

It's safe for pregnant women to go to the dentist

December 8 2016, by David Leader



Credit: AI-generated image ([disclaimer](#))

According to research from the [Massachusetts Department of Public Health](#), in 2011 about two-thirds of pregnant women had their teeth cleaned in the year prior to delivery, but only about one-half had their teeth cleaned during pregnancy. While plenty of factors may keep pregnant women from getting to the dentist, some may avoid going

because they are unsure if it's safe.

I am a dental school professor and a practicing dentist, and over the years, some pregnant women told me that they will not see a dentist until after the baby is born. I've had pregnant women ask me to diagnose and treat dental infections without dental x-rays. In fact, x-rays, routine cleanings, root canal treatment and many local anesthetics are safe during pregnancy.

Despite that fact, many oral and medical [health care providers are unsure of the safety](#) of routine dental care for pregnant women and their unborn child.

Yet not only are women are more likely to have [oral health](#) problems when they are pregnant, but these [oral health problems](#) may lead to systemic health issues for mother and baby.

Where did this myth come from?

It's hard to pin down when the perception that dental care might not be safe during pregnancy began, but it seems that this particular belief has been with us for a long time. Take for instance, this case report from a [19th-century dentist](#) detailing a patient's miscarriage 24 hours after a tooth extraction. The dentist, Dr. Jonaston, thought that this confirmed that women are fragile, especially when pregnant.

Today, a general sense of caution about pregnancy – and perhaps even confusion about what is or isn't safe – contributes to keeping this particular myth alive for patients and dentists alike.

For example, a 2014 survey of dentists in North Carolina found that over [80 percent of responding dentists](#) feel confident when discussing the risks of oral health treatment during pregnancy with their patients.

However, only about half felt confident to provide treatment to patients who may be at risk for adverse pregnancy outcomes.

Avoiding [dental care](#) is a problem, because normal health changes during pregnancy cause women to have more gum disease, called periodontitis, and tooth decay. The growing womb presses on the stomach, which can cause heartburn or gastric reflux, softening or dissolving tooth enamel. Teeth with thin or weak enamel have a high risk of decay and are sensitive to cold food and drink.

During pregnancy, [increased hormone levels](#) cause gums to be more sensitive to bacterial plaque that normally forms on teeth. Women may notice that their gums are swollen or tender and bleed more easily.

A 2011 study [found that periodontitis was a risk factor preterm labor and low birth weight](#). There is a similarity between inflammation and infection due to [bacterial vaginosis](#), a [proven risk factor for preterm labor and low birth weight](#), and inflammation and infection due to periodontitis. Other studies have found [that periodontitis is risk factor](#). Yet, it is not possible to confirm a causal relationship between periodontal disease and pregnancy outcomes due to alternate risk factors.

Teeth cleaning to remove plaque and hardened plaque known as tartar or calculus from the teeth is a good way to prevent and reduce this problem. Brushing and flossing make a big difference as well.

What about x-rays?

Some women are wary of being exposed to the small doses of radiation involved, even if they wear protective gear.

A 2004 study in the Journal of the American Medical Association demonstrated a statistical relationship between [dental radiography while](#)

[pregnant and low birth weight](#), and the paper's conclusion [was reported](#) in many [publications](#) with little analysis.

But that study was flawed, and the results aren't trustworthy. [Responses to the study](#) express concerns that researchers significantly overestimated radiation exposure and that they did not effectively screen subjects for known [risk factors](#) for [low birth weight](#) such as gum disease, lead exposure and previous preterm births. For example, subjects with poor oral health were more likely to have x-rays than subjects with better oral health.

The [American College of Obstetrics and Gynecology](#) advises that all dental x-ray examinations (with the usual lead shielding over the abdomen and thyroid) are safe during pregnancy.

Go to the dentist

The recommendation for pregnant women is simple. See your dentist regularly just as you did before your pregnancy. Dentists should administer and prescribe only medications that are safe during pregnancy, and should check pregnant patients' blood pressure at every visit.

Otherwise, pregnant women can receive the same care – including x-rays – that any patient would. Delaying treatment is not necessary or recommended at any time for healthy, [pregnant women](#). This applies to any form of dental treatment including periodontal treatment, [root canal treatment](#) and extractions.

The American College of Obstetricians and Gynecologists calls [pregnancy](#) a "[teachable moment](#)." Pregnant women take a deep interest in their own health to benefit their developing child. Speaking with pregnant patients about their oral health may instill new habits that will

last a lifetime.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: It's safe for pregnant women to go to the dentist (2016, December 8) retrieved 28 April 2024 from <https://medicalxpress.com/news/2016-12-safe-pregnant-women-dentist.html>

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