrush and fluoride toothpaste to remove plaque and protect against periodontal disease and dental caries.
- For patients with **hyperemesis**:
  - Rinse mouth with tap water straight after vomiting or immediately rinse with a solution of bicarbonate of soda (1 teaspoon of baking soda in a glass of water).
  - Wait at least 30 minutes after vomiting before brushing teeth with fluoridated toothpaste.
  - Chew sugar free gum to stimulate saliva to clear and neutralise acids.

Refer to a dental practitioner

Refer your patient to their regular dental practitioner (if they have one), a private practice or to a public dental service. The following Victorians are eligible for public dental care:

- all children aged 0–12 years
- young people aged 13–17 years who hold a healthcare or pensioner concession card, or who are dependants of concession card holders
- people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- all children and young people in out-of-home care provided by the Department of Families, Fairness and Housing (DFFH), up to 18 years of age (including kinship and foster care)
- all people in youth justice custodial care
- all Aboriginal and Torres Strait Islander people
- all refugees and asylum seekers.

Eligible pregnant women have priority access to public dental services. This means they are offered the next available appointment and not placed on a waiting list.

Patients can visit **www.dhsv.org.au** for more information and to locate their nearest clinic or phone **1300 360 054**.

FAQ about dental care during pregnancy

Is dental treatment safe during pregnancy?

Dental treatment during pregnancy is safe and will not result in adverse pregnancy outcomes.[6]

Treatment of periodontal disease during pregnancy significantly improves perinatal outcomes and is associated with decreased risk of preterm birth and higher birth weight.[7, 8]

Prevention, diagnosis, and treatment of oral diseases are necessary throughout pregnancy allowing pregnant women to achieve optimal oral health and pregnancy outcomes for baby.

Are x-rays & local anaesthesia safe during pregnancy?

Dental x-rays and use of local anaesthesia are highly beneficial and can be undertaken with no additional risk to pregnancy when compared to not providing care.

Can a mother pass on decay causing bacteria to her children?

Controlling oral diseases in pregnant women could reduce the transmission of oral bacteria from mother to child, thereby reducing the risk of early childhood caries and improving the long-term oral health in their children.[2]

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For further support:
Visit: www.dhsv.org.au/GP/
Phone: (03) 9341 1000

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