

# **Prenatal Oral Health Care for Mother and Baby**



# Agenda

- Discuss the role prenatal care provider can have on woman's oral health
- Discuss safety of treatment
- Discuss common medications
- Discuss counseling and treatment of vomiting

# Background

- 2007-2009
  - 35% of women had not seen a dentist in the last year
  - 56% of women did not see a dentist during pregnancy
  - Access to care directly related to socioeconomic status
  - 40% of pregnant women have some form of periodontal disease

# Background

- 80% Obstetricians do not use oral health screens at prenatal visits
- 94% Obstetricians did not routinely refer to a dentist

# Background

- Barriers to care
  - Access to provider
  - Concerns about safety

# Background

- Pregnancy is vital time for education
  - Patients are highly motivated
  - Addressing mother's oral health has direct impact on the baby's oral health
  - Potentially better access to care

# The role of prenatal care provider

- Address dental concerns
- Examine the patients teeth
- Encourage the patient to visit a dentist
- Be available for any concerns or questions from the dental provider

# Questions to ask

- Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems in your mouth?
- When was your last dental visit?
- Do you need help finding a dentist?



# Teachable moment

- Encourage patient to see a dentist if any problems or it has been six months since seeing a dentist
- Counsel patient on the safety of common procedures

To Whom It May Concern,

(Patient's name) is receiving obstetrical care with our practice. She is able to receive dental care during her pregnancy. If medically necessary, she may have X-Rays with an abdominal shield. She may also receive local anesthetic without epinephrine. For pain, we would choose a narcotic over Ibuprofen. If you have any questions regarding this, please feel free to contact our office at (505)843-6168.

Sincerely,

Seddah Moya, M.D.

# Treatment of periodontal Disease

- Lack of evidence for a causal relationship between periodontal disease and adverse pregnancy outcomes
- Treatment of periodontal disease in pregnancy not associated with adverse pregnancy outcomes
- Prenatal periodontal therapy associated with improvement in maternal oral health

# RADIATION EXPOSURE

DENTAL EXPOSURE	mSv
single intraoral (d-speed)	0.0095
bitewings (4 films d-speed)	0.038
bitewings (4 films digital)	0.013
full mouth series (19 films)	0.180
full mouth series (19 films digital)	0.060
panorex film	0.019

OTHER EXPOSURE	mSv
lower GI series	4.060
upper GI series	2.440
chest	0.080
Maxillo-Mandibular CT	2.0
average galactic radiation in one year in Denver, CO	0.510
average radiation in US from natural sources in one year	3.0

**TABLE 1. Spontaneous risks facing an embryo at conception and the additional risk that would come from a low exposure of ionizing radiation (0.05 Gy)<sup>a</sup>**

Type of risk	Spontaneous risks facing an embryo at conception (0 rad exposure)	Additional risk from a 0.05-Gy exposure
Risk of very early pregnancy loss, before the first missed period	350 000/10 <sup>6</sup> pregnancies	0
Risk of spontaneous abortion in known-pregnant women	150 000/10 <sup>6</sup> pregnancies	0
Risk of major congenital malformations	30 000/10 <sup>6</sup>	0
Risk of severe mental retardation	5 000/10 <sup>6</sup>	0
Risk of childhood leukemia/year	40/10 <sup>6</sup> /year	<?1–3/10 <sup>6</sup> /year
Risk of early- or late-onset genetic disease	110 000/10 <sup>6</sup>	Very low risk; the risk is in the next generation and is not measurably increased with small populations
Prematurity	40 000/10 <sup>6</sup> pregnancies	0
Growth retardation	30 000/10 <sup>6</sup> pregnancies	0
Stillbirth	20-2 000/10 <sup>6</sup> pregnancies	0
Infertility	7% of couples	0

<sup>a</sup> Modified from Brent (4) and Brent (5).

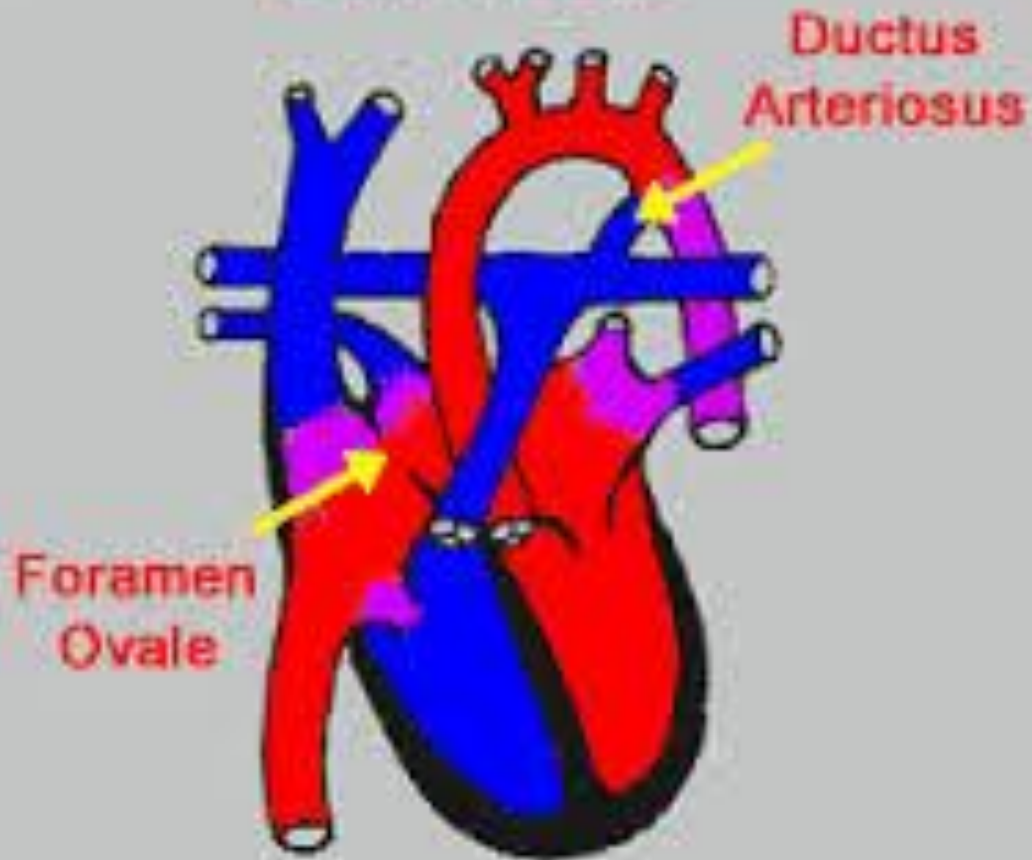
# Radiation

- 8-25 Weeks- CNS is most sensitive
- >100 mGy- 10 point drop in IQ

# Pain control

- Acetaminophen, codeine, hydrocodone, oxycodone
- Avoid NSAIDs
  - Oligohydramnios
  - Premature closure Ductus Arteriosus
  - Persistent pulmonary hypertension in the newborn

# Fetal Heart





# Local Anesthetics

- Safe during pregnancy
- Aspiration is important
- Epinephrine
  - Readily crosses placenta
  - Decreased placental perfusion
  - Increased maternal and fetal glycogenolysis
  - Endogenous

# Safe Antibiotics

- Penicillin
- Clindamycin
- Amoxicillin
- Macrobid
- Flagyl
- Erythromycin
- Ampicillin

# Unsafe Antibiotics

- Tetracyclines
  - Dental Staining
  - Inhibition of fetal bone growth
- Flouroquinolones
  - Arthropathy
  - Cartilage erosion

# Nausea and Vomiting

- Small, frequent meals
- Bland carbohydrates (crackers)
- Candied ginger, ginger candies, mints
- Ginger tea
- Lemon in water



# Medications

- Diclegis
  - Unisom sleep tabs, B6
- Phenergan
- Zofran

# What I hear from my patients

- The dentist wouldn't treat me because I am pregnant
- The dentist wouldn't given me any pain medication because I am pregnant