

Article Level: Advanced

Pregnant? Watch Your Mouth for Your Baby's Sake

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Introduction

Women wanting to become pregnant have long been told by their physicians to [quit smoking](#), to quit drinking alcohol and caffeine, and to get their bodies in [shape](#). Now, they need to get their mouths in shape too.

Ignoring the mouth can result in worse things than cavities. A pregnant woman could be putting her baby at risk. Pregnancy [gingivitis](#)--a relatively common occurrence during pregnancy--can lead to periodontal disease, a serious condition shown by some studies to cause pre-term, low-birth-weight babies.

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Jean Stewart, who, at 30 years old, is pregnant with her first child, says she was completely surprised when her gums started bleeding during her first trimester. "I had never had a problem until they just started bleeding, then it continued every time I brushed."

She went to her dentist for a cleaning after which the bleeding stopped. "While my gums weren't swollen a lot, they were extremely tender and sore."

Something to Chew On

Dr. Thomas Rams, professor and chairman of the Department of Periodontology at Temple University School of Dentistry in Philadelphia, says pregnancy gingivitis occurs in approximately 50% of pregnant women. "There are hormonal shifts in pregnancy that reduce the gingival tissue resistance to infection, and there is also an increased risk that the hormones circulating will help promote the growth of certain bacteria and plaque, which causes inflammation.

"While pregnancy gingivitis is a relatively nondestructive form of periodontal disease, there are indications that periodontal disease may have an adverse effect on the developing fetus, causing premature or low-birth-weight baby, if the mother has severe untreated periodontal disease."

Rams says, "In periodontitis, bacterial plaque infection not only causes inflammation of gingival tissues like gingivitis, but also progressively destroys connective tissue fibers and surrounding bone anchoring teeth to the jaws, resulting in the loss of teeth."

He says signs usually begin in the first trimester. "Gingival tissues get slightly swollen and tend to bleed more readily with brushing and flossing. The gums, usually coral-pink, will have a darker, rouge-like color and be tender."

Although pregnancy gingivitis does not always indicate a neglected mouth, infrequent cleanings resulting in a build-up of tartar and plaque, which causes red and swollen gums, usually leads to this condition. Pregnancy gingivitis by itself generally clears up with the birth of the child.

Take Care, Or Else

Dr. Stephen Wolmer, who has a general dentistry practice in Manhattan, New York, says any woman who takes good care of her mouth before she gets pregnant should not develop gingivitis. "But one of the risks of periodontal disease and

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care of her mouth before she gets pregnant should not develop gingivitis. But one of the risks of periodontal disease and inflammation of the mouth is having a low-weight, pre-term baby."

Referring to an article in the *Journal of the American Medical Association* (October 18, 2000), Wolmer says, "The study concludes that pre-term birth is associated with specific, long-term reductions in brain volume" and that these abnormal changes are linked to "poor cognitive outcome."

"This says that periodontal disease in pregnancy is not just about losing teeth or having tooth and gum problems, but having baby problems," he says.

Wolmer says if a woman has no periodontal problems, a thorough cleaning in the first trimester "or at least once in the 9 months" should be sufficient. "But if there is a problem to begin with or one develops, treatment should be aggressive, but noninvasive. You don't want to give a pregnant woman anesthetic unless she has to have it."

Wolmer has a nonsurgical periodontal program where he de-germs pockets around each tooth. "I use ultrasonics and antiseptics to reduce bacterial population in the mouth. If you can maintain low levels of bacteria in this relatively simple way, then all the tissue heals, and the inflammation and infection will disappear."

Another result of poor dental hygiene for the pregnant woman is the "pregnancy tumor" which, according to Rams, is not really a tumor but an "epulis."

"This is a condition where the tissue bubbles up . . . a localized enlargement of tissue," he says. "This can flare up where there's a lot of infection and inflammation in the area. They usually shrink down after the baby's birth, but if not, they can be surgically removed."

Rams emphasizes that while gingivitis and periodontitis are both forms of periodontal disease affecting gingival tissues and surrounding teeth, gingivitis is nondestructive, but periodontitis can cause tooth loss.

"For a healthy beginning to a pregnancy, the teeth and gingival tissues should be checked out with inflammation cleared up and plaque removed before the pregnancy is accomplished," he says.

For more information on the preterm infant study, see the article (<http://jama.ama-assn.org/issues/v284n15/abs/joc00361.html>) in *JAMA*. A study done in the October 1997 issue of *Current Opinion in Periodontology* by Dr. Walter Loesch at the University of Michigan School of Dentistry also provides information on the effects of periodontal disease on the unborn. For this report, visit (loeschelabs.dent.umich.edu).

How to Lick Gum Disease

It's easy. Pay close attention to your teeth and gums on a regular basis. Here's how:

- Brush with fluoride toothpaste at least once a day using a soft toothbrush with rounded bristles. If you have one, an electric toothbrush brings good results. Make sure your brushing routine takes at least 2 minutes.
- Floss daily to remove plaque from areas your brush can't reach.
- Visit your dental professional regularly for cleanings and check-ups.

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