



Pregnancy & Periodontal Disease

Few things hold greater value than the birth of a healthy baby. Because a number of studies have indicated an association between periodontal disease in mothers and deliveries of pre-term, low birth weight infants, Delta Dental of Illinois' Smile Smart for Your Health Enhanced Benefits Program includes the option for pregnant women to receive three general cleanings per year.

The physical and economic costs of pre-term infants are great. Pre-term infants are at an increased risk for a number of serious health complications, including chronic lung disease, severe brain injury, motor and sensory impairment, learning difficulties and behavioral problems. First-year mortality rates are significantly higher for pre-term infants. Plus, these children often require significantly greater family practitioner services, education services and social services than infants born at term or normal birth weight. The economic impact associated with the perinatal period, as well as throughout life, can be substantial. The annual societal financial burden associated with pre-term birth in the United States is more than \$26 billion. Individually, on average, a pre-term infant costs \$51,600 more than the average cost for full-term infants in the first year of life. Additional long-term costs often continue over the individual's lifetime.

Several studies have examined the association between periodontal disease and deliveries of pre-term, low birth weight infants. The majority of these studies show an association. Various studies indicate that pregnant women who have periodontal disease range from 3.5 to 7 times more likely to deliver pre-term, low birth weight children.

Recent studies also indicate the treatment for periodontal disease may reduce the incidence of pre-term low birth weight infants. An American study showed a 28 percent reduction for low-income African American and Hispanic women when periodontal disease was treated, while a Chilean study of low-income women found an 82 percent reduction.

Although further studies are continuing to explore the link between periodontal disease and pre-term, low birth weight babies as well as the outcome of periodontal treatment during pregnancy, the potential health ramifications, quality of life and economic impact of the condition warrant taking precautions to reduce its incidence.

Pregnancy & Oral Health

There are two major dental concerns for pregnant women – avoiding dental emergencies and/or treatment in the last trimester and preventing periodontal (gum) disease.

If you are trying to become pregnant or have recently learned that you are, you should try to schedule a dental check-up and a prophylaxis (cleaning) within the first trimester. It is better to have dental work completed within the fourth to sixth month of pregnancy than to deal with potential complications from anesthesia, medication or extensive procedures during the last trimester. If you have a dental emergency in the third trimester, consult your obstetrician and call your dentist. Definitely postpone all elective procedures until after you give birth.

It is common for pregnant women to develop “pregnancy gingivitis.” Gingivitis is an inflammation of the gums and surrounding tissues. It is characterized by redness, swelling, tenderness and bleeding. The primary cause is an increased level of hormones – especially estrogen and progesterone, which correlates with an increase in dental plaque (a sticky mixture of bacteria, food and debris). This condition starts to become evident in the second trimester. If you had gingivitis prior to your pregnancy, it will probably worsen. Left untreated, it could lead to bone loss around the teeth.

Pregnant women also risk developing “pregnancy tumors” which are benign growths that arise out of swollen gums. Normally, the treatment is to leave them alone until they break on their own. However, if they interfere with eating or oral hygiene, they may have to be surgically removed.

To prevent or minimize “pregnancy gingivitis,” take extra care and time with good brushing and flossing techniques to remove plaque. It is advisable to visit your dentists in the first or early second trimester. Eat a good balanced diet, getting plenty of vitamins C and B12. Smokers should refrain from smoking throughout the entire pregnancy term.