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Any infection is cause for Concern during Pregnancy. As women, we know our health needs are unique. We also know that at specific times in life we need to take extra care of ourselves. Pregnancy is one of these times. Our bodies undergo so many changes both hormonally and physically and we should be aware of changes that we need to make at this important time. There are many things to consider including your oral health.

PREGNANCY GINGIVITIS

Gingivitis is not limited to pregnancy but can be aggravated due to hormonal changes and a heightened response to plaque and bacterial toxins on the teeth and under the gums. Gingivitis is the inflammation of gum tissue. The earliest sign is bleeding gums and other symptoms include redness, tenderness, swelling and possibly bad breath (halitosis).

The incidence of gingivitis usually occurs between the eighth and twelfth weeks. It may intensify with time and generally continues through the eighth month. In some cases gingival tissues react strongly to irritants and the tissues increase in size and appear very large and bulbous. These areas range in color from pink to red to purple. These are called "pregnancy tumors". They are not cancerous and are usually painless. If the tumor persists it may require removal by a periodontist.

Diligent homecare including frequent brushing and flossing are essential in maintaining proper tissue health minimizing the occurrence of gingivitis. If you are experiencing pregnancy gingivitis or "pregnancy tumors" more frequent visits during pregnancy may be needed.

PERIODONTAL DISEASE

Untreated gingivitis can lead to periodontal disease. Periodontal disease is an infection that destroys the bone and supporting tissues of your teeth. This disease has been shown to be even

more of a threat to an expecting mother. Studies have shown a relationship between periodontal disease and pre-term, low-birth-weight babies. Any infection including periodontal disease is cause for concern during pregnancy. In fact, pregnant women who have periodontal disease may be seven times more likely to have a baby born too early and too small!! If you are planning to become pregnant be sure to have a comprehensive dental exam that includes a periodontal evaluation.

NUTRITION DURING PREGNANCY

During pregnancy, frequent snacking, and craving of sweet, chewy, and acidic foods can cause an increase in decay and sensitivity. The sugar that we consume reacts with the normal bacterial flora in our mouths. When the sugar and the bacteria react, an "acid attack" takes place for approximately 20 minutes. This can increase sensitivity and can lead to decay. And if you tend to snack often, this "acid attack" can last longer depending on how much sugar you are consuming. Limiting your sugar intake and drinking required amounts of water during the day will protect your teeth and keep you healthy.

Another consideration during pregnancy is nausea. Many women experience times of nausea and vomiting. During vomiting the acidity of the contents of your stomach will cause the enamel of your teeth to be weakened. When this happens it is imperative to rinse with water immediately. Rinsing will decrease the acidity in your mouth.

DO NOT BRUSH YOUR TEETH IMMEDIATELY AFTER VOMITING! THIS CAN REMOVE SURFACE ENAMEL CAUSING SEVERE DAMAGE TO YOUR TEETH! REMOVAL OF THE SURFACE ENAMEL WILL CAUSE SENSITIVITY OF YOUR TEETH!

Your oral hygiene and your diet are both very important during your pregnancy. Fruits and vegetables naturally cleanse the mouth as we eat them so Eat Them!

CALCIUM MYTH

Regardless of popular belief the

fetus does not absorb calcium from the mother's teeth. The calcium of the growing fetus comes from the mother's bones and to a lesser extent from her normal diet. This is a reason why it is so important to consume a healthy diet high in nutrients and vitamins.

MEDICATIONS AND TOOTH DEVELOPMENT

According to research results some antibiotics are suitable for expectant mothers. A few commonly prescribed antibiotics are Penicillin, Amoxicillin and Clindamycin.

Tetracycline is an antibiotic that can adversely affect forming teeth. From the 5th-6th week of pregnancy, teeth begin to develop in the fetus. If the expectant mother takes tetracycline during pregnancy the teeth of the growing fetus may be affected and form discolored and weakened.

Most medications have a pregnancy rating regarding their safety. Each drug is placed into a drug class (i.e. A, B, C) which ranks it on a safety level. Do not purchase over the counter drugs from pharmacies without consulting with a doctor regarding possible unknown side effects.

DENTAL TREATMENT DURING PREGNANCY

It is important that women have a pre-pregnancy dental check-up and have all necessary dental treatment done prior to becoming pregnant. If there is a pre-existing dental disease your dentist may recommend more frequent visits during your pregnancy. This also may occur if oral health problems arise during pregnancy. If additional visits are recommended the 4th to 6th month of pregnancy is ideal because at this stage the fetus is most stable. **HOWEVER, IF YOU BECOME PREGNANT AND HAVE NOT HAD A RECENT DENTAL CHECK UP CALL YOUR DENTIST'S OFFICE TO SCHEDULE!**

If dental treatment is necessary, you and your dentist should discuss the best, most conservative treatment options. If you proceed with dental treatment, x-rays should only be taken on an emergency basis and generally an epinephrine-free anesthetic will be used. Although local anesthetics can enter the placenta, the amount of anesthesia needed

for most procedures is safe for pregnant women and the placenta can filter out most of the anesthetics.

INFERTILITY

For various reasons many women are finding it difficult to become pregnant. Infertility treatments have been a very popular option for these women.

Ovulation Induction: Researchers have found that women undergoing ovulation induction for more than three menstrual cycles experienced more gingival inflammation and bleeding. In this study the gingival inflammation levels of women undergoing ovulation induction were investigated and compared with women who were not using these drugs. Findings showed that despite similar plaque levels, women who received ovulation induction medications for more than three cycles had higher levels of gingival inflammation, bleeding and GCF. GCF is a fluid that contains enzymes and tissue breakdown products that have been examined as potential markers for the progression of periodontitis. These effects are presumably correlated with the increased levels of progesterone and estrogen. The gingiva (gum tissue) is a target tissue for es-

trogen since it contains specific high-affinity estrogen receptors.

In-vitro Fertilization: Several studies provide evidence that the presence of infection is associated with unsuccessful embryo development and implantation failure in in-vitro fertilization patients. Since periodontal disease is a chronic bacterial infection, the study suggests that periodontal status may also affect reproduction success and the outcome of infertility treatment.

Women who have unsuccessfully attempted to become pregnant should consider how their oral health may be affecting the rest of their body. A dental examination and treatment of any dental infections (especially periodontal disease) may potentially increase your success.

Our bodies all react differently. Every woman's pregnancy will not be the same. The important thing to remember is maintaining good oral health that will minimize any complications that may arise from our changing hormones. And again, always keep an open line of communication with your physician and dentist. Take care of your body by going *Beyond Your Smile to Total Health!*

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