

- » Oral health resources for pregnant women and young children are available at [adavb.org](http://adavb.org), [teeth.org.au](http://teeth.org.au) and [dhsv.org.au](http://dhsv.org.au).

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## BRUSHING FOR TWO

Pregnancy can be a wonderful time in an expectant mother's life, but it may also bring some oral health issues that need to be managed. Here are some tips on how you can help your pregnant patients maintain their oral health and care for their baby's oral health in early infancy.

REPORT DR ELICE CHEN  
ORAL HEALTH COMMITTEE,  
AUSTRALIAN DENTAL  
ASSOCIATION VICTORIAN BRANCH

### THE MAIN ORAL HEALTH EFFECTS OF PREGNANCY

We often hear mothers say they experience a rapid decline in their oral health following their pregnancy, and suspect that it is because, "the baby took all my calcium". There is no evidence to suggest this is the mechanism, but pregnancy is a period of increased risk of tooth decay and gum disease, and it is important to be aware of the risk factors to provide preventive care. Here are some common issues:

- » Hormonal changes can exacerbate gingivitis, leading to increased swelling and bleeding of the gums. This can be reduced with good oral hygiene.
- » Reflux and vomiting can create a much more acidic oral environment, which erodes the enamel and leads to sensitive teeth. Where possible, manage the reflux and vomiting. After vomiting, rinse with tap water but avoid brushing for half an hour so the softened enamel is not damaged. Consider using a fluoride mouth rinse on days where brushing is intolerable, but brushing twice daily is still ideal.
- » Dietary changes may promote plaque and increase risk of tooth decay. This may include increased snacking, cravings for sugary foods or drinks.
- » Oral hygiene routines may also change due to the toothbrush or toothpaste triggering nausea. Encourage persistence, perhaps with an electric or baby toothbrush which has a smaller head. Experiment with a few different toothpastes to see if there is a more acceptable flavour.

### SAFETY OF DENTAL TREATMENT DURING PREGNANCY

Management of dental or oral pain can generally be provided at any stage of pregnancy. This includes intraoral radiographs, local anaesthetics, tooth extractions, fillings and root canal treatments – as long as there are no other contraindications. For elective treatment, it is recommended to wait until the second trimester or after pregnancy, avoiding the third trimester where possible.

Women should be encouraged to have a dental check-up and clean when they are planning to become pregnant, or at the start of the second trimester. This is a good opportunity to reinforce preventive oral health messages.

### ORAL HEALTH TIPS FOR THE NEW MUM

It may be hard to find time for proper meals with a newborn, so there may be a tendency to snack or graze which increases tooth decay risk. Recommend having healthy snacks on hand – cheese, nuts, wholegrain crackers, fresh fruit and vegetables. Packaged snacks like muesli bars which are high in sugar should be avoided. Breastfeeding mums can be especially thirsty and can be encouraged to drink plenty of tap water and avoid juice and energy drinks which are high in sugar, acidity and caffeine. Sugar-free soft drinks are also acidic. A dental check-up within six months of giving birth is recommended.

### ORAL HEALTH TIPS FOR THE BABY

- » Babies get their first teeth around six months old. It is very important to look after the baby teeth because some are only replaced by adult teeth at 12 years old.
- » Wipe the mouth and teeth with a wet cloth after meals.
- » Introduce the toothbrush as a bath toy. Use low-fluoride children's toothpaste from 18 months to six years of age.
- » Lift the lips to check the teeth for brown spots or gum swellings.
- » Bring the baby to the next family dental check-up – they may not cooperate, but it is good to start building some familiarity.