



Guidelines for Oral Health Care in Pregnancy

- Dental care is safe and essential during pregnancy
- Diagnostic measures, including needed dental x-rays can be undertaken safely
- Scaling and root planning to control periodontal disease can be undertaken safely, avoid using *metronidazole* in the first trimester
- Treatment for acute infection or sources of sepsis should be provided at any stage of pregnancy. A number of antibiotics are safe for use
- Treatment, including root-canal therapy and tooth extraction, can be undertaken safely
- Needed diagnosis, preventative care, and treatment can be provided throughout pregnancy: if in doubt, coordinate with the woman's prenatal medical provider
- Emergency care should be provided at any time during pregnancy
- Delay in necessary treatment could cause unforeseen harm to the mother and possibly to the fetus
- For many women, treatment of oral disease during pregnancy is particularly important because health and dental health insurance may be available only during pregnancy or up to two months post-partum

Medical Condition and Dental Treatment Considerations

Hypertensive Disorders and Pregnancy

Hypertensive disorders, including chronic or preexisting hypertension and the development of hypertension during pregnancy, occur in 12-22% of pregnant women. Oral health professionals should be aware of hypertension disorders because of increased risk of bleeding during procedures. Consult with the woman's prenatal care provider before initiating dental procedures in women with uncontrolled severe hypertension (blood pressure value greater than 160/110mm Hg).

Diabetes and Pregnancy

Gestational diabetes occurs in 2-6% of pregnant women in the U.S. It is usually diagnosed after 24 weeks of gestation. Any inflammation process, including acute and chronic periodontal infection, can make diabetes control more difficult. Poorly controlled diabetes in association with adverse pregnancy, has outcomes such as preeclampsia, congenital abnormalities, and large-for gestational age newborns. Meticulous control to avoid or minimize dental infection is important for pregnant women with diabetes. Controlling all sources of acute or chronic inflammation helps control diabetes.

Heparin and Pregnancy

A small number of pregnant women with the diagnosis of thrombophilia (a blood disorder) may be receiving daily injections of heparin to improve pregnancy outcome. Heparin increases the risk of bleeding complications during dental procedures. Dental providers should consult with the woman's prenatal medical provider prior to dental treatment.

Risk of Aspiration and Positioning During Pregnancy

Pregnant women have delayed gastric emptying and are considered to always have a "full stomach". Thus, they are at risk for aspiration. Maintaining a semi-seated position or positioning with a pillow helps avoid nausea or aspiration and can make the woman feel more comfortable.