

# EXPECTING A BABY?

*By Jennifer D. Foster*



**What you need to know about your oral health care**

**W**omen experience unique and varied hormonal changes at different life stages that may influence their oral health; pregnancy is no exception. Understanding these changes — combined with regular dental examinations and preventive care — is the best way to practice good oral health habits during this time.

### **Q: Why should I tell my dentist I'm pregnant?**

"The dentist is a patient's best source of advice on how to achieve and maintain optimal oral health at all times, and especially when a patient is pregnant," says Dr. Lynn Tomkins, a Toronto dentist, an ODA Past-President and a clinical instructor at the University of Toronto's Faculty of Dentistry. "It's important to remember normal pregnancy is not an illness; it's a temporary condition," says Dr. Tomkins, who asks the patient for her due date and if everything is progressing normally. "I then tell her this is also her baby's first dental visit, and good oral health and habits in the mom are the best first steps in baby's oral health."

### **Q: Why are my gums bleeding more?**

Hormone levels change considerably during pregnancy. The most common thing dentists notice in pregnant patients is that their gums can become inflamed and bleed more easily, says Dr. Tomkins, who is also the President of the Canadian Dental Association. This is due to changes in mouth bacteria that feed on the extra hormones secreted during pregnancy and in the overall increase of fluid levels in the body as the pregnancy progresses. "Regular professional dental cleanings are an important part of reducing the inflammation that can occur during pregnancy — as well as the patient's own daily home care," says Dr. Tomkins. Ask your dentist what they recommend for you. If you continue to have problems with your gums post-birth, talk to your dentist.





### **Q: At what point in my pregnancy should I schedule a dental exam with my dentist?**

The Public Health Agency of Canada suggests scheduling an examination by your dentist during the first trimester to have your oral health diagnosed, which is exactly what Oakville, Ont.-based real estate agent Kate Robichaud, who had her first child in June 2012, did. "I had my six-month routine visit (which included scaling, polishing and a fluoride treatment) when I was just over three months pregnant, even though I hadn't noticed any oral health changes," she says. "My dentist was surprised to see how healthy my gums were, as he was expecting some gingivitis. Also, my cleanings were doubled — every three months instead of every six. My dentist wanted to ensure I had healthy gums the whole way through my pregnancy."

### **Q: Should I have a dental X-ray taken while pregnant?**

"It's safe to have dental radiographs [X-rays] taken during pregnancy; although, dentists tend to avoid them, except in the case of a dental emergency," says Dr. Tomkins. But, she adds, "If a patient has an acute infection (such as an abscess), it's important this be treated promptly. Emergency care during pregnancy is not only safe, it's also essential. There are certain types of local anesthetics that are avoided during pregnancy, as well as certain prescription pain medication and antibiotics." If you require X-rays, you and your baby will be shielded from the low dose of radiation by a lead apron.

### **Q: Can vomiting during pregnancy cause problems with my teeth?**

Robichaud, like millions of women, experienced nausea and vomiting, and her biggest oral health-care concern was, "Will my frequent 'morning' sickness have an effect on my enamel or gums?" Stomach acid can damage the surface of your teeth and promote tooth decay. Dr. Tomkins tells patients to rinse with water after they throw up and not brush right away, since doing so tends to brush the acids into the teeth.

If vomiting is really severe, Dr. Tomkins says: "Patients can rinse with a neutralizing rinse made by adding a quarter teaspoon of baking soda to room-temperature water and swishing, then spitting it out; otherwise, it can make you sick again!"

### **Q: How does my oral health affect my baby's?**

A pregnancy is a time of great joy and expectation for new parents. It is also a time of significant changes to a woman's body. Equally, some of these changes may affect the health of the pregnant patient's mouth. Evidence suggests a strong need to protect against gingivitis and gum disease, as well as decay problems. These problems can also affect the health of the baby, including having preterm and low birth-weight babies. Sudbury, Ont.-based Dr. Isabel Teijeiro, who, along with husband Russell, has two children, Andrew and Grace, says: "The oral health of the mom definitely affects baby. I had my family physician ask me this question at one of my prenatal appointments (before I had Andrew), since some of his prenatal patients had come in with dental neglect, and he wanted to provide them with some good advice."

### **Q: When is the best time for dental work during my pregnancy?**

Says Dr. Teijeiro: "The safest time for dental treatment is in the second trimester, and after that we prefer to postpone any elective work for after the baby is born. Our team also always reinforces extra care with oral hygiene during pregnancy and discusses symptoms, such as pregnancy gingivitis due to increased hormone levels."

**Q: I've heard preventative dental work is essential to avoid oral health infections, such as gum disease, which has been linked to preterm births. Is this true?**

Absolutely, says Dr. Teijeiro. "In recent years, maternal periodontal disease/poor oral hygiene has been implicated as a risk factor for adverse pregnancy outcomes, such as preterm (premature) births and low birth weight, as well as even miscarriage and stillbirth."

**Q: I have a major gag reflex, and it has gotten worse while pregnant. What can be done about this while I'm at the dentist?**

Explains Dr. Tomkins: "The gag reflex is something a few of my patients experience, and we just work around it, such as not having the chair back too far, avoiding trigger spots like the back of the tongue or the posterior roof of the mouth, not leaving the saliva ejector in the mouth, and for home we usually recommend that patients use a minimal amount of toothpaste, not brushing right after they eat."



**Q: What about my oral health and my baby's, post-delivery?**

"It's important for the new mom to have a routine dental visit, and for baby to be introduced to the dental office setting. Good oral health habits start at birth with good nutrition, mouth cleaning (even before the teeth start to erupt) and regular visits to the dentist," stresses Dr. Tomkins. Also, comments Ottawa-based pediatric dentist Dr. Ian McConnachie, as the decay-causing bacteria is transmitted to most infants from their mother early in infancy, it is important for the mother to discuss with her dentist different strategies to delay or prevent this. Changes made can dramatically alter the decay risk to the child. 📄

## EXPERIENCING "MORNING" SICKNESS?

**Q: I am experiencing morning sickness and acid reflux, and am scared to eat what I normally would. Do I have to live on crackers?**

Not only are nausea and acid reflux annoying (to put it mildly), but they also pose a significant risk to the mother's mouth. Dr. Isabel Teijeiro advises her pregnant patients to eat bland foods and drink plenty of liquids — water is always a good choice.

To reduce tooth decay in pregnant women experiencing frequent nausea and vomiting, try these tips:

- Eat small amounts of nutritious foods throughout the day.
- Use a quarter teaspoon of baking soda (sodium bicarbonate) in a cup of water as a rinse after vomiting to neutralize stomach acid. Do not brush your teeth right after vomiting, as this tends to brush the acids into the teeth.
- Chew sugarless gum or gum with xylitol after eating.
- Use gentle toothbrushing and fluoride toothpaste to prevent damage to demineralized tooth surfaces.