



Module 15: Oral Health

Part 2: Pregnancy & Newborns

Hello. My name is Dr. Julia Lange Kessler. I'm an Assistant Professor and Program Director at Georgetown University School of Nursing and Health Studies. I direct the Midwifery program and the WHNP program at that institution. Today, we are going to talk about oral health for pregnant women and their newborns.

Most people don't really think about the importance of oral health during pregnancy and today, I want to talk to you about that. I hope by the end, you'll be able to discuss the importance of oral systemic health during pregnancy and the postpartum period and you'll be able to describe the possible effects of poor oral health on health of the mother-baby dyad and to understand the safety of treatment. And I hope you'll be able to evaluate the need for dental referrals during pregnancy.

These subjects align also with Healthy People 2020 objectives, which are to reduce the proportion of adults with untreated dental decay, to reduce the proportion of children and adolescents who have dental caries and experience it in the primary or permanent teeth, and to reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.

Honestly, there is treatable oral systemic health problems that are very common in pregnant women and have increased significance for the overall health of both, the mother and the baby. As a young midwife, I never realized how important it was to take care of a woman's oral health. While we would do an exam and examine the mouth, we may look for loose teeth, but I never understood how important it was. And I hope through this module today, that you will also understand what I've learned in a last few years.

The facts about pregnancy in the United States are that almost half of women who have recently given birth have not had a dental visit in the past year. Approximately, one out of five have never had their teeth cleaned ever. And you may ask yourself, how could that be?

I know in my practice that we took care of many, many illegal immigrants, people who had never even seen a doctor in their life. So, I don't take it so unusual to think about one out of every five who have never had their teeth cleaned. Overall, 86% of women do not visit the dentist during pregnancy and 40% of pregnant women have had some form of periodontal disease.

So we are going to look at a number of different issues that you are going to have during pregnancy for oral health. One of them is gingivitis, which is very treatable. Periodontitis is treatable, not as easy as gingivitis. So if you get it early, it's much better. Tooth decay and caries, enamel erosion from vomiting or reflux, and pregnancy granuloma.

Gingivitis and periodontitis affect 25% to 75% of pregnant women. Gingivitis is caused by hormones of pregnancy, sometimes poor oral hygiene will increase gingivitis. So if you're looking at these photographs here, I want you to show you the first photograph, the one at the top, that's the normal mouth and how a mouth and gum should look. And the second slide, second picture is gingivitis and that's when the gum starts to get swollen and edematous and may bleed. And then, the third and the fourth photographs are pictures of progressive periodontitis. It's a severe form of gum disease causing destruction of the gums and bones and leading to tooth loss and it used to be that women used to say that they will lose a tooth with every pregnancy. Thankfully, we don't do that very much in the United States but it's not uncommon around the world that women will say that they lose a tooth with each pregnancy.

Untreated periodontitis is the most dangerous during pregnancy because the bacteria from the mother's mouth can reach the blood stream, get into her bloodstream through her mouth and consequently, reach her baby. And when it's left untreated, it's associated with pre-term labor, pre-term birth and poor glycemic control and those moms that have poor glycemic control, if they have



gestational diabetes or insulin dependent diabetes, we really need that control and we don't want that to be uncontrolled because of oral health.

Enamel erosion and pregnancy granuloma are two things that are actually very easily treated. Enamel erosion is caused by vomiting or reflux. Some women vomit for the first 12 to 16 weeks and other women vomit for their entire pregnancy. So you can imagine the amount of acids that can erode the enamel in their mouth. If you can have them rinse with water or water with baking soda after vomiting, it will actually help to decrease the amount of enamel erosion.

Granuloma happens in 5% to 10% of pregnant women. It usually resolves itself after delivery. And if people have problems with bleeding or problems chewing, then you can refer them for removal. But usually, granuloma resolves all on its own.

Caries or cavities. We know that mothers that have high rates of cavities are also more likely to have children with high rates of caries or cavities. So, it's important if we can take care of that right in the beginning and get the mother and the family into a good dental habits and dental routine that we can save them from suffering later on.

