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Oral care in pregnancy

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Changes seen in the gums

Pregnant women undergo hormonal balance changes during pregnancy. Many tissues undergo certain changes because the placenta produces higher levels of estrogen and progesterone during pregnancy. In this period, excessive sensitivity to irritations occurs in the gingiva. In pregnancy, gingivitis or epulis gravidarum, commonly known as pregnancy tumors, can be seen very often.



Pregnancy gingivitis usually starts at the second month of gestation and reaches the highest level at the eighth month, and heals spontaneously after birth. They originate from pyogenic granuloma and disappear after 1-2 months. Surgical removal is recommended if they do not vanish spontaneously. Surgical excision can be performed by conventional methods or laser.

Laser treatment may give more comfortable results to the patient because pyogenic granulomas have tendency to bleed. In fact, if they do not disturb the patient and if they do not bleed excessively, there is no need for treatment during pregnancy.

gingivitis was found in 40% of pregnancies. However, it is argued that healthy gingiva is unaffected by pregnancy, which is only a reaction caused by increased plaque and gingivitis. The gum papillae may appear red, like a swollen strawberry. Fissures can occur on the edges of the gingiva and on the papillae. Bleeding, and even pain can be reported. In the ones that are in hyperplastic character gingiva is dull, light pink, and the surface is rough and dry.

Sometimes all gums can be dark red in color. When the growth of the gingiva is localized to one area, then pregnancy tumors may be seen. Generally, the underlying reason is an irritant. These gingival changes are named as: Gingivitis simplex, gingivitis ulcerosa, gingivitis hypertrophicans, and pregnancy tumor. The cause of these changes has been shown to be the rising level of progesterone in the blood stream, which increases vascular permeability

Another cause of this phenomenon is thought to be the low levels of vitamin C . Giving vitamin C, Ca, P, and Fl is thought to be beneficial . Mothers who have attachment loss have a higher risk of giving birth to low birth weight babies (small for gestational age) when compared with mothers with healthy periodontiums. Periodontal diseases are related to many systemic diseases, including gestational complications.

Changes that occur in the teeth

It is generally known that tooth decay increases during pregnancy. The teeth are painful and tooth losses can be seen. There is no scientific basis for the belief that fetal need for calcium required for intrauterine growth is obtained from the mother's teeth and that every pregnancy has tooth loss. This phenomenon can be explained by dentists as follows: nausea and vomiting are seen in 70% of pregnancies. Vomiting can affect oral hygiene negatively or may cause erosion on the maternal enamel layer.

During pregnancy, a decrease in Ca concentration occurs. However, in the amount of ionized Ca, there is no difference compared with pre-pregnancy levels, although bone turnover is doubled during pregnancy. Increasing oral hygiene habits during pregnancy will help to prevent this problem.

- The deterioration of oral and dental health during pregnancy depends on the following factors:
 - * During the first months of pregnancy some mothers may have extreme interest in some foods, especially carbohydrates, and tooth brushing can be neglected after they eat these kinds of food.
 - * Pregnant women bleed more readily due to the effect of pregnancy hormones (estrogen, progesterone), and may consequently avoid brushing their teeth. As a result, bacterial plaque increases. Therefore, in pregnancy, the mouth needs more care.

- Vomiting, especially during the first months of pregnancy, increases the acidic environment in the mouth. After vomiting, in the first few months, the mother may not pay enough attention to oral care. If the teeth are not brushed sufficiently, an acidic environment will form in the mouth.
- * Saliva flow decreases. For these reasons, the formation of caries increases during this period.

- * Mothers can neglect their own oral and dental health care while they are dealing with the health of the baby, which in turn causes a deterioration of oral health.
- For these reasons, it is necessary to pay more attention to dental health care during this period.

Dietary guidance during the whole pregnancy period in terms of oral and dental health;

- Fruits, vegetables, cereal, milk, dairy products, meat, fish and eggs that are rich for A, C, D vitamins, calcium and phosphorus must be taken in a balanced diet.
- Sugar should be avoided as much as possible, especially between meals.
- Dried fruit and toffees should be avoided.
- Nutrition during this period affects the health of the mother, as well as the baby, that is going to be born. The effect of vitamins A and D on enamel formation is known. There is no clear evidence that prenatal fluoride use can prevent decay.

Oral care recommendations during pregnancy

- The combination of personal and professional treatment during pregnancy is very important, it plays a major role in improving oral health. Zanata et al found a correlation between preventive maintenance procedures performed during pregnancy and plaque accumulation and caries prevalence.
- * Daily oral and dental care should be continued non-stop.

* A full oral examination must be done before gestation to achieve optimal oral hygiene and gain the habit of maintaining it because there is a direct relationship between hormonal changes during pregnancy and plaque accumulation and gingival diseases. The hormone increase during pregnancy makes the mouth mucosa more sensitive to external factors, especially against bacterial plaques.

* Effective dental care should be obtained by using toothbrushes and dental floss at least twice a day.

* Gargling with mouthwashes or warm salty water must be performed. Warm salty water relaxes gums and reduces gum sensitivity.



Thank You!