PREVENTION OF CARIES & PERIODONTITIS

Initial prenatal visit

Ask

- Do you brush bid; floss daily?
- Do you have any mouth problems?
- Do you have a dentist, dental insurance?
- Have you seen the dentist in the past 6 months?

Perform oral exam

- Teeth and gums

Counsel

- Limit sweet snacks/drinks between meals
- Brush twice daily; Floss daily
- Regular dental visits every 6 months
- Healthy gums may help prevent premature babies
- Healthy teeth prevents cavities for your new baby

Refer

- All patient with bleeding gums, cavities, tooth ache, loose teeth, or any other mouth problem
- All women who have not seen a dentist in 6 mos

Caries Risk Factors

- Presence of cavities or multiple fillings
- Poor oral hygiene
- Poor access to dental care/no dental insurance
- Low socio-economic and/or education status
- Inadequate fluoride
- High frequency of foods and drinks with sugar
- Presence of partial dentures or other appliances
- Xerostomia (medications, disease)

Periodontal Disease Risk Factors

- Poor oral hygiene
- Tobacco use
- Diabetes
- Medications (eg. anticonvulsants -> gum hyperplasia)

TREATMENT PRINCIPLES

ACOG: “A dental check up in pregnancy ensures that your mouth stays healthy. Pregnant women are at increased risk for cavities and gum disease”. American Dental Association (ADA) and American Academy of Periodontology also support prenatal dental care.

Dental Treatment Timing

Treatments can occur in all trimesters if necessary

First Trimester: Elective treatment usually delayed to avoid erroneous associations between dental care and natural spontaneous miscarriage
Second Trimester: Optimal time for treatment; fetus is not large, organogenesis complete
Third Trimester: Late in term uncomfortable; position women angled on left side

Dental X-Rays

- Use as needed for definitive diagnosis
- Radiation exposure extremely low
- Use lead apron of abdomen/thyroid
- Avoid retakes (which dentists usually do)

Common Dental Medications

Antibiotics

- Penicillin (FDA Category B)
- Amoxicillin (B)
- Cephalexin (B)
- Erythromycin base (B)
- Clindamycin (B)

Anesthetics

- Lidocaine (B)
- Procaine (C)
- Nitrous Oxide (no rating; use controversial)

Analgesics

- Acetaminophen (B)
- Ibuprofen (B/D*)
- Oxycodone (B/D*)
- Hydrocodone and Codeine (C/D*)
  *avoid in 3rd trimester

Preventive Agents

- Fluoride, Xylitol, Chlorhexidine
  Safe to use during pregnancy

ERUPTION CHART – Permanent teeth

Use to describe affected tooth when making referrals:

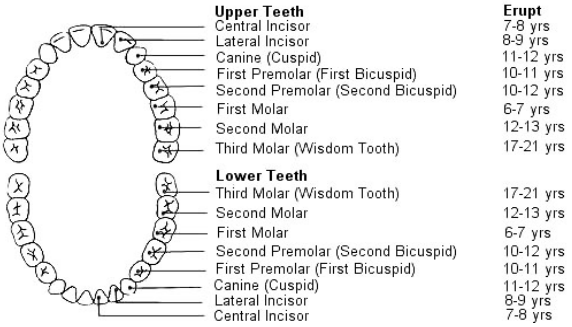

Chart from the American Dental Association; www.ada.org

PRENATAL ORAL HEALTH RESOURCES:

New York Public Health; Oral Health Care During Pregnancy and Early Childhood Guidelines, 2006
http://www.health.state.ny.us/publications/0824/pdf.

Oral Health Care During Pregnancy: A Summary of Practice Guidelines; National Maternal and Child Oral Health Resource Center, 2008
http://www.mchoralhealth.org/PDFs/Summary_PracticeGuidelines.pdf

PRENATAL ORAL HEALTH POCKET CARD

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The information contained in this card should not substitute for consultation with an oral health expert.

PRENATAL ORAL CONDITIONS

- Gingivitis
  - Mild gum swelling, tenderness, erythema
  - Bleeds easily; reversible; hormonal cause
  - Prevalence: 30-75% in pregnancy
  - Treatment: brush bid, floss, regular dental visits
- Periodontitis
  - Chronic bacterial infection of gum and tooth supporting structures causing bone destruction and loose teeth
  - Prevalence: 30% of women of childbearing age
  - Associated with preterm labor/low birth weight
  - Treatment: Proper hygiene; deep root scaling
- Caries (caused by S. mutans, sugar, poor hygiene)
  - Plaque, white spots, brown spots lead to cavities
  - Women pass caries risks to infant postpartum
  - Treatment: Proper hygiene; regular dental visits; prescription xylitol gum postpartum
- Dental Erosions
  - Caused by hyperemesis; GERD
  - Prevention: Rinse after emesis with baking soda and water; for significant GERD consider an H2 blocker