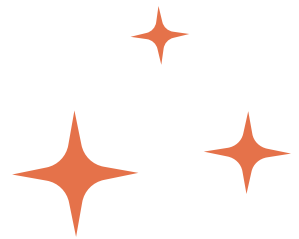


Pregnancy discussion guide for dental providers



Next Stage™ Women's Health

The pregnancy-oral health connection

Hormonal changes during pregnancy can significantly affect oral tissues, increasing blood flow to gums and altering immune response. These changes commonly lead to pregnancy gingivitis, with gums becoming swollen, tender and prone to bleeding. Left untreated, gingivitis can progress to periodontal disease, which has been linked to adverse pregnancy outcomes including preterm birth and low birth weight. This conversation is essential for comprehensive health care.

Starting the conversation

- “How has your pregnancy been affecting your overall health and comfort?”
- “Have you noticed any changes in your mouth or gums since becoming pregnant?”
- “When was your last dental visit, and have you had any dental concerns during pregnancy?”
- “Are you experiencing any discomfort or changes in your oral health?”
- Increased sensitivity to hot, cold, or sweet foods
- Morning sickness affecting oral care (nausea during brushing)
- Frequent vomiting (acid exposure to teeth)
- Changes in taste or food cravings
- Dry mouth or increased thirst

Pregnancy-related factors:

- Nausea or vomiting frequency and timing
- Changes in eating patterns or food preferences
- Fatigue affecting oral hygiene routine
- Concerns about dental treatment safety

Key symptoms to discuss

Ask patients: “Are you experiencing any of these symptoms? If so, on a scale of 1-10, how much do they impact your daily comfort?”

Oral health-related symptoms:

- Gum tenderness, swelling, or bleeding (pregnancy gingivitis)

Oral health recommendations for your patients

Daily care adjustments:

- Brush twice daily with fluoridated toothpaste using a soft-bristled brush.
- Floss daily or use interdental cleaners to prevent gingivitis progression.
- Replace toothbrush every 3-4 months or sooner if bristles fray.
- After vomiting, rinse with baking soda solution (1 tsp in 1 cup water) before brushing.

Professional care:

- Schedule dental treatment ideally during second trimester.
- Inform dental team of pregnancy status and due date.
- Continue routine cleanings — oral health care including X-rays and local anesthesia are safe during pregnancy.
- Address urgent issues promptly. Delaying necessary treatment poses risks to mother and baby.
- When topical fluoride is indicated to mitigate the effects of tooth erosion, consider fluoride varnish over gel formulations due to its reduced potential to induce nausea.

Supporting overall health during pregnancy

Nutrition for oral and fetal health:

- Choose low-sugar snacks: fruits, vegetables, cheese, unsweetened yogurt.
- Stay hydrated by drinking water.
- Get 600 micrograms folic acid daily through supplements and folate-rich foods (leafy greens, legumes, fortified grains).

Managing pregnancy challenges:

- For nausea: eat small, frequent healthy meals throughout the day.
- If morning sickness affects brushing: try different toothpaste flavors or brush at different times.

Healthy behaviors:

- Attend prenatal classes and regular prenatal checkups.
- Avoid tobacco, alcohol and recreational drugs.
- Avoid secondhand smoke exposure.

Postpartum oral health for mother and baby:

- Continue excellent oral hygiene and regular dental care after delivery.
- Schedule first dental visit by age 1.
- Practice exclusive breastfeeding for 4-6 months when possible.
- Ask pediatrician to perform oral health risk assessments starting at 6 months.
- Be sure to clean the baby's mouth and teeth after any night time feedings.

With **Next Stage™ Women's Health**, you can give your patients more than routine care during pregnancy and menopause. The added benefits help you support women through life's big transitions and strengthen your role as a true health partner.

For more information, check out our **Menopause and Oral Health** page or visit the **Next Stage™ Women's Health** page.