Update in Dental Care for Pregnant Mothers
Part Three: Oral Manifestations and Treatment

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ABSTRACT. The pregnant patients require special attention to dental management. During pregnancy manifestation of oral lesions are common. The dental surgeon must take special care while treating pregnant patients, because of the risk involved to the mother and foetus. This part of the article deals with precautions needed to be taken using the trimester approach.

INTRODUCTION

A common concern when providing dental care to pregnant women is the timing of treatment. It is known that as many as one in five pregnancies undergo spontaneous abortion. Dental procedures performed near the time of a spontaneous abortion may be blamed as the cause. As a result of this, it is suggested the trimester approach be used & it could be beneficial both to the patient and doctor. The trimester approach is safe for both mother and baby because it takes into consideration the periods of greater risk to the developing embryo or foetus. The importance of a good preventive programme even prior to pregnancy should not be overlooked. Before we discuss the dental management in detail, let us first review some of the oral manifestations during pregnancy that may be of concern to the dental surgeons.

**Oral manifestations during pregnancy**

**Anaemia**

Pallor of the oral mucosa can be detected during pregnancy. This is an indication that the mother is suffering from anaemia, most probably due to iron deficiency. As a consequence of the increased iron requirement for the formation of the foetal red corpuscles. The iron requirement usually increased by 800 mg during pregnancy and this increased demand can be met by giving the patient iron supplements. This is usually taken care by the physician or obstetrician. The role of the dentist is more toward detecting this condition and making the appropriate referrals.

**Pregnancy epulis**

There is an increase in frequency of pregnancy epulis/tumours in pregnant women, mostly during the second trimester. This lesion histologically mimicks a pyogenic granuloma. It represents an exaggerated inflammatory response to local irritation. It usually presents as a painless red spherical protruding swelling on the gingival margin or interproximal areas and may bleed easily and is usually found on the canine-premolar region.

It is a fallacy that all these lesions must be excised surgically. Excision is only indicated when the mass interferes with chewing, brushing or oral hygiene procedures. Normally this lesion will normally subside after delivery.

**Pregnancy gingivitis**

Pregnancy gingivitis is frequently manifested during pregnancy even in those with good oral hygiene prior to pregnancy. It is often assumed that patient neglects her oral hygiene as a result of pregnancy. In fact, it has been suggested that this is due to hormonal changes associated with pregnancy, resulting in an increase level of oestrogen and progesterone. This causes the gingiva to be inflamed rendering routine oral hygiene care more difficult. While there are other researchers which suggest that there is an accentuated response to dental plaque during pregnancy. Pregnancy induces increase synthesis of prostaglandins, increasing sensitivity to inflammation. Pregnancy gingivitis is impossible to distinguish from plaque-induced gingivitis. The gingival changes usually start around the second month and continue to term.