

Key messages for women

Make sure that **gum disease**
does not become an
issue **during pregnancy**



During pregnancy, increased hormonal levels can affect the way that the body reacts to dental plaque and this can lead to swollen and bleeding gums (gingivitis) and to the aggravation of the more serious form of gum disease known as periodontitis. Associations between gum diseases and pregnancy complications have been demonstrated. Maintaining healthy teeth and gums during pregnancy is crucial both for pregnant women and for their unborn children.

Know the symptoms:

You should check for obvious signs of disease in the mouth. In particular, look out for inflammation of the gums or bleeding gums. You should also look out for other signs or symptoms - such as pain while chewing, bad breath (halitosis), receding gums, and moving teeth. If you have one or more of these symptoms, you should visit a dentist or other oral-health professional.

Changes to the gums:

Inflamed gums are very common during pregnancy, but need not be a cause for alarm. Under appropriate preventive measures, this inflammation is usually short-lived and gums will return to normality after delivery. But if you notice that your gums are swollen, you should see a dentist or other oral-health professional for a diagnosis.

Prevention:

Even without any signs of disease, you should take steps to prevent problems by taking good care of your teeth and gums. You should ask your dentist or dental hygienist for advice on how best to do this. You should ask for guidance about specific oral-hygiene measures and tools that you should use during your pregnancy. As a general measure, you should brush twice per day with a manual or power toothbrush, ideally using an antibacterial toothpaste and either dental floss or interdental brushes.

Periodontal disease:

If a periodontal disease (gingivitis or periodontitis) is diagnosed, it can be treated safely during pregnancy. In fact, the risks of no treatment are much more significant than any minimal trauma that might occur during treatment. If you notice that your gums are inflamed or bleeding, or an increase in receding gums, you should visit a dental professional immediately. And the best time to do this is during the second and third trimesters of pregnancy, or before conception.

Periodontal treatment:

Periodontal interventions have been shown to be effective in improving the gum health of pregnant women and pose no risk to general health. This periodontal treatment (scaling and root planing) is best done either before conception or during the second trimester. It should not be performed during the first trimester.

X-rays and anaesthesia:

X-rays can be taken safely as of the second trimester and similarly local anaesthesia can be applied without additional risk either to the mother or the foetus.

Painkillers and antibiotics:

The use of common painkillers and systemic antibiotics during periodontal treatment is generally safe, but please consult your obstetrician. However, tetracyclines should be avoided.

Periodontal health and pregnancy complications:

If you are pregnant or are planning to become pregnant, you should know that there may be a connection between the health of your gums (your periodontal status) and possible pregnancy complications. For this reason, periodontal treatment might be necessary. If so, it should be performed before conception or in the second trimester. Pregnancy complications and periodontal disease also share some important risk factors, such as smoking. So you should be aware of the need to adopt healthy lifestyle habits.



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