

Promoting Oral Health During Pregnancy

by Dr. Sara Filstrup

Perinatal oral health plays an important role in the overall health and well being of pregnant women and their unborn children. Evidence suggests an association between periodontal disease and adverse outcomes in pregnancy, including preterm deliveries and low birth-weight babies. Research also shows that infants and children acquire cariogenic oral bacteria most often from their mothers. Therefore, mothers with poor oral health and high levels of Mutans Streptococci (MS) are at greater risk of infecting their children with MS at an early age.

Pregnancy provides a teachable moment when women are motivated to change their behaviors to improve the health and well-being of themselves and their unborn children. Health professionals can use this opportunity to encourage pregnant women to maintain a high level of oral hygiene, to visit a dentist and to complete all necessary dental treatment during pregnancy. In addition, all health professionals should advise and reassure pregnant women that dental care is safe at any time during pregnancy. Pregnancy is also an opportune time to educate mothers on the etiology and prevention of dental caries. Timely delivery of educational information and preventive therapies to these mothers may reduce or delay the transmission and colonization of MS in their children.

Within the last several years, various maternal and child health agencies and organizations, including the Maternal and Child Health Bureau, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Academy of Pediatric Dentistry, have undertaken efforts to promote oral health during pregnancy. In 2006, the New York State Department of Health published the first

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 meal-times 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 meal-times 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.

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and only state-level guidelines to promote oral health care during pregnancy and early childhood intended for prenatal, child health and oral health professionals.

“Oral Health Care During Pregnancy: A Summary of Practice Guidelines” is an adaptation of the New York State Department of Health’s publication, *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. The Children’s Dental Health Project and the National Maternal and Child Oral Health Resource Center worked with the New York State Department of Health to facilitate this abridged version that will greatly enhance the ease with which pediatric dentists and other providers can serve and refer pregnant patients. The recommendations provide general guidance for the purpose of providing pregnant women with key oral health information, improving access to oral health services, assessing women’s oral health status, treating and managing dental disease, assisting in the referral of pregnant women when indicated, and improving the overall standard of care for oral health care during pregnancy. This eight-page guideline can be downloaded from the National Maternal and Child Oral Health Resource Center Web site at http://www.mchoralhealth.org/PDFs/Summary_PracticeGuidelines.pdf.

This article is the third in a series facilitated by AAPD and Children’s Dental Health Project’s Improving Perinatal and Infant Oral Health Project. The project is a five-year Maternal and Child Health Bureau-funded initiative to promote the oral health of pregnant women and infants, and to increase public awareness of the importance of perinatal and infant oral health. Please watch for additional articles authored by members of the Council on Clinical Affairs’ Committee on Perinatal Oral Health in future editions of *PDT*. For more information on the project or to become involved, please contact Chair of the Committee on Perinatal Oral Health Dr. Ned Savide at NLSSavide@aol.com or Project Manager Jessie Buerlein at jbuerlein@cdhp.org. Committee members include:

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