So, for many pregnant women, it may be the only time that they have a dental benefit which is covered by public insurance. We want to keep that pregnancy healthy by keeping the pregnant mouth healthy. And we can insist on consistent and regular dental visits and they are especially important during pregnancy. As we've discussed, they can affect her health, they can affect the baby's health. It's not only safe to see the dentist; it's the right choice for both, mother and the baby. What can you do to help? Get to know the dentist in your area and refer all pregnant women to them.

We also help mothers and babies during the postpartum period. All new moms want to be good moms. Good oral health habits can start on day one of life. It's very easy to take a wet clean cloth or gauze to clean up newborn's mouth after feeding. You start this habit early and it'll make transition to brushing much, much easier later on. And if mom has good oral health, so will her child. So, all of this is totally preventable and of course, suffering is not necessary when it comes to your mouth.

So what can you do to be of help to mothers, pregnant moms and new moms? All of us, all health workers, midwives, nurse practitioners, obstetricians, family docs, everyone can educate pregnant women about the safety and importance of dental care during pregnancy for both mother and baby. Helping a mother to find a dentist and refer her is not only safe, but it will protect the health of the mother-baby dyad.

So how do you find a dentist? How do you know who to send her to? What I like to do is, to figure out who the dentist are in the area, call them, ask them if they'll take Medicaid, find out if they're comfortable treating pregnant women because sometimes they aren't and then, ask them if they would take referrals from my office. That seems to work.

So what should a pregnant mother be doing during her pregnancy? What's the optimal care for her? I would suggest that she sees the dentist as soon as possible during her first screen if she hasn't had a visit in the last six months. The first screening and cleaning will actually get her on the road to good dental health. Dental treatment can occur during all three trimesters. So you don't have to wait for anything or any trimester to send or refer a woman to a dentist.

Dental x-rays are needed, can be taken as needed with the use of a lead apron on the abdomen and the thyroid. Lidocaine and nitrous oxide are safe for pain relief. So there is no need to worry about them during pregnancy. Fluoride, xylitol and chlorhexidine are also safe. And most of the commonly used antibiotics during pregnancy and during dental care are also safe. Penicillin, amoxicillin, azithromycin and clindamycin. Of course, you want to check for allergies but the dentist will do that.

What do we want to avoid during pregnancy? Well, we know that sweet snacks and drinks in between meals are going to lead to more caries, gingivitis, periodontitis, things that make the mouth unhealthy and also thinking about nutrition in pregnancy, it's not a free feral once you are pregnant. I know a lot of pregnant women who think, okay, now I can eat anything I want. Well, actually, you really shouldn't because what you are putting in your mouth creates your baby. So, all of sweet things are not good for you and they are not good for your baby either.



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And then the other things that I would want you to avoid during the last trimester are ibuprofen, oxycodone, codeine, and procaine. So ibuprofen is linked with heart damage for the baby and it's a pregnancy category D. Drugs are categorized in pregnancy. In category D is, what I like to say, don't. Just don't go near ibuprofen for any kind of pain relief.

Oxycodone has been linked with addiction for both, the mother and the baby. So, it's important to stay away from oxycodone. Codeine is shown to increase, no increase in dental malformation but it did increase the need for emergency child birth. There was a link and a correlation between that and postpartum hemorrhage. So, procaine is in the same family as lidocaine but it's different chemically and it's not supposed to be used during the first trimester.

To summarize, a healthy mouth contributes to a health pregnancy. All pregnant women should see a dentist as soon as possible, right in the beginning of their pregnancy. It's very safe to do so. Educating a new mom on how to care for herself and her baby could help them to avoid unnecessary pain and suffering. And if you've ever seen a child suffer from a toothache, it's just unfathomable. It's not necessary. The dentist is not the enemy, but dental disease that's left untreated is and it can have a profound effect on both, mother and baby. Thank you for listening.