Dental Care During Pregnancy is Safe

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Pregnancy is not a reason to defer routine dental care or the treatment of oral health problems.

Good oral health and control of oral disease is paramount during pregnancy as it has the potential to reduce the transmission of pathogenic bacteria from mother to child. Regular dental visits help to monitor pregnant patients for oral health issues as well as provide an opportunity to educate patients on preventive care.

Common concerns

There are a number of considerations that can raise concerns for both the patient and the practitioner during pregnancy. These include:

Use of radiographs and anaesthesia: Dental care including radiographs and the use of local anaesthesia can be administered during pregnancy.

Spontaneous miscarriage: There is no evidence linking early spontaneous miscarriage to first trimester oral health care or dental procedures.

Pre-eclampsia: Pre-eclampsia is not a contraindication to dental care.

Periodontal treatment: The best available evidence to date shows that periodontal treatment is safe for mother and fetus, reduces periodontal pathogens, and does not alter rates of preterm birth or result in low birth weight.

Oral health professionals should be recommending prompt treatment of dental caries and periodontal conditions. The health benefits of required dental care outweigh all of the perceived fetal and maternal risks related to prevention, diagnosis and treatment of oral diseases.

It is important to take a detailed health history and consider all related health and oral conditions. You may also wish to consult with the patient’s obstetric care provider regarding any medical conditions prior to dental treatment.

Clinical procedures

Emergency care should be provided at any time during pregnancy. While elective treatment can be deferred until after pregnancy, the following can be safely provided during pregnancy:

- Required treatment can occur throughout pregnancy; however, the second trimester is ideal.
- Scaling and root planing to control periodontal disease.
- Treatment including root canal therapy and tooth extraction.
- Diagnostic procedures including dental X-rays. Ensure you use a thyroid collar and abdominal apron.

Some medications are best avoided during pregnancy. Refer to Table 1: Pharmacological Considerations for Pregnant Women for guidelines on pharmacological alternatives to use during pregnancy. You should also consult with the patient’s obstetric care provider.
Patient management

The following outlines some patient management considerations when working with pregnant women.

- Avoid early morning appointments for patients with morning sickness.
- If possible, schedule appointments to limit the amount of time the patient has to wait.
- Allow time for bathroom breaks.
- Be conscious of an exaggerated gag reflex.
- Keep the patient's head higher than her feet and make sure her legs are uncrossed.
- Use a pillow, if needed, under the right side of the body.

You may also advise patients to:

- Brush teeth twice daily with fluoride toothpaste and floss daily.
- Limit foods containing sugar to mealtimes only.
- Choose water or low-fat milk over other beverages.
- Choose fruit rather than fruit juice.
- Use a baking soda rinse for morning sickness or acid reflux.
- Use a low foaming fluoride toothpaste and a toothbrush with a smaller head if experiencing an exaggerated gag reflex.

It's also never too early to provide patients with resources for infant dental care.

Improving the oral health of a pregnant woman can have a positive effect on her overall health, prenatal outcomes and her baby's future oral health. Pregnant women are usually very receptive to education and services that support their own health as well as their baby's.

While the Canadian and British Columbia Dental Associations have not developed specific guidelines for treating pregnant women, there is already a broad consensus in the US on best practices for improving the health and quality of life for pregnant women.

References


