

Oral Health Care during Pregnancy: At-a-Glance Reference Guide

This guide highlights the key recommendations for both assessment and anticipatory guidance for the pregnant patient. It is designed to be used chair-side as a check list when providing care.

When providing care to the pregnant patient keep in mind the following.

- Pregnancy and early childhood are particularly important times to initiate and maintain oral health care because the consequences of poor oral health can have a lifelong impact.
- Improving the oral health of pregnant women prevents complications of dental diseases during pregnancy, has the potential to decrease early childhood caries and may reduce preterm and low birth weight deliveries.
- Assessment of oral health risks in infants and young children, along with anticipatory guidance, has the potential to prevent early childhood caries.
- Oral health professionals should render all needed services to pregnant women because Pregnancy by itself is **NOT** a reason to defer routine dental care and necessary treatment for oral health problems.
- First trimester diagnosis and treatment, including needed dental x-rays, can be undertaken safely to diagnose disease processes that need immediate treatment.
- Needed treatment can be provided throughout the remainder of the second and third trimester, however, the time period between the 14th and 20th week is ideal due to the fact that the baby's major organs have formed and bouts of morning sickness and/or an exaggerated gag reflex may have then passed making the patient more comfortable.

Use the following when clinically indicated (See the following chart for acceptable and unacceptable drugs):

- Local anesthetic with epinephrine
- Analgesics such as acetaminophen and/or codeine, antibiotics including penicillins, cephalosporins and erythromycins, **excluding** erythromycin estolate
- Radiographs with thyroid collar and abdominal apron
- Non-steroidal anti-inflammatory drugs for 48-72 hours
- **Avoid** aspirin, aspirin-containing products, erythromycin estolate and tetracycline

Acceptable and Unacceptable Drugs for Pregnant Women

These drugs may be used during pregnancy	FDA Category	These drugs should NOT be used during pregnancy	FDA Category
ANTIBIOTICS		ANTIBIOTICS	
Penicillin	B	Tetracyclines	D
Amoxicillin	B	Erythromycin in the estolate form	B
Cephalosporins	B	Quinolones	C
Clindamycin	B	Clarithromycin	C
Erythromycin	B		
ANALGESICS		ANALGESICS	
Acetaminophen	B	Aspirin	C
Acetaminophen with codeine	C		
Codeine	C		
Hydrocodone	C		
Meperidine	B		
Morphine	B		
After 1st trimester for 24 to 72 hours only			
Ibuprofen	B		
Naproxyn	B		

FDA Use-in-Pregnancy Ratings for Drugs—

- Category A** – Controlled studies show no risk – Adequate, well-controlled studies in pregnant women have failed to demonstrate risk to the fetus.
- Category B** – No evidence of risk in humans – Either animal studies show risk (but human findings do not) or, if no adequate human studies have been done, animal findings are negative.
- Category C** – Human studies are lacking and animal studies are either positive for fetal risk or lacking as well. However, potential benefits may justify the potential risk.
- Category D** – Positive evidence of risk – Investigational or post marketing data show risk to the fetus. Nevertheless, potential benefits may outweigh the risk, such as some anticonvulsive medications.
- Category X** – Contraindicated in pregnancy – Studies in animals or humans, or investigational or post marketing reports have shown fetal risk, which clearly outweighs any possible benefit to the patient, such as isotretinoin and thalidomide.

Managing the Oral Health of Pregnant Women

In complying with the standard of care have you?

- Recorded the Chief dental complaint and medical history
- Performed and Documented the patient's history of tobacco, alcohol and other substance use.
Remember there is no safe amount of alcohol consumption during pregnancy and women who smoke during pregnancy are at increased risk for low birth weight babies, bleeding during pregnancy, premature labor and preterm rupture of membranes. Infant health risks associated with maternal smoking include sudden infant death syndrome, hospitalization and neurodevelopmental abnormalities.
- Performed a comprehensive clinical evaluation including an oral cancer screening
- Taken Radiographs when needed. *Protective thyroid collars substantially reduce radiation exposure to the thyroid during dental radiographic procedures. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women."*
- Provided or plan to provide dental prophylaxis and treatment during pregnancy, preferably during early second trimester but definitely prior to delivery.
- Developed and discussed a comprehensive treatment plan that includes preventive, restorative and maintenance care.
- Provided or plan to provide emergency care at any time during pregnancy as indicated by oral condition.

Have you considered the following strategies for improving the oral health of the pregnant patient?

- Suggested fluoride toothpaste?
- Recommended chlorohexidine and fluoridated mouth rinses?
- Recommended fluoride varnish as appropriate?
- Recommended the use of xylitol-containing chewing gum?
- Advised use of baking soda rinse when experiencing "morning sickness" or acid reflux? Baking soda will help restore pH balance in the oral cavity.
- Recommended the use of a low-suds or foaming toothpaste if the patient is experiencing an exaggerated gag reflex?
- Flossing daily
- Limiting sugary foods and drinks

Keep in mind the following when treating the pregnant patient?

- Avoid long waits in the waiting room/reception area
- Avoid early morning appointments for patients experiencing morning sickness
- Allow for bathroom breaks
- Conscious of exaggerated gag reflex
- To keep head higher than the feet

Consult with the Prenatal Care Provider when:

- Deferring any treatment because of pregnancy
- Managing conditions that affect oral conditions such as diabetes, hypertension, etc.
- Using anesthesia other than a local block to complete a dental procedure
- OR AT ANY TIME YOU ARE UNSURE OF PLANNED PROCEDURES OR THE ADMINISTERING OF MEDICATIONS!

Pregnancy is a "teachable moment" when women are motivated to change behaviors that have been associated with poor pregnancy outcomes. The dental team can be very influential in encouraging women to maintain a high level of oral hygiene and to promote completion of all needed treatment during the pregnancy. Oral health care services should be integrated with prenatal services for all pregnant women.

The above are suggested guidelines of the management of the pregnant patient. Always consult with the patient's primary physician if any contradictions(s) possibly exist. Definitive diagnosis and treatment is ultimately reserved at the discretion of the practitioner.

**Content of this reference guide was adapted from the New York State Department of Health, Oral Health Care during Pregnancy and Early Childhood Practice Guidelines.*

