



## Oral Health in Pregnancy and their Management

Eity Tanwar\*

Department of General Dentistry, Rajasthan, India

\*Corresponding Author: Eity Tanwar, Department of General Dentistry, Rajasthan, India.

Received: May 16, 2022

Published: July 05, 2022

© All rights are reserved by Eity Tanwar.

### Abstract

Oral health is an important part of human health. Especially when a female body is going through a lot of hormonal imbalances, change of diet, lifestyle, eating habits and lots of medicine intake. It is important to take a good care of oral cavity in the time of pregnancy.

**Keywords:** Oral Health; Pregnancy; Dental Caries; Gingivitis; Periodontitis; Management

### Introduction

Pregnancy is a phase of nine months that includes many physiological changes along with changes in oral cavity. Pregnancy may make women more prone to gingival inflammation, periodontal diseases, caries and gingival hyperplasia. These conditions may be aggravated by changing hormones like estrogen and progesterone during pregnancy.

One way to prevent cavities in offspring is to improve pregnant women's oral health. Oral health is an important part of Prenatal care. Poor maternal oral health can lead to poor health outcomes for mother and baby.

Effects on oral cavity during pregnancy- Pregnant women deals with a number of changes related to oral cavity like- Gingivitis, periodontitis, tooth mobility, dental caries, gingival hyperplasia, tooth erosion and other salivary pH changes.

In my clinical practice I have noticed all below mentioned dental problems in a pregnant woman.

- **Gingivitis:** Gingival inflammation, bleeding gums is the most common dental issue faced by 60-75% pregnant women. It occurs due to changes in normal oral flora, lack of immune response, hormonal imbalance and lack of tooth brushing before or after the birth of an infant.
- **Periodontal diseases:** Gingivitis further proceed in periodontal disease, if needed care does not take place. Gingivitis is an early stage of periodontal disease. When the gingival inflammation gets aggravate due to changing hormonal level it leads to periodontal disease.
- Periodontitis has been also associated with poor pregnancy outcome, which includes preterm birth and low birth weight.
- **Tooth mobility:** If gingivitis is not treated, the bone that supports the teeth get reduced gradually. Gingiva can become infected and periodontal ligament becomes loose. It leads to tooth mobility and may eventually have to extracted.
- **Dental caries:** Pregnant women are at risk for more tooth decay due to changes in eating habits, increased in the acidic environment of oral cavity. Due to increase in acidic environment it causes propagation of carious pathogens which will lead to increased demineralisation of tooth.
- Women who has lot of these carious pathogens during pregnancy or after delivery, could transmit these pathogens to their baby from mouth to mouth contact. Early contact from these pathogens and other eating habits like frequent snacking and overnight bottle feeding can lead to Early Childhood Caries at a very young age.
- **Tooth erosion:** Pregnancy induced vomiting can lead to tooth erosion.

Management

Gingivitis	Periodontal Disease	Tooth mobility	Dental caries	Tooth erosion
Oral health awareness is much needed program especially in Rural areas.	It can only be treated by dental Professional. The procedures Like deep scaling and root planning are the major steps which can be Taken by a health care professional.	This condition can be Prevented if gingivitis treated, properly.	For prevention of Dental caries diet rich in sugar, should be in limit (Diet chart)	It can be controlled with the use of a solution containing sodium bi-Carbonate which neutralises the acidic environment of oral cavity.
Women can improve their oral health through daily tooth brushing, using fluoridated Toothpaste, dental flossing, Lukewarm water rinses and Chlorhexidine mouth rinses.	These procedures considered safe during pregnancy.	It can also reverse by removal of local gingival irritants, maintenance of oral hygiene and if therapeutic doses of Vitamins are given.	Regularly use of Fluoridated tooth paste and mouth washes can also help.	
In pregnancy a women can Surely visit their dentist and take a professional help such as Scaling.	Use of ultra-soft brush, saline rinses And 0.12% daily chlorhexidine Mouthwash can do miracles.		If already suffering from caries, visit of a dental professional is required. Topical application of fluoride, use of fluoride releasing restorative material can save the tooth.	

Table 1

## Result and Discussion

Oral care during the time of pregnancy is very important. Pregnant women should be aware about the importance of maintaining their oral hygiene. General procedures of restoration, endodontic therapy and elective extractions can be performed in 2<sup>nd</sup> and 3<sup>rd</sup> trimester. For the prevention of oral diseases; regular visits of health-care professional, monitoring and management should be carried out [1-15].

## Conclusion

Oral health involves the contribution of the patient herself, dental professional and physicians. Dental health professional must be aware of pregnancy related conditions and their management.

Drug recommendations should be limited. Most importantly pregnant women should be screened for caries and other oral diseases.

## Conflict of Interest

None declared.

## Bibliography

1. BF Tarsitano and RE Rolling. "The pregnant dental patient: evaluation and management". *General Dentistry* 41 (1993): 226-234.
2. S Kurien., *et al.* "Management of pregnant patient in dentistry". *Journal of International Oral Health* 5 (2013): 88-97.
3. H Silk., *et al.* "Oral health during pregnancy". *American Academy of Family Physicians* 77 (2008): 1139- 1144.
4. KH Rateitschak. "Tooth mobility changes in pregnancy". *Journal of Periodontal Research* 2 (1967): 199-206.
5. PL Schroeder., *et al.* "Dental erosion and acid reflux disease". *Annals of Internal Medicine* 122 (1995): 809-815.
6. EAM Kidd. "Essentials of dental caries". Oxford University Press, Oxford, New York (2005).
7. JA Giglio., *et al.* "Oral healthcare for the pregnant patient". *Journal of the Canadian Dental Association* 75 (2009): 43-48.
8. HM Livingston., *et al.* "Considerations in the management of the pregnant patient". *Special Care Dentistry* 18 (1998): 183-188.
9. S Trivedi., *et al.* "Periodontal diseases and pregnancy". *Journal of Orofacial Sciences* 7 (2015): 67.
10. V Hemalatha., *et al.* "Dental considerations in. pregnancy- a critical review on the oral care". *Journal of Clinical and Diagnostic Research* 7 (2013): 948.
11. S Patil., *et al.* "Oral health coalition: knowledge, attitude, practice behaviours among gynaecologist and dental Practitioners". *Journal of International Oral Health* 5 (2013): 8-15.
12. MT Lyndon- Rochelle., *et al.* "Dental care use and self - reported dental problems in relation to pregnancy". *American Journal of Public Health* 94 (2004): 765-771.
13. TG Cheek and BB Gutsche. "physiologic alterations during pregnancy". *Obstetric Anesthesia* 3 (1993): 1-17.
14. R Ullah and MS Zafar. "Oral and dental delivery of fluoride: a review". *Fluoride* 48 (2015): 195-204.
15. HA Mini and PS Casimassimo. "Prenatal dental care: a review". *General Dentistry* 58 (2010): 176-180.