

Oral health and pregnancy: Frequently asked questions



Oral Health
& Pregnancy

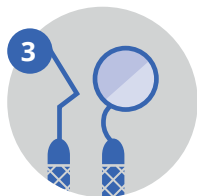


Make sure that **gum disease** does not become
an issue **during pregnancy**



Why is oral health important during pregnancy?

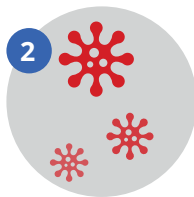
The mouth is one of the main areas involved in the hormonal changes that take place during pregnancy. Gingival inflammation tends to increase during pregnancy, even when proper oral-hygiene to remove plaque is performed. Pregnant women can be affected by pregnancy gingivitis, localised larger gum swelling and periodontitis.



Does periodontal treatment during pregnancy reduce the risk of adverse pregnancy outcomes?

Research shows that while non-surgical periodontal therapy during the second trimester is safe, it does not reduce the incidence of adverse pregnancy outcomes.

The main role of periodontal treatment during pregnancy is to improve the periodontal and overall health of the pregnant woman. Non-surgical periodontal therapy improves the periodontal status of most pregnant women with periodontal disease – but falls short of eliminating gingival inflammation.



What are the implications of these diseases?

Pregnancy gingivitis does not usually imply irreversible damage to the periodontium (the bone, soft tissue and gum surrounding and supporting a tooth) and inflammation usually disappears in the months following delivery.

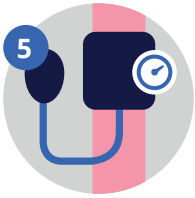
Localised larger gum swellings (called epulides) that do not cause significant functional or aesthetic problems should not be removed during pregnancy – they may recur and usually resolve spontaneously after delivery.

While no specific type of periodontitis is related to pregnancy, periodontitis is a potential risk factor for adverse pregnancy outcomes and gestational diabetes mellitus.



So, when is the best time for a pregnant woman to receive periodontal treatment?

During pregnancy, it is preferable to receive periodontal treatment during the second trimester.



What kind of adverse pregnancy outcomes are associated with periodontitis?

Studies have shown associations between periodontal disease and three forms of adverse pregnancy outcome: low birth weight, preterm birth and pre-eclampsia (defined as high maternal blood pressure and significant proteinuria (presence of excess proteins in the urine)), as well as with gestational diabetes. As yet there is no convincing scientific evidence that gum disease is a cause of adverse pregnancy outcomes, and that gum treatment will prevent this.

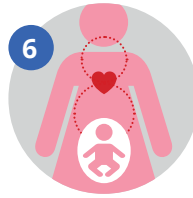


Where can I find more information?

Detailed guidelines for pregnant women and women who are planning to have a child can be found on the site oralhealthandpregnancy.efp.org developed by the European Federation of Periodontology (EFP).

Women are advised to visit their dentist for an oral-health check-up, including a periodontal check-up, when they are planning to become pregnant or in the early stages of their pregnancy.

For those who wish to develop a deeper understanding of the science about oral health and pregnancy, fully-referenced scientific papers – also available at oralhealthandpregnancy.efp.org – explain the importance of oral health during pregnancy, the associations between periodontal disease and adverse pregnancy outcomes, and the effects of periodontal treatment during pregnancy.



What are the reasons why periodontal disease might play a role in adverse pregnancy complications?

Clinical studies suggest that bacteria from the mouth colonise the foetus and the placenta, with blood as the most likely vehicle of transmission. Specific micro-organisms associated with periodontitis have been associated with adverse pregnancy outcomes, but little is known about their exact role.

It is not yet known why some women with periodontal inflammation develop adverse pregnancy outcomes and others do not, and further studies are needed to understand the complex biological processes involved.

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visit oralhealthandpregnancy.efp.org



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The aim of the Oral Health and Pregnancy project, a collaboration between the European Federation of Periodontology (EFP) and Oral-B, is to promote women's oral health during pregnancy through guidelines for patients and for healthcare professionals.

The importance of oral health during pregnancy cannot be underestimated. Scientific studies have shown connections between gum disease and adverse pregnancy outcomes such as premature birth, low birth weight, and pre-eclampsia.



The European Federation of Periodontology (EFP, www.efp.org) is the leading global voice on gum health and gum disease and the driving force behind EuroPerio – the most important international periodontal congress – and Perio Workshop, a world-leading meeting on periodontal science. The EFP also edits the *Journal of Clinical Periodontology*, one of the most authoritative scientific publications in this field.

The EFP comprises 30 national societies of periodontology in Europe, northern Africa, Caucasasia, and the Middle East, which together represent about 14,000 periodontists, dentists, researchers, and other members of the oral healthcare team focused on improving periodontal science and practice.

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