Oral Health Care During Pregnancy

A Summary of Practice Guidelines

Promoting Oral Health During Pregnancy

During pregnancy, women's bodies undergo complex physiological changes that can adversely affect oral health. For this reason, health professionals need to ensure that the pregnant women they serve receive needed oral health care.

Educating pregnant women about preventing dental caries is also critical. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers. Improving the oral health of expectant and new mothers and providing oral health counseling to promote healthy behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying the onset of caries.

Several organizations have undertaken efforts to promote oral health during pregnancy. The National Center for Education in Maternal and Child Health published *Bright Futures in Practice: Oral Health* (supported by the Maternal and Child Health Bureau) to promote and improve the health and well-being of pregnant women, infants, children, and adolescents. The American Academy of Pediatric Dentistry, the American Academy of Pediatrics, the American Academy of Periodontology, the American College of Obstetricians and Gynecologists, and the American Dental Association have issued statements and/or recommendations for improving the oral health of pregnant women, infants, and children. (See Resources.)

To reinforce these recommendations and to provide guidance, the New York State Department of Health convened an expert panel of health professionals involved in promoting the health of pregnant women, infants, and children. The panel reviewed literature; identified existing guidelines, practices, and interventions; assessed issues of concern; and developed recommendations.

Since it is unlikely that sufficient evidence will be available in the near future to make issuing evidence-based recommendations for all clinical situations feasible, the panel relied on expert consensus on issues for which controlled studies are not available.

While decisions about specific treatments must be made on a case-by-case basis, these recommendations provide general guidance for the purpose of bringing about changes in the health care delivery system and improving the overall standard of care. The panel anticipates that these recommendations will be reviewed periodically and updated as new information becomes available. Panel recommendations are summarized below.

All Health Professionals

Provide Pregnant Women with Key Information

- Explain the importance of oral hygiene and oral health care.
- Explain that oral health care during pregnancy is safe and effective and that it is essential for the pregnant woman and the fetus.
- Tell women that diagnosis (including necessary dental X-rays) and treatment for conditions requiring immediate attention are safe during the first trimester of pregnancy.
- Inform women that necessary treatment can be provided throughout pregnancy; however, the period between the 14th and the 20th week of pregnancy is the best time to provide treatment.
- Advise women that delaying necessary treatment could result in significant risk to the mother and indirectly to the fetus.

Improve Access to Oral Health Services

- Provide information about oral hygiene and oral health care by including oral health topics in prenatal classes and making available educational materials that are written at appropriate reading levels. (See Resources.)
- On the patient intake form, include an oral health assessment that identifies problems and offers recommendations.
- Provide referrals as needed. (See Appendix A: Referral Form for Pregnant Women to Receive Oral Health Care.)
- Provide a list of dentists in the community, including those who accept Medicaid and other public insurance programs.

Prenatal Care Health Professionals

Assess Pregnant Women's Oral Health Status

- Ask the following questions during the first prenatal visit:
  - Do you have bleeding gums, a toothache, cavities, loose teeth, teeth that don't look right, or other problems in your mouth?
  - Have you had a dental visit in the last 6 months?

Advise Pregnant Women About Needed Oral Health Care

- If the last dental visit took place more than 6 months ago or if any oral problems (e.g., toothache, bleeding gums) are identified, tell women to schedule an appointment with a dentist as soon as possible.
- Encourage women to improve or maintain good oral health during pregnancy and to attend prenatal classes.
- Counsel women to adhere to their dentist's recommendations for treatment or follow-up.

Improve Access to Oral Health Services

- Integrate oral health topics into prenatal care classes.
- Make available educational materials that are written at appropriate reading levels. (See Resources.)
- Provide referrals as needed. (See Appendix A: Referral Form for Pregnant Women to Receive Oral Health Care.)
- Help women complete applications for insurance coverage or social services, or for securing other necessary services such as transportation.
- Help women access oral health care, as needed.
  - Provide a list of dentists in the community, including those who accept Medicaid and other public insurance programs.
  - Contact a dental office to facilitate care.
- Help women make decisions about oral health care and communicate information to their dentist.

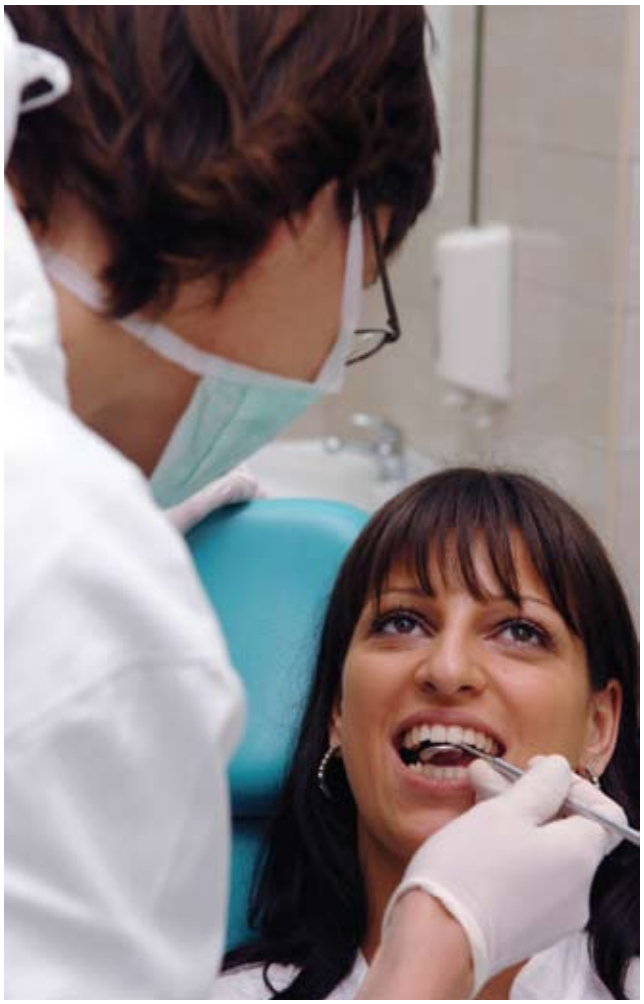
Oral Health Professionals

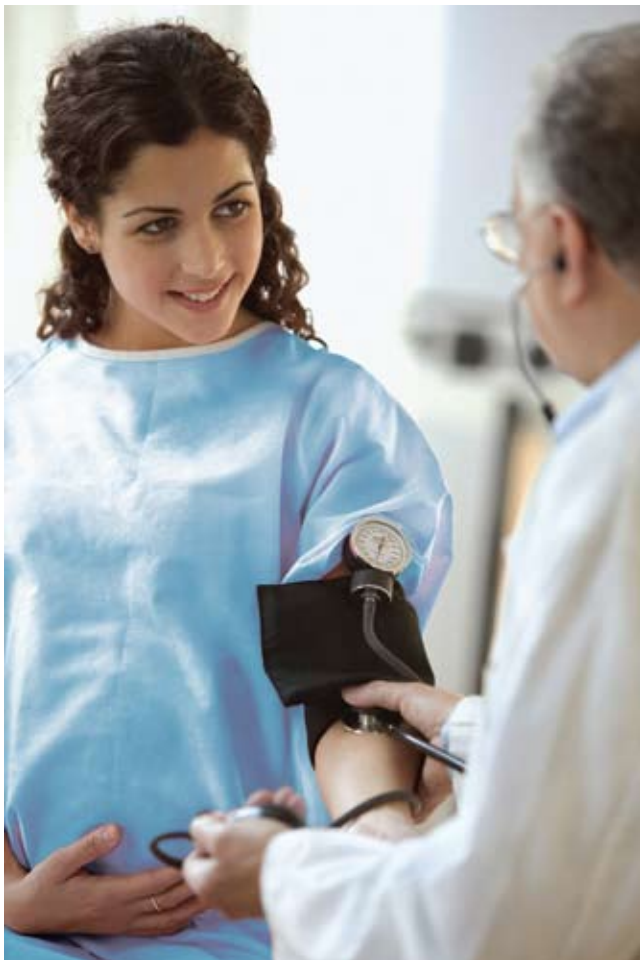
Improve Access to Oral Health Services

- Reduce practice-level barriers (e.g., long waits for available appointment dates, long waits in the dental office waiting room).
- Accept patients enrolled in Medicaid and other public insurance programs.
- Reduce system-level barriers (e.g., contact community-based programs such as the Special Supplemental Nutrition Program for Women, Infants and Children [WIC] that serve pregnant women to create partnerships).

Conduct Health History, Risk Assessment, and Oral Examination

- Ask weeks of gestation (due date).
- Implement best practices (e.g., as presented in *Caries Diagnosis, Risk Assessment, and Management Protocols*) in caries risk assessment and management. (See Resources.)





- Perform a comprehensive gingival and periodontal examination, which includes a periodontal probing depth record.
- Take X-rays as needed.
- Consider the following when developing a treatment plan:
  - Chief complaint (if any).
  - Medical history.
  - History of tobacco, alcohol, and other substance use.
  - Findings from the clinical evaluation, including the gingival and periodontal examination.

Assist Pregnant Women with Disease Management

- Develop and discuss a comprehensive treatment plan that includes preventive and maintenance care based on an evaluation of the benefits, risks, and alternatives.
- Educate pregnant women about care that will improve their oral health.
- Complete all necessary dental procedures before delivery.
- Prioritize treatment for untreated caries.
- Consider recommending the following as strategies to decrease maternal cariogenic bacterial load:
  - Use of fluoride toothpaste and mouthrinse.
  - Use of chlorhexidine mouthrinse and fluoride varnish as appropriate.
  - Use of chewing gum or mints that contain xylitol.

Use the Following When Clinically Indicated:

- X-rays with thyroid collar, and abdominal apron.
- Local anesthetic with epinephrine.
- Appropriate analgesics and/or antibiotics.
- Dental amalgam with proper isolation and high-speed evacuation.

Position Pregnant Women Appropriately During Treatment

- Keep the head at a higher level than the feet.
- Place a small pillow under the right hip, or have women turn slightly to the left to avoid dizziness or nausea.

Consult with the Prenatal Care Health Professional

- Consult with the prenatal care health professional when considering the following:
  - Deferring treatment because of pregnancy.
  - Co-morbid conditions or medication use (e.g., diabetes, hypertension, heparin use) that may affect management of oral problems.
  - Intravenous sedation or general anesthesia to complete dental procedures.

Guidance to Share with Families

During Pregnancy

- Brush teeth with fluoridated toothpaste twice a day, and floss once a day.
- Limit foods containing sugar to mealtimes only.
- Drink water or low-fat milk. Avoid carbonated beverages (pop or soda).
- Choose fruit rather than fruit juice to meet the recommended daily intake of fruit.
- Obtain necessary oral treatment before delivery.
  - Diagnosis (including necessary dental X-rays) and necessary treatment can be provided throughout pregnancy; however, the period between the 14th and the 20th week of pregnancy is the best time to receive treatment.
  - Treatment for conditions requiring immediate attention are safe during the first trimester of pregnancy. Delaying necessary treatment could result in significant risk to you, and indirectly to your baby.
- For frequent nausea and vomiting:
  - Eat small amounts of nutritious foods throughout the day, if possible.
  - Chew sugarless or xylitol-containing gum after meals.
  - Rinse your mouth with a teaspoon of baking soda (sodium bicarbonate) in a cup of water after vomiting, to neutralize acid.
  - Gently brush teeth with fluoridated toothpaste twice a day to prevent damage to demineralized tooth surfaces.

Postpartum

For the Mother

- Maintain good oral health.
- Limit foods containing sugar to mealtimes only.
- Avoid saliva-sharing behavior, including:
  - Sharing spoons or other utensils.
  - Cleaning a dropped pacifier or toy by putting it in your mouth.

For the Infant

- After the first tooth erupts, wipe your baby's teeth after feeding with a soft cloth or soft-bristled toothbrush.
- Avoid putting your baby to bed with a bottle or sippy cup containing anything other than water.
- Ask your baby's health professional about your baby's oral health status.
- Schedule your baby's first dental visit for between ages 6 and 12 months.

Appendix A

Referral Form for Pregnant Women to Receive Oral Health Care

Referred to: _____ Date: _____

Patient's name: (Last) _____ (First) _____

DOB: _____ Estimated delivery date: _____ Week of gestation today: _____

Known allergies: _____

Precautions: ☐ None ☐ Specify (If any):

_____

_____

This patient may have routine dental evaluation and care, including but not limited to

- ☐ Dental examination
- ☐ Dental prophylaxis
- ☐ Scaling and root planing
- ☐ Extraction
- ☐ Dental X-ray with abdominal and neck lead shield
- ☐ Local anesthetic with epinephrine
- ☐ Root canal
- ☐ Restorations (amalgam or composite) filling cavities

Patient may have (check all that apply):

- ☐ Acetaminophen with codeine for pain control
- ☐ Alternative pain control medication (specify) _____
- ☐ Amoxicillin
- ☐ Cephalosporins
- ☐ Clindamycin
- ☐ Erythromycin (not estolate form)
- ☐ Penicillin

Name: _____ Date: _____ Phone: _____

Signature: _____

Do not hesitate to call with questions.

Dentist's Report
(For the Prenatal Care Health Professional)

Date: _____

Patient's name: (Last) _____ (First) _____

DOB: _____ Estimated delivery date: _____ Week of gestation today: _____

Diagnosis: _____

Treatment plan: _____

_____

Name: _____ Date: _____ Phone: _____

Signature: _____

Resources

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National Maternal and Child Oral Health Resource Center
Georgetown University
Box 571272
Washington, DC 20057-1272
Telephone: (202) 784-9771
Fax: (202) 784-9777
E-mail: OHRCinfo@georgetown.edu
Web site: http://www.mchoralhealth.org

STATE OF NEW YORK DEPARTMENT OF HEALTH

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