## PREVENTION - CARIES & PERIODONTAL DISEASE

### Initial prenatal visit

**Ask**

- Do you brush bid; floss daily?
- Do you have a dentist, dental insurance?
- Have you seen the dentist in the past 6 months for a regular check up and cleaning?
- Do you need any treatment completed?

**Perform oral exam**

- Teeth and gums

**Counsel**

- Limit sweet snacks/drinks between meals
- Brush twice daily with fluoride toothpaste
- Floss daily
- Healthy gums and teeth help create healthy babies

**Refer**

- All patients with bleeding gums, cavities, tooth ache, loose teeth, or any other mouth problem
- All women who have not been seen for non-emergent dental care in last 6 months

### Caries Risk Factors

- Presence of cavities or multiple fillings
- Poor oral hygiene
- Poor access to dental care/no dental insurance
- Low socio-economic and/or education status
- Inadequate fluoride
- High frequency foods and drinks with sugar
- Special health care needs
- Presence of partial dentures or other appliances
- Xerostomia (medications, disease)

### Periodontal Disease Risk Factors

- Poor oral hygiene
- Tobacco use
- Diabetes
- Medications (e.g. anticonvulsants -> gum hyperplasia)

## ANTIBIOTIC PROPHYLAXIS GUIDELINES FOR ORAL PROCEDURES**

If sending a prenatal patient for an oral procedure who has a heart condition, use AHA guidelines:

### At Risk Medical Conditions

*Highest Risk*

- Acquired valvular dysfunction
- Prosthetic cardiac valves
- Previous bacterial endocarditis
- Congenital heart disease (CHD)
  - Unrepaired cyanotic CHD
  - Completely repaired congenital heart defect during the first 6 months after the procedure
  - Repaired CHD with residual defects
- Cardiac transplantation recipients who develop cardiac valvulopathy

*Lower Risk - <u>No</u> longer prophylaxed*

- Acquired valvular dysfunction
- Hypertrophic cardiomyopathy
- Mitral valve prolapse with audible regurgitation
- Isolated secundum atrial septal defect
- Previous coronary artery bypass grafting
- Physiologic, functional, or innocent murmurs
- Previous Kawasaki disease w/o valve dysfunction
- Cardiac pacemaker or implanted defibrillator

*Prophylaxis also recommended for patients with:*

- Total joint replacement
  - In place less than 2 years
  - Immunocompromised patient
  - Previous prosthetic joint infection
- Vascular grafts in place less than 6 months
- Arteriovenous shunt for hemodialysis
- Neurosurgical shunts
- Indwelling catheters

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### Planned Procedure

*Prophylaxis recommended for <u>highest</u> risk patients*

- For all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa

*Prophylaxis **NOT** recommended for:*

- Local injections through non-infected tissue
- Removable appliance placement
- Oral radiographs
- Orthodontic appliance adjustment
- Shedding of primary teeth
- Bleeding from trauma to the lips/oral mucosa

### Antibiotic choices for adults

*Give 1 dose only 30 – 60 minutes pre-procedure):* Amoxicillin: 2.0 g by mouth

*Unable to take oral medication (give 1 dose only 30 – 60 minutes before procedure):*
Ampicillin: 2.0 g IV or IM
Cefazolin or Ceftriaxone: 1.0 g IV or IM

*Allergic to penicillin (give 1 dose only 30 – 60 minutes before procedure):*
Clindamycin: 600 mg by mouth
Azithromycin or clarithromycin: 500 mg by mouth

**NOTE:** The American Heart Association (AHA) reaffirms that those medical procedures listed as not requiring infectious endocarditis prophylaxis in the 1997 statement remain unchanged and extends this view to **<u>vaginal delivery</u>**, hysterectomy, & tattooing.

****IMPORTANT NOTICE:**
The "Antibiotic Prophylaxis Guidelines" above are based on the latest recommendations by the AHA (updated 2007). It is advised to consult the AHA website for more details and for any updates: www.americanheart.org

## MANAGEMENT PRINCIPLES

ACOG: "A dental check up in pregnancy will ensure that your mouth stays healthy. Pregnant women are at increased risk for cavities and gum disease". American Dental Association & American Academy of Periodontology support prenatal dental care.

### Dental Treatment Timing

Dental treatments can occur during all 3 trimesters

**First Trimester:** Elective treatment can be delayed if patient or provider prefer until 2nd trimester, however care is safe; urgent care should not be delayed

**Second Trimester:** Optimal time for treatment; fetus not large, organogenesis complete

**Third Trimester:** Late in term uncomfortable; position women angled on left side

### Dental X-Rays

- Only as needed
- Radiation exposure extremely low
- Use lead apron of abdomen/thyroid
- Avoid retakes

### Common Dental Medications

### Antibiotics

- Penicillin (FDA Category B)
- Amoxicillin (B)
- Cephalexin (B)
- Erythromycin base (B)
- Clindamycin (B)

### Anesthetics

- Lidocaine (B)
- Procaine (C)
- Nitrous Oxide (no rating; literature indicates safe)

### Analgesics

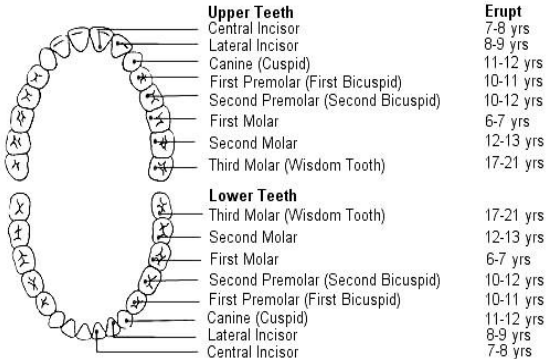
- Acetaminophen (B)
- Ibuprofen (B/D*)
- Oxycodone (B/D*)
- Hydrocodone and Codeine (C/D*)
  *avoid in 3rd trimester

### Preventive Agents

- Fluoride, Xylitol, Chlorhexidine
  No increased risk during pregnancy

## ERUPTION CHART – Permanent teeth

Use chart to describe affected tooth when referring:




## DENTAL GUIDELINE RESOURCES:


*Oral Health Care During Pregnancy: A National Consensus Statement.* 2012. Washington D.C. National Maternal and Child Oral Health Resource Center.www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf

New York Public Health; Oral Health Care During Pregnancy and Early Childhood Practice Guidelines, 2006.www.health.ny.gov/prevention/dental/docs/oral_health_plan.pdf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# PRENATAL ORAL HEALTH POCKET CARD


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Smiles for Life Oral Health Curriculum
www.smilesforlifeoralhealth.org October 2012



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*The information contained in this card should not substitute for consultation with an oral health expert.*

## PRENATAL ORAL CONDITIONS

- Gingivitis
  - Mild gum swelling, tenderness, erythema
  - *Bleeds easily; reversible; hormonal cause*
  - *Prevalence: 30-75% in pregnancy*
  - *Treatment: brush bid, floss, regular dental v*isits
- Periodontitis
  - Inflammation of gum, ligaments, bone
  - Plaque plus bacteria plus inflammation
  - Prevalence: 30% of women of childbearing age
  - Associated with preterm labor/low birth weight
  - Treatment: Proper hygiene; deep root scaling
- Caries (caused by S. mutans, sugar, poor hygiene)
  - Plaque, white spots, brown spots lead to cavities
  - Women pass caries risks to infant postpartum
  - Treatment: Proper hygiene; regular dental visits; prescription xylitol gum postpartum
- Pregnancy granuloma
  - Erythematous, non-painful, smooth nodule
  - Usually on gingival; bleeds easily
  - Prevalence: 5 % of pregnant women
  - Treatment: Observation; recur if excised
- Dental Erosions
  - Caused by hyperemesis; GERD
  - Treatment: Rinse after vomit, meals with baking soda and water