Oral Health and Dental Treatment for the Pregnant Patient

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In collaboration with
American College of Obstetricians and Gynecologists
American Dental Association
www.mchoralhealth.org

Guidance for Oral Health Professionals
Advise Pregnant Women About Oral Health Care

• Reassure women that oral health care, including use of radiographs, pain medication, and local anesthesia, is safe throughout pregnancy

Guidance for Oral Health Professionals
Advise Pregnant Women About Oral Health Care (cont.)

• Encourage women to continue to seek oral health care, practice good oral hygiene, eat healthy foods and attend prenatal classes during pregnancy.

Guidance for Oral Health Professionals
Advise Pregnant Women About Oral Health Care (cont.)

• Good oral hygiene tips:
  – Brush your teeth with fluoridated toothpaste twice a day. Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed. Do not share your toothbrush. Clean between teeth daily with floss or an interdental cleaner.

Guidance for Oral Health Professionals
Advise Pregnant Women About Oral Health Care (cont.)

• Good oral hygiene tips:
  – Rinse every night with an over-the-counter fluoridated, alcohol-free mouthrinse.
  – After eating, chew xylitol-containing gum or use other xylitol containing products such as mints, which can help reduce bacteria that can cause tooth decay.
Guidance for Oral Health Professionals
Advise Pregnant Women About Oral Health Care (cont.)
• Good oral hygiene tips:
  – If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking teeth.

Guidance for Oral Health Professionals
Work in Collaboration with Prenatal Care Health Professionals
• Consult with prenatal care health professionals, as necessary—for example, when considering the following:
  – Co-morbid conditions that may affect management of oral problems (e.g., diabetes, hypertension, pulmonary or cardiac disease, bleeding disorders).

Guidance for Oral Health Professionals
Work in Collaboration with Prenatal Care Health Professionals
• Consult with prenatal care health professionals, as necessary—for example, when considering the following (cont.):
  – The use of intravenous sedation or general anesthesia.
  – The use of nitrous oxide as an adjuvantic analgesic to local anesthetics.

Guidance for Oral Health Professionals
Provide Oral Disease Management and Treatment to Pregnant Women
• Use standard practice when placing restorative materials such as amalgam and composites.
• Use a rubber dam during endodontic procedures and restorative procedures.

Guidance for Oral Health Professionals
Provide Oral Disease Management and Treatment to Pregnant Women (cont.)
• Position pregnant women appropriately during care:
  – Keep the woman’s head at a higher level than her feet.
  – Place women in a semi-reclining position, as tolerated, and allow frequent position changes.
  – Place a small pillow under the right hip, or have the women turn slightly to the left as needed to avoid dizziness or nausea resulting from hypotension.
Guidance for Oral Health Professionals

Provide Oral Disease Management and Treatment to Pregnant Women (cont.)

- Follow up with pregnant women to determine whether preventive and restorative treatment has been effective.

Drug Administration

“The potential benefit to the patient must outweigh the potential harm to the fetus”

FDA Categorization of Prescription Drugs for Use in Pregnancy

A = Controlled studies in humans fail to demonstrate a risk to the fetus, and the possibility of fetal harm appears remote.

B = Animal studies do not indicate fetal risk and there are no human studies, or animal studies show a risk but controlled human studies do not.

C = Animal studies have shown a risk but there are no controlled human studies or no studies are available in humans or animals.

FDA Categorization of Prescription Drugs for Use in Pregnancy

D = Positive evidence of human fetal risk exists, but in certain situations the drug may be used despite its risk

X = Positive evidence of human fetal risk exits, and the risk outweighs any possible benefit of use

Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

<table>
<thead>
<tr>
<th>Pharmacological Agent</th>
<th>Indications, Contraindications, and Special Considerations</th>
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Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.
The benefits of breastfeeding outweigh the risk of exposure to most therapeutic agents via human milk

- Greater vulnerability of some infants such as preemies or neonates due to immature organ function or underlying medical conditions

Most drugs and vaccines are safe for women to take while breastfeeding

- Caution needed for a small proportion of drugs:
  - Those concentrated in human milk
  - Those that have a long half-life
  - Those with known toxicity to mother or child
  - Those that expose the infant to relatively high doses or detectible serum concentrations

Most up-to-date data and comprehensive information related to drugs and breastfeeding is compiled in a National Institute’s of Health database called LactMed, available on the Internet and as an app for mobile devices


LactMed database includes the following information:

- Levels of individual drugs found in human milk and infant serum
- Possible adverse effects on the infant and/or lactation
- Alternate drug recommendations
Narcotic Analgesics

When narcotic agents are needed to treat pain in breastfeeding women agents other codeine are preferred

Codeine and Hydrocodone can reach high levels in breast milk
- Adverse events reported:
  - Unexplained apnea
  - Bradycardia
  - Cyanosis
  - Sedation

The following are not recommended in the lactating mother
- Oxycodone - a relatively high amount excreted into human milk and therapeutic concentrations have been detected in the plasma of a nursing infant
  - Central nervous system depression noted in 20% of infants exposed during breastfeeding

The following are not recommended in the lactating mother
- Pentazocine (Talwin)
- Meperidine (Demerol)

Regardless of choice of therapy, to minimize adverse events for both the mother and her nursing infant, the lowest dose and shortest duration of therapy should be prescribed.
### Non-Narcotic Analgesics
- Drugs acceptable for use in breastfeeding:
  - Ibuprofen
  - Acetaminophen
  - Celecoxib (Celebrex)
  - Flurbiprofen (Ansaid)
  - Naproxen (short term)
  - Low doses of aspirin (75-162 mg/d) (high doses not advised)
- Limited published data on other NSAIDs and use is discouraged in breastfeeding:
  - Etodolac
  - Fenoprofen
  - Meloxicam
  - Oxaprozin
  - Piroxicam
  - Sulindac
  - Tolmetin

### Antidepressants, Anxiolytics, and Antipsychotics
- Some of these agents appear in breast milk at clinically significant levels:
  - Bupropion (Wellbutrin)
  - Diazepam (Valium)
  - Fluoxetine (Prozac)
  - Citalopram (Celexa)
  - Lithium (Eskalith)
  - Lamotrigine (Lamictal)
  - Venlafaxine (Effexor)
- The report recommended counseling women who want to breastfeed while taking these medications on the risk-benefit balance and the unknown long-term impact for the child.

### Herbs
- Reliable information on safety of many herbal products is lacking:
  - Chamomile
  - Black Cohosh
  - Blue Cohosh
  - Chastetree
  - Echinacea
The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

Herbs

- The following herbs commonly used during breastfeeding are not recommended for use by nursing women (continued)

- Ginseng
- Gingko
- Hypericum (St. John’s wort)
- Valarian
- Fenugreek