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# Awareness of dental interns in managing cases of pregnant women in Saudi Arabia



Ibrahim Aljulyfi <sup>a,\*</sup>, Ahmed Alrusayni <sup>b</sup>, Saeed Alqahtani <sup>c</sup>, Magdy K. Hamam <sup>d</sup>

<sup>a</sup> *Salman Bin Abdulaziz University, Faculty of Dentistry, Saudi Arabia*

<sup>b</sup> *Hail Dental Center, Saudi Arabia*

<sup>c</sup> *Khamis Mushait General Hospital, Dental Center, Saudi Arabia*

<sup>d</sup> *College of Dentistry, King Saud University, Saudi Arabia*

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**Abstract** Pregnant patients are seen commonly in dental offices. However, the possible side effects of dental care on these patients can be misunderstood by both patients and dentists concerned. Therefore, it is important for dental interns, who work in almost every dental office, to know about dental management of pregnant women.

A survey which consisted of 18 items, was conducted between December 2011 and March 2012 in different dental colleges in Saudi Arabia. The aim of the present study was to objectify dental interns' knowledge of dental management of pregnant women.

152 dental interns responded to the survey (63.3% of the total). About 27% of dental interns in the study had never seen pregnant women in their clinic. The majority of dental interns see gingival inflammation as the most oral manifestation in pregnant women (92.1%), and Amoxicillin being the most common antibiotic prescribed for pregnant women (96.1%), when (96.1%) of the dental interns are prescribing it. Regarding their dental school subjects which include managing pregnant women, 29.6% of the dental interns described it as adequate, while 48% said it was little helpful, and 22.4% agreed that it was insufficient. However only 20.4% look for more additional sources of information, while 14.5% said they rarely do. This finding underscores the need to improve the knowledge and information of fundamentals of dental management of pregnant women. Improvement is needed to increase the awareness of dental interns in Saudi Arabia toward this kind of critical treatment.

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\* Corresponding author.

E-mail address: [den.ibrahimsj@gmail.com](mailto:den.ibrahimsj@gmail.com) (I. Aljulyfi).

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## 1. Introduction

In 2006 and 2007, the authors conducted a survey of 1604 general dentists in Oregon which asked dentists about their attitudes, beliefs and practices regarding dental care and management of pregnant patients. Most respondents (91.7%) agreed that dental treatment should be part of prenatal care.

However two-thirds of the respondents were interested in receiving continuing dental education (CDE) regarding the care of pregnant patients.<sup>1</sup> Dentists who were males had low knowledge scores compared with females who had moderate to high knowledge scores.<sup>2</sup>

According to the Surgeon General's report, Oral Health in America, perceptions must change to improve oral health and to make it an accepted component of general health.<sup>3</sup> Untreated oral disease may compromise the health of the pregnant female and the unborn child.<sup>4</sup> Most pregnant women of all ages do not seek dental care even though 50% of them may have dental problems.<sup>5</sup>

Pregnant women are at risk of many harmful procedures. A study of over 152,000 women who gave birth between 1996 and 2000 found that almost half were prescribed medications for which there was no clinical evidence of safety for use during pregnancy.<sup>6</sup> The US Food and Drug Administration has defined five categories of drugs according to the risk they pose to pregnant women and their fetuses.<sup>7</sup> These categories provide guidance to the relative safety of the medication for use by pregnant women. Category A includes drugs that have been studied in humans and have evidence supporting their safe use. Category B drugs show no evidence of risk to humans. Generally, these drugs are considered acceptable for use during pregnancy. Category C drugs such as aspirin and aspirin-containing products, may be used with caution, whereas drugs in categories D (i.e. Tetracycline) and X are not intended for use during pregnancy.<sup>8</sup>

Major biological risks from radiation exposure are carcinogenesis, fetal effects, and mutations.<sup>9</sup> Health benefits will outweigh the risk from radiation exposure from any radiographic examination if:

- (1) The examination is clinically indicated and justified,
- (2) Technique is optimized to ensure high quality diagnostic images, and
- (3) Principles are followed to minimize exposure.<sup>9</sup>

Most dentists (77%) would take a radiograph of a patient 10 weeks into the pregnancy seeking treatment for dental pain.<sup>15</sup>

## 2. Oral conditions associated with pregnancy

Changes in the oral cavity have been associated with pregnancy. These include alterations in both the hard and soft tissues. An increase in caries has been associated with carbohydrate loading as snacking becomes more frequent.<sup>10</sup> In some instances, morning sickness and vomiting may contribute to the onset of perimylolysis, an erosion of the lingual surfaces of the teeth caused by exposure to gastric acids. A confounding factor is that pregnancy-associated hormonal changes may cause dryness of the mouth. Approximately 44% of pregnant participants in one study reported persistent xerostomia.<sup>11</sup>

The majority of the physicians (81%) agreed that pregnancy increases the tendency to have gingival inflammation.<sup>14</sup> From a periodontal perspective, signs of gingivitis (i.e. bleeding, redness, swelling, and tenderness) are evident in the second trimester and peak in the eighth month of pregnancy.<sup>12</sup> Periodontitis during pregnancy, if left untreated, has been shown to contribute to preterm, low birth weight infants.<sup>12</sup>

The objectives of professional oral health care during the first trimester include avoiding fetal hypoxia, premature labor/abortion, and teratogenic effects<sup>4</sup>. Due to the increased risk of pregnancy loss, use of nitrous oxide may be contraindicated in the first trimester of pregnancy<sup>13</sup>. The safest and most comfortable time for dental treatment is during weeks 14–20 of gestation. Elective restorative and periodontal therapies during the second trimester may prevent any dental infections or other complications from occurring in the third trimester.<sup>4</sup>

## 3. Aim of study

The present study aims to objectify dental interns' knowledge of dental management of pregnant women.

## 4. Materials and methods

Our cross-sectional survey was conducted between December 2011 and March 2012 in different dental colleges in Saudi Arabia. The questionnaire was designed to contain 18 questions in four pages. It was developed in consultation with oral medicine specialist to improve its content validity.

This questionnaire first contained questions about the dental intern profile: sex, grade point average (GPA), etc. The knowledge assessment survey included questions about dental management of pregnant women. Also, there were some questions regarding awareness of dental intern with these types of cases and how to deal with them.

The survey questionnaire was distributed randomly to about 240 Saudi dental interns both males and females in the King Saud University in addition to 3 different dental colleges (Riyadh Colleges, Dammam University, and King Khalid University), who were working in hospitals and universities in the kingdom.

Of 240 dental interns approached, 152 (63.3%) participated in this study, 97 (63.8%) were males while 55 (36.2%) were females, and their GPAs out of 5 is given in Table 1. Among those who could not participate (36.7%), some refused due to lack of time or did not read the invitation we sent earlier, and some did not write the full profile information or did not answer all questions, so they were not counted in the survey results.

We distributed the questionnaire in two ways, either by delivering it directly -hard copies- to dentists or by -soft copies- e-mailing it.

**Table 1** Sample shows distribution and their GPAs.

Sex	Frequency	Valid percent (%)
Male	97	63.8
Female	55	36.2
Total	152	100
GPA (out of 5)	Frequency	Valid percent (%)
< 3	24	15.8
3–3.5	62	40.8
3.5–4	39	25.7
> 4	27	17.8
Total	152	100.0

*P* value < 0.05.

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