

## King Saud University

## The Saudi Journal for Dental Research





## **REVIEW ARTICLE**

# Oral health challenges in pregnant women: Recommendations for dental care professionals



Mustafa Naseem<sup>a</sup>, Zohaib Khurshid<sup>b</sup>, Hammad Ali Khan<sup>c</sup>, Fayez Niazi<sup>d</sup>, Sana Zohaib<sup>e</sup>, Muhammad Sohail Zafar<sup>f,\*</sup>

Received 14 April 2015; revised 3 November 2015; accepted 20 November 2015 Available online 19 December 2015

#### KEYWORDS

Fetus; Dental problems; Teratology; Women's health **Abstract** Pregnancy is a dynamic state leading to several physiological transient changes in the body systems including the oral cavity. In order to maintain good oral health, the dental treatment should not be withheld. The dental management of pregnant patients involves special considerations. This review article discusses common dental problems a pregnant woman faces along with the relevant treatment implications, the risks of various medications to both mother and fetus and common dental problems a pregnant women faces. In addition, the management of related dental problems in the pregnant patients and appropriate scheduling of dental surgical procedures during pregnancy has been discussed.

© 2015 The Authors. Production and hosting by Elsevier B.V. on behalf of King Saud University. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

### **Contents**

1.	Inti	roduction	139
2.	Co	mmon dental problems during pregnancy and management	139
		Dental caries	

E-mail address: drsohail\_78@hotmail.com (M.S. Zafar). Peer review under responsibility of King Saud University.



Production and hosting by Elsevier

<sup>&</sup>lt;sup>a</sup> Department of Community and Preventive Dentistry, Ziauddin College of Dentistry, Ziauddin University, Karachi, Pakistan

<sup>&</sup>lt;sup>b</sup> School of Materials and Metallurgy, University of Birmingham, UK

<sup>&</sup>lt;sup>c</sup> Department of Oral Maxillofacial surgery, Ziauddin College of Dentistry, Ziauddin University, Karachi, Pakistan

<sup>&</sup>lt;sup>d</sup> Head of Department of Oral Biology, Liaquat College of Medicine and Dentistry, Karachi, Pakistan

<sup>&</sup>lt;sup>e</sup> Department of Biomedical Engineering, King Faisal University, Al-Hofuf, Saudi Arabia

f Department of Restorative Dentistry, College of Dentistry, Taibah University, Madinah Al Munawwarah, Saudi Arabia

<sup>\*</sup> Corresponding author at: College of Dentistry, Taibah University, PO Box 2898, Madinah Al Munawwarah, Saudi Arabia. Tel.: +966 507544691.

	2.1.1. Management	140
	2.2. Periodontal disease	140
	2.2.1. Management	140
	2.3. Gingivitis	
	2.3.1. Management	
	2.4. Tooth mobility	
	2.4.1. Management	
	2.5. Tooth erosion	
3.	Suitable timings and dental management	
4.	Dental chair positioning and pregnancy	
5.	Pharmacodynamics and pregnancy	
	5.1. Analgesics	
	5.2. Antibiotics	142
	5.3. Local and general anesthetics	143
6.	Oral and dental health management guidelines during pregnancy	144
	6.1. First trimester	
	6.2. Second trimester	144
	6.3. Selective radiographs can be taken third trimester	144
7.	Dental radiations and pregnancy	144
8.	Teratology	145
9.	Conclusions and recommendations	145
	Conflict of interests	145
	Funding statement	145
	Acknowledgments	
	References	145

#### 1. Introduction

Pregnancy is a state of physiological condition that brings about various changes in the oral cavity along with other physiological changes taking place throughout the female body. Gingival hyperplasia, gingivitis, pyogenic granulomas and various salivary alterations are some of the changes commonly witnessed among pregnant women. The role of high levels of circulating estrogen is well established and associated with high prevalence of gingivitis and gingival hyperplasia. Progesterone in the serum is also seen to be associated with melasma, presenting a bilateral pigmentation or brown patches in the mid face region. A general view of physiological changes on body systems during pregnancy is given in Fig. 1.

Various studies have found evidence linking together poor maternal oral health, pregnancy outcomes and dental health of the offspring.<sup>5</sup> These may range from preterm delivery and low birth weight to higher risk of early caries among infants. Unfortunately, apart from self-maintenance of oral hygiene, pregnant women face several other barriers in achieving optimal oral health.<sup>6,7</sup> These barriers to seeking dental services include lack of knowledge and value, negative oral health experiences, negative attitudes toward oral health professionals and negative attitudes of dental staff toward pregnant women.<sup>8</sup> Similarly, incorrect assumptions, lack of knowledge or experience often plays a role in the hesitance shown by dentists in providing dental care for pregnant women.<sup>2</sup> Oral health promotion, disease prevention, early detection and timely intervention are crucial aspects for maternal and child oral health. It is widely established that many if not all routine and preventive dental procedures can be safely performed throughout the period of pregnancy with certain precautions. 4,10

An effective model for conceptualizing the management of the dental needs of pregnant women is needed. Such a model should encompass interdisciplinary collaboration between the medical and dental care professionals in order to improve services and referral strategies.<sup>5</sup> The following sections address various facets of management of pregnant patients based on updated guidelines. These are intended as a resource for young clinicians to gain knowledge and confidently cater to the needs of pregnant patients.

## 2. Common dental problems during pregnancy and management

Like any other system, the oral cavity exhibits a number of changes during pregnancy (Fig. 2) and thus requires special attention by the dental care professionals. Below are mentioned few common dental problems that pregnant women face.

### 2.1. Dental caries

Pregnant women are more prone to tooth decay due to upturn in the acidic environment of oral cavity, increased consumption of sugary diet and carelessness toward oral health. Recurrent vomiting becomes common in pregnancy that enhances acidic environment leading to progress of carious pathogens and an increased demineralization making teeth prone to caries. Untreated carious lesions increase the incidence of abscess and cellulitis. Let

# Download English Version:

# https://daneshyari.com/en/article/3175207

Download Persian Version:

https://daneshyari.com/article/3175207

<u>Daneshyari.com</u>