



Considerations for the Dental Treatment of Pregnant Women

A Resource for Connecticut Dentists

Oral health care is an essential component of overall health.

Therefore, it is important to maintain good oral health during pregnancy because it has the potential to reduce the transmission of pathogenic bacteria from mothers to their children.¹

Dental care is safe for the pregnant patient and can prevent long term health problems for both mother and child. Despite this, an overwhelming number of women in Connecticut and around the country do not seek dental care during pregnancy. This issue is compounded by the possibility that obstetric providers do not routinely incorporate oral health discussions into their clinical practices,² and that some Connecticut dentists avoid treating pregnant women because of confusion or misconceptions about the safety and importance of dental treatment during pregnancy.

The purpose of this document is to provide a concise resource to assist dentists and other health care practitioners in understanding the importance of providing oral health services to pregnant women, and making appropriate decisions about their care.

Is it safe to provide dental treatment during pregnancy?

- **Healthy women with uncomplicated pregnancies can safely receive oral health services throughout pregnancy without a consultation from their obstetric provider.**
- Prevention, diagnosis and treatment of oral diseases, including necessary dental radiographs, fluoride and use of local anesthesia, are beneficial and can be undertaken with no additional fetal or maternal risk when compared to the risk of not providing care.¹
- **Consultation** with an obstetric provider is prudent prior to providing dental treatment **when a co-morbid condition exists.**¹
- Communication between the obstetric provider and dentist may be helpful when proposed dental treatment is extensive or complicated.

Are x-rays safe during pregnancy?

- X-ray imaging of the mouth is not contraindicated in pregnancy and should be utilized as required to complete a full examination, diagnosis and treatment plan.³
- Diagnostic x-rays should be performed utilizing the lowest amount of reasonably achievable radiation as outlined in the dental radiographic guidelines published by the ADA.⁴
- Use of lead shielding including an apron and thyroid collar is recommended.

What procedures are safe to perform during pregnancy?

- Dental treatment for the management of disease and restoration of function can be provided throughout pregnancy.
- Emergency or acute care can be provided at any time during pregnancy as indicated by the oral condition.^{1,3,5}
- Elective procedures, such as cosmetic dental procedures and the initiation of orthodontic treatment can be deferred until after delivery.⁵

Should I defer treatment of my pregnant patient?

- Dental treatment for a pregnant woman who has oral pain, an emergency oral condition or infection **should not be delayed**. The consequences of not treating an active infection during pregnancy outweigh the possible risks presented.¹
- A dentist may be more liable for refusing to treat a patient because of her pregnancy than for providing care to that patient during pregnancy.²

What pharmaceuticals are safe?

- Appropriate pharmacotherapeutic treatment of pain and infection is important; however it should not be a substitute for appropriate and timely dental procedures.³
- Criteria for prescribing antibiotics to prevent infective endocarditis are the same for pregnant women as they are for all individuals.³
- Recommendations for some commonly used drugs are summarized to the right in Table 1.

What if the patient requires sedation due to anxiety?

- Consultation with the obstetric provider is recommended when considering nitrous oxide, intravenous sedation or general anesthesia to complete the dental procedure.³



Table 1: Pharmacological Considerations for Pregnant Women⁵

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Analgesics	
Acetaminophen	May be used during pregnancy.
Acetaminophen with Codeine, Hydrocodone, or Oxycodone	
Codeine	
Merperidine	
Morphine	
Aspirin	May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	
Antibiotics	
Amoxicillin	May be used during pregnancy.
Cephalosporins	
Clindamycin	
Metronidazole	
Penicillin	
Ciprofloxacin	Avoid during pregnancy.
Clarithromycin	
Levofloxacin	
Moxifloxacin	
Tetracycline	Never use during pregnancy.
Anesthetics	Consult with a prenatal care health professional prior to using intravenous sedation or general anesthesia.
Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine)	May be used during pregnancy.
Nitrous Oxide (30%)	May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional.
Over-the-Counter Antimicrobials	Use alcohol-free products during pregnancy.
Cetylpyridinium chloride mouth rinse	May be used during pregnancy.
Chlorhexidine mouth rinse	
Xylitol	

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RESOURCES:

- ¹ *Oral Health During Pregnancy & Early Childhood: Evidence-Based Guidelines for Health Professionals*. 2010. California Dental Association Foundation.
- ² *Access to Oral Health Care During the Perinatal Period: A Policy Brief*. 2008. National Maternal and Child Oral Health Resource Center.
- ³ *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. 2006. New York State Department of Public Health.
- ⁴ *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*. 2012. American Dental Association.
http://www.ada.org/sections/professionalResources/pdfs/Dental_Radiographic_Examinations_2012.pdf
- ⁵ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting*. Washington, DC: National maternal and Child Oral Health Resource Center.

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For more information...

This document provides answers to basic questions related to providing dental treatment for pregnant women. For more comprehensive information regarding oral health care during pregnancy for both oral health and obstetric providers, please review *Oral Health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting* (2012) from the National Maternal and Child Oral Health Resource Center, available at <http://www.mchoralhealth.org/pdfs/oralhealthpregnancyconsensus.pdf>.

Because these treatment considerations do not represent a static standard of community practice and are established based on current scientific evidence, the recommendations in this document should be reviewed regularly by medical and dental experts in light of scientific advances and improvement in available technology, approaches or products.