

Dental Forum 2020: Dental problems in pregnant women - Deepti Khanna - Baba Farid University

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Most of the women in India do not visit the dentist during pregnancy as they believe they cannot take any medications for 9 months. However, regular checkups and good dental health habits can help keep you and your baby healthy. A gestural woman requires various levels of support throughout this time, such as medical monitoring or intervention, preventive care and physical and emotional assistance. Getting a checkup during pregnancy is harmless and significant for your dental health. Not only can you take care of cleanings and procedures like cavity fillings before your baby is born, but your dentist can help you with any pregnancy-related dental symptoms you might be experiencing.

A study was done on 50 pregnant women for a period of 9 months to understand the dental problems they face and the concerns they have for visiting a dentist. A performer was given to them during 6 weeks, 12 weeks, 20 weeks and 30 weeks of pregnancy. They had to choose the problems related to teeth which occurred at different phases of pregnancy. Pregnant women may be more prone to cavities for an amount of causes. If you're eating additional carbohydrates than usual, these can originate decay. Morning sickness can raise the quantity of acid your mouth is exposed to, which can eat away at the outer covering of your tooth (enamel). Pregnancy gingivitis is a well-recognized entity. Your mouth can be exaggerated by the hormonal changes you will experience during pregnancy.

For example, some women develop a condition known as pregnancy gingivitis," an inflammation on of the gums that can cause swelling and tenderness. Your gums also may bleed when you brush or floss. Left untreated, gingivitis can lead to more serious forms of gum disease. Your dentist may recommend more frequent cleanings to prevent this. Pregnancy does not cause periodontal disease but it does worsen an existing condition. Pyogenic granulomas (pregnancy tumours) occur in about 1% to 5% of the pregnant women. In certain women, overgrowths of tissue called "pregnancy tumors" appear on the gums, most often during the second trimester. It is not cancer but rather just swelling that happens most often between teeth.

They may be related to excess plaque. They bleed easily and have a red, raw-looking raspberry-like appearance. If you're pregnant and need a filling, root canal or tooth pulled, one thing you don't have to worry about is the safety of the numbing medications your dentist may use during the procedure. They are, in fact, safe for both you and your baby. It is also safe to get an X-ray during pregnancy. Although radiation from dental X-rays is extremely low, your dentist or hygienist will cover you with a leaded apron that minimizes exposure to the abdomen. Your dental office will also cover your throat with a leaded collar to protect your thyroid from radiation.

Most of the patients face morning sickness in the first trimester of pregnancy which demotivates them to start with any treatment. Fluoride treatment may be needed for patients with severe gastric reflux caused by nausea and vomiting during early pregnancy, which can cause erosion of tooth enamel. Pregnancy gingivitis usually appears in the first trimester of pregnancy. This form of gingivitis results from increased levels of progesterone and estrogen causing an exaggerated gingival inflammatory reaction to local irritants. Coronal scaling, polishing and root planning may be performed at any time as required to maintain oral health. However, routine general dentistry should usually only be done in the second and third trimester of pregnancy. Acetaminophen is the safest analgesic for use during pregnancy. Local anesthetics are relatively safe when administered properly and in the correct amounts.

Optimal oral health is very important for the pregnant patient and can be provided safely and effectively. Paying attention on to the physiologic changes associated with pregnancy, practicing careful radiation on hygiene measures, prescribing medications on the basis of drug safety categories and timing appointments and aggressive management of oral infection on appropriately are important considerations. Given the possibility that periodontal disease may affect pregnancy outcomes, dentists need to play a proactive role in the maintenance of the oral health of pregnant women.