



Bright Futures Oral Health: Pregnancy and Postpartum

Pregnancy and Postpartum

Health professionals should select the information in this section that is most appropriate, using clinical judgment to decide what is timely and relevant for each individual pregnant woman or new mother (or other intimate caregiver).

Family Preparation

To help prepare families for oral health supervision visits, health professionals can provide pregnant women and new mothers (or other intimate caregivers) with a list of topics to discuss at the next visit. Topics may include the following:

- Changes in the teeth or the gums
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking and cooking
- Fluoride use (fluoridated toothpaste)
- Eating practices
- Illnesses or infections
- Use of medications (over the counter and prescription)

Interview Questions

Following are examples of questions that health professionals may use to ask pregnant women and new mothers (or other intimate caregivers) during the first 30 months of the child's life. In addition to asking these or other interview questions, discuss any issues or concerns the family has.

- Are you brushing and flossing regularly?

- Do you know the fluoride status of your drinking water?
- Have you had any problems with your gums or teeth?
- Do you have any problems with your gums or teeth?
- Does your family have any inherited problems/diseases affecting the teeth?
- As your child grows up, do you think you can help your child prevent tooth decay? What kinds of things do you want to do to protect your child's teeth?

Examination

Pregnant women and new mothers (or other intimate caregivers) should be seen according to a schedule recommended by the dentist, based on the individual's needs or susceptibility to disease.

Anticipatory Guidance

Discuss with pregnant women and new mothers (or other intimate caregivers):

Oral Hygiene

- Brushing teeth thoroughly twice a day (after breakfast and before bed) with fluoridated toothpaste, and flossing daily. Spitting out the toothpaste after brushing, but not rinsing with water. The small amount of fluoridated toothpaste that remains in the mouth helps prevent tooth decay.
- Rinsing every night with an alcohol-free over-the-counter fluoridated mouthrinse.
- Using certain over-the-counter and prescription medications can decrease salivary flow and increase risk for dental caries and gingivitis.
- Visiting a dentist for an examination and restoration of all active decay as soon as feasible. Hormonal changes (increases in estrogen and progesterone) that occur during pregnancy can increase a woman's risk for developing gingivitis. With gingivitis, the gums become

inflamed, swollen, and sensitive and tend to bleed.

Nutrition

- Eating healthy foods such as fruit, vegetables, grain products (especially whole grain), and dairy products (milk, cheese, cottage cheese, and unsweetened yogurt) during meals and snacks. Limit eating (grazing) in between.
- Eating foods containing sugar at mealtimes only, and limiting the amount.
- Frequent consumption of foods high in sugar, such as candy, cookies, cake, sweetened beverages (e.g., fruit drinks, soda), and fruit juice, increases the risk for tooth decay. In addition, frequent consumption of foods that easily adhere to the tooth surface, such as dried fruit, fruit roll-ups, and candy, increases the risk for tooth decay. When checking for sugar, looking beyond the sugar bowl and candy dish. A variety of foods contain one or more types of sugar, and all types of sugars can promote tooth decay.
- Choosing fruit rather than fruit juice. Drinking fruit juice at mealtimes only, if at all.
- Avoiding carbonated beverages during pregnancy and for the first 30 months of the infant's life.
- Drinking fluoridated water (via a community fluoridated water source) to prevent tooth decay; for families that prefer bottled water, drinking a brand in which fluoride is added at a concentration of approximately 0.7 to 1.2 mg/L (ppm) is recommended.
- Once the infant is born, avoiding testing the temperature of the bottle with the mouth, sharing utensils (e.g., spoons), or orally cleaning a pacifier or a bottle nipple. This practice helps prevent transmission of bacteria that cause tooth

decay from the parent, especially the mother, to the child via saliva.

Injury Prevention

- Wearing a safety belt while riding or driving in a vehicle. If you are driving, insisting that your passengers also wear safety belts.
- Wearing protective gear (e.g., mouth guard, face protector, helmet) when participating in physical activities or sports that could potentially result in injuries to the mouth, such as biking or playing baseball or soccer.
- Avoiding oral piercings, which can damage teeth and gums.

Substance Use

- Not smoking cigarettes or using spit tobacco.

Outcomes

- Pregnant women and new mothers (or other intimate caregivers) are under the care of an oral health professional.
- Pregnant women and new mothers (or other intimate caregivers) are informed of preventive dentistry and oral development issues.
- Pregnant women and new mothers (or other intimate caregivers) understand and practice good oral hygiene and eating behaviors.
- Pregnant women and new mothers (or other intimate caregivers) have no oral disease or injury.

Source: "Bright Futures Oral Health Pocket Guide" by the National Maternal and Child Oral Health Resource Center
<http://www.brightfutures.org/oralhealth/pdf/BFOHPocketGuide.pdf>