Oral Health Care During Pregnancy:

At-a-Glance Reference Guide

Pregnancy is a "teachable moment" when women are motivated to change unhealthy behaviors. The dental and obstetric team can be very influential in helping women initiate and maintain oral health care during pregnancy to improve life-ling oral hygiene habits and dietary behaviors for women and their families.

Unfortunately, according to the Maryland Pregnancy Risk Assessment Monitoring Systems (PRAMS) survey, oral health care is poor among new mothers; 28% of postpartum mothers reported that it had been 1-5 years since their last teeth cleaning, 8% reported that it had been 5 or more years, and 85 reported that they had never had their teeth cleaned. (Source: Maryland PRAMS 2009-2010 births).

Pregnancy is NOT a reason to defer dental cleanings or treatment for oral health problems.

Emergency or non-elective dental treatment and dental x-rays:

- Oral health problems may impact the pregnancy adversely. Dental treatment, if needed during pregnancy, is optimally performed during the 2nd trimester but can be performed at any time during pregnancy including 1st trimester. Note that increased blood volume and hormonal changes during pregnancy may result in bleeding gums and gingivitis.
- Dental x-rays to diagnose disease processes that need immediate treatment can be undertake safely with the use of a thyroid collar and abdominal apron.
- Consult with and inform the patient's obstetric provider about proposed dental work and medications to be used.

Routine dental cleanings or elective dental procedures:

- All women should have their teeth cleaned during pregnancy; no need to delay treatment.
- Elective dental procedures should be deferred until postpartum if possible.

Use the following medications when clinically indicated:	**Be mindful of possible allergic reactions**
Analgesics Best option: acetaminophen Narcotics (codeine, oxycodone, propoxyphene) are not absolutely contraindicated- USE ONLY IF PAIN RELIEF IS NOT ADEQUATE WITH ACETAMINOPHEN	**AVOID:** non=steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen during 1st and 3rd trimester to prevent fetal or neonatal effects. May be used for short term acute pain only in 2nd trimester.
Antibiotics Best options: amoxicillin, ampicillin, cephalosporin, erythromycin (except estolate ester), and penicillin **Local Anesthetics** Best option: lidocaine, xylocaine (use as little as possible but enough for comfort)	**AVOID:** Erythromycin estolate, tetracycline, aminoglycoside

The medication table presented is for guidance only and should not be used as a substitute for current professional resources. Communication with your medical provider is always highly recommended. For an up-to-date listing of acceptable and unacceptable drugs to use during pregnancy please visit the FDA's website, http: //www.fda.gov/For Consumers/byAudience/ForWomen/default.htm

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