

# Pregnancy and oral health

By Rick Borquez, DDS

## How does pregnancy affect oral health?

While you might not think that your oral health has anything to do with your pregnancy, there are definite connections. Some women experience significant changes in their oral health during this time.

The primary change is a surge in hormones, particularly an increase in estrogen and progesterone which is linked in part to an increase in the amount of plaque on your teeth. Soft-tissue variations also result from changes in hormone levels. Additionally, studies show that pregnant women with gum disease are more likely to have premature babies of low birth weight.

## What is plaque?

Plaque is an invisible, sticky layer of harmful bacteria that constantly forms on teeth. It can cause gingivitis: red, swollen, tender gums that are likely to bleed.

So-called pregnancy gingivitis affects most pregnant women to some degree and generally begins to surface in the second trimester. If you already have gingivitis, which is the most prevalent oral manifestation associated with pregnancy, the condition is likely to worsen during pregnancy.

If untreated, gingivitis can lead to periodontal disease, a more serious form of gum disease.

Pregnant women are also at risk for developing benign growths or lesions of the gum tissue, which is called epulis or granuloma. This condition usually disappears after the baby is born. However, if it interferes with chewing, brushing or other oral hygiene procedures, your dentist may decide to treat it.

## How can I prevent these oral health problems?

You can prevent plaque buildup and gingivitis by keeping your teeth clean, especially near the gum

line. You should brush with fluoride toothpaste at least twice a day and after each meal when possible. You should also floss thoroughly each day.

If brushing your teeth causes morning sickness, rinse your mouth with water or anti-plaque and fluoride mouthwashes. Women with unusual or severe morning sickness need to especially watch their oral hygiene since vomiting can cause erosion, decay and cavities.

Good nutrition, particularly

plenty of vitamin C and B12, helps keep the oral cavity healthy and strong. More frequent cleanings from the dentist will help control plaque and prevent gingivitis.

Should I have my teeth cleaned while I am pregnant?  
Cleanings generally are safe



*Dr. Rick Borquez, DDS*

*Esthetic Dentistry*

(805) 529-1000

*UCLA Graduate*

MEMBER

American Dental Association

California Dental Association

Santa Barbara-Ventura County Dental Society

Academy of Cosmetic Dentistry

American Equilibration Society

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165 E. High Street, Suite 101, Moorpark, CA 93021

[www.borquezdental.com](http://www.borquezdental.com)

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throughout pregnancy, although some dentists may elect to wait until the second trimester. If you have a high-risk pregnancy, your dentist will consult with your healthcare practitioner prior to treatment.

## **What if I have a dental emergency?**

If you have a dental emergency at any time during your pregnancy, you need to consult your dentist immediately so that the problem can be taken care of. The dentist may need to take appropriate X-rays to diagnose the problem and provide optimal care.

Radiation safety precautions (i.e., lead apron and thyroid collar) will be used to protect you and your baby. The dentist may consult the healthcare practitioner in certain situations prior to rendering treatment.

Elective radiographs should be postponed until after the delivery of the baby. You might need to receive some medication, about which your dentist will

consult with your healthcare provider if there is any doubt about protocol.

## **Why should I see my dentist?**

Going to the dentist will help you avoid any emergency problems during your pregnancy. Your dentist will take a thorough medical history prior to providing care. If you are planning to become pregnant or suspect you're pregnant, you should make an appointment with your dentist.

Making sure that you have good oral health prior to the pregnancy is ideal to help prevent any oral problems during pregnancy. Your dentist will assess your oral condition and map out a dental plan for the rest of your pregnancy. Multiple dentist visits might be recommended periodically throughout the pregnancy to monitor changes and to gauge the effectiveness of your oral hygiene.

*Dr. Rick Borquez practices in Moorpark with an emphasis in cosmetic dentistry. He can be reached at 529-1000 and on website [www.borquezdental.com](http://www.borquezdental.com).*