DENTISTRY IN PREGNANCY

TODAYS HEALTH FOR THE EMPOWERED WOMAN

Although I am retiring October 31, I promised that I would continue to write articles and to be informative concerning women's health care. Recently I was asked to give a talk to the dental society concerning dentistry care for the pregnant woman. Our local dentists are most competent and well trained and well informed but they wanted some direction so as to render the best care during pregnancy. A lot of mythology and anxiety surrounds dental care in pregnancy but let us begin with the idea that PREGNANCY IS NOT A DISEASE and that dental care is essential to the well being of the pregnant patient and to her fetus and newborn. Rarely some dentists and their patients feel that dental care is dangerous to the fetus. However, it is beyond doubt that dental treatment during pregnancy is not only safe but also necessary. The expectant mother's oral health is important to her own health and for that of the fetus. The subject of much research is the relationship between gum (periodontal) disease and the increased risk of pre-term birth and low birthweight. The relationship between early childhood cavities (caries) and the transmission of bacteria from the mother to the baby has increased efforts to promote oral health during pregnancy. Health care professionals should collaborate to develop testing and treatment plans to prevent problems and restore the pregnant woman's oral health. These protocols should also aim to inform the pregnant woman appropriately so that she will be able to look after the newborn baby's oral health. One of the biggest concerns is dental x-rays. Modern dentistry uses digital x-rays and high speed xray film. In addition lead shielding is used and the machines use focused x-rays (a columator) that reduces exposure beyond the mouth. The amount of radiation from a dental x-ray is less than ¼,000 of the dose that is considered to be a risk to the fetus. Arguably one receives more radiation sitting in front of the television or exposed to bright sunshine. The issue of prescription medications is one of the most common calls from the dentist to the obstetrician. The main concern is to not use drugs that cause birth defects, are the least toxic and are essential for the well being of the pregnant patient. Antibiotics can be used safely to control infections and pain killers to relieve pain. The food and drug administration supplies information and places drugs used in pregnancy into four categories: A: tested in human beings and found to be safe; B: relatively safe to use (Tylenol and amoxicillin); C: majority of drugs including aspirin which should be used with caution and D: drugs such as tetracycline which should be avoided during pregnancy. Both the dentist and the obstetrician have access to resources that spell out which category a particular drug falls into. Local anesthesia with lidocaine and procaine is safe as is the use of a vasoconstrictor (epinephrine) which concentrates the anesthetic to the operative site. There is no evidence that either is dangerous to the fetus or that uterine contractions will occur with their use. General anesthesia and the use of nitrous oxide (laughing gas) is to be avoided and if the dental care is so emergent that general anesthesia need be used, the obstetrician should be consulted in this very rare circumstance. The optimal time for elective dental care is the second trimester (14-28 weeks of pregnancy) when the fetus is fully formed and the nausea and vomiting of early pregnancy has usually abated. Problems should be treated at this time since loose teeth at term can be a problem if cesarean section is necessary and intubation of the airway can result in lost teeth. When in the dental chair the pregnant woman's head should be higher than her feet and

small pillow or folded blanket placed under the right hip to rotate the uterus off the vena cava which is the large vein that returns blood to the heart. This will prevent a lowering of blood pressure and potential loss of consciousness. The obstetrician should be consulted and dental treatment post poned if the patient is receiving medications for high blood pressure, diabetes, and blood thinners. What has been of concern for many years is the use of material for filling cavities. Classically cavities were filled with amalgam which consists of 50% mercury. My dental colleagues tell me that very little amalgam is used these days even though it is controversial as to how much mercury vapor is released. Non toxic resins are more prevalent. Of note is that the World Health Organization (WHO) considers dental amalgams safe to use in dental restorations because research has shown that there is NO relationship between amalgam fillings and complications during pregnancy. Consequently, when a filling is required during pregnancy, the patient needs to be informed of the different options, and, together with the dentist, they should decide on the best material to use.

As mentioned above, periodontal treatment is very important. The hormones released in the pregnant woman's body make her more susceptible to plaque and in turn to gum bleeding. Gum bleeding in pregnancy is NOT normal and the potential for infection can lead to premature labor and low birth weight so diagnosis and treatment is essential. A lesion of the gums in pregnancy called epulis can be removed safely if problems with chewing or bleeding occur.

In summary, during pregnancy, the dentist's role is prevent oral health problems, to inform, and to provide dental care to the pregnant woman throughout the pregnancy period at any time thought necessary. Again pregnancy is not a disease so there is no reason to postpone dental appointments and procedures. After meeting with the local dental society I assure you that your dentists are most competent and well versed to treat pregnant patients with the best and most modern care.