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PREGNANCY AND ORAL HEALTH CARE

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OVERVIEW OF PREGNANT PATIENT

- Pregnant patient has special dental needs
- Pregnant condition makes many dental providers nervous
- The major tendency of dentists is to undertreat
- An agreed upon body of knowledge can guide the dentist

OVERVIEW OF THIS PRESENTATION

- Medical/physiological changes in pregnant patient
- Special oral health needs of pregnant patient
- Pregnancy and common medications used in dentistry (Antibiotics, Anesthetics, Analgesics)
- X-RAYS AND PREGNANCY
- Suggested protocol for treatment, by trimester
- Consults
- Questions????????????????????????????????

RECENT REFERENCE

- Good recent overview of all these topics:

NEW YORK STATE DENTAL JOURNAL
JANUARY 2004

MEDICAL/PHYSIOLOGICAL CHANGES

- Hormonal changes
- Changes in immune response
- Increased gingivitis/bleeding
- Increased susceptibility to infection
- Gestational diabetes
- Pregnancy “tumors”

MEDICAL/PHYSIOLOGICAL CHANGES

- Increased caries susceptibility?
- (diet changes-increased sugar?)
- (poor hygiene-pain/bleeding?)
- (a tooth lost for each pregnancy?)
- Relationship between periodontal disease and low birth weight??????????????

SPECIAL ORAL HEALTH NEEDS

- Tooth loss and gum disease is not normal
- Hygiene instruction for home care
- Prophy/scaling for all
- Chlorhexidine/H2O2 OK for pregnant

SPECIAL ORAL HEALTH NEEDS

- Educational opportunity- mother and baby
- Baby-diet, gauze wipe, fluoride (water)
- Mom-original *S. mutans* comes from mom
- Her hygiene protects her child

MEDICATIONS-ANTIBIOTICS

- General Rule-Minimize medications
- (extreme examples-thalidomide, DES)
- Despite this rule, treat pain and infection
- Pregnancy should not mean that infection is not treated, pain is not relieved or obvious dental need is not taken care of
- What specific antibiotic recommendations/contraindications exist?

MEDICATIONS-ANTIBIOTICS

- *AVOID: TETRACYCLINE FAMILY*
- *AVOID: ERYTHROMYCIN ESTOLATE*
- *AVOID: METRONIDAZOLE (DENTAL USE)*
- MOST COMMON DENTAL ANTIBIOTICS ARE SAFE

MEDICATIONS-ANTIBIOTICS

- PEN V, AMOXICILLIN, AMPICILLIN, CLINDAMYCIN, CEPHALOSPORINS ERYTHROMYCIN (*EXCEPT ESTOLATE*)=CATEGORY B
- CLARITHROMYCIN= CATEGORY C
- YOU CAN PREMEDICATE AND TREAT INFECTIONS SAFELY

MEDICATIONS-ANALGESICS

- ASPIRIN / ASA- *AVOID, ESP. 3RD TRIM (C/D)*
- IBUPROFEN / MOTRIN- *AVOID, ESP. 3RD TRIMESTER (B/D)*
- NAPROXEN / NAPROSYN