

Use of alcohol-free antibacterial mouth-rinse is associated with decrease in preterm birth

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In a study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting, in San Francisco, researchers will present findings that show that use of non alcohol antibacterial mouth-rinse containing cetylpyridinium chloride (CPC) decreases the incidence of preterm birth (PTB).

"This research demonstrated that reducing the severity of [periodontal disease](#) has a direct correlation with [preterm birth](#)," said Marjorie Jeffcoat, D.M.D., one of the study's authors. "Preterm birth is the major cause of perinatal mortality and morbidity worldwide and still difficult to predict and prevent. So, when we found that something as simple as mouthwash could change the outcomes, we were very excited."

The study was funded by the Commonwealth of Pennsylvania and The Procter & Gamble Company. It was a controlled blind clinical study of pregnant women at 6-20 weeks gestation with periodontal disease who refused dental care and did not have obstetric infections. Treatment was assigned to blocks of four subjects based on four strata: prior preterm birth (yes or no), and smoking (yes or no). Each block assigned three controls and one rinse subject. Of 204 subjects, 155 served as untreated controls (exposure group), and 49 (non-exposure group) received an antimicrobial CPC non [alcohol](#) mouth-rinse (Crest Pro-Health, Procter and Gamble, Cincinnati, Ohio). The primary outcome was spontaneous PTB less than 35 weeks. Dental exams were performed at baseline and prior to delivery. Gestational age and weight at birth was recorded by abstractors. Groups were compared using statistical test Analysis of

Variance (ANOVA). Dichotomous variables were compared using the chi-square test; logistic regression was used to calculate odds ratios.

There was no significant difference at baseline in smoking, prior preterm birth or [alcohol](#) consumption between groups. Maternal age was higher in the rinse group than in the control group. No adverse events were observed. The incidence of PTB less than 35 weeks was significantly lower in the subjects using the rinse compared to the controls. Gestational age and birth weight (adjusted for maternal age) were significantly higher in the rinse group.

Provided by Society for Maternal-Fetal Medicine

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