

DENTAL MANAGEMENT GUIDELINES DURING PREGNANCY

For the first trimester (1-12 weeks): During the first trimester, it is recommended that the patients be scheduled to assess their current dental health, to inform them of the changes that they should expect during their pregnancies, and to discuss on how to avoid maternal dental problems that may arise from these changes. It is not recommended that the procedures may be done at this time. The concern about doing procedures during the first trimester is twofold. First, the developing child is at a greatest risk which is posed by teratogens during organogenesis, and second, during the first trimester, it is known that as many as one in five pregnancies undergo spontaneous abortions.

- **The current recommendations are:** 1) To educate the patients about the maternal oral changes which occur during pregnancy; 2) To emphasize strict oral hygiene instructions and thereby, plaque control; 3) To limit the dental treatment to a periodontal prophylaxis and emergency treatments only; 4) To avoid routine radiographs. They should be used selectively and only whenever they are needed.

For the second trimester (13-24 weeks): By the second trimester, the organogenesis is complete, and the risk to the fetus is low. The mother has also had time to adjust to her pregnancy, and the fetus has not grown to a potentially uncomfortable size that would make it difficult for the mother to remain still for long periods.

- **The current recommendations are:** 1) Oral hygiene, instructions and plaque control; 2) Scaling, polishing and curettage if necessary; 3) The control of active oral diseases, if any; 4) Elective dental care is safe; 4) Avoid routine radiographs. Use selectively and when they are needed.

For the third trimester (25-40 weeks)

The fetal growth continues and the focus of the concern now is the risk to the upcoming birth process and the safety and comfort of the pregnant woman (e.g the chair positioning and the avoidance of drugs that affect the bleeding time). It is safe to perform a routine dental treatment in the early part of the 3rd trimester, but from the middle of the 3rd trimester, routine dental treatments are avoided.

- **The current recommendations are:** 1) Oral hygiene, instructions and plaque control; 2) Scaling, polishing and curettage may be performed if they are necessary; 3) Avoid an elective dental care during the 2nd half of the third trimester; 4) Avoid routine radiographs. Use selectively and when they are needed.

Source: Journal of Clinical and Diagnostic Research, Dental Considerations in Pregnancy – A Clinical Review on Oral Care, May 2013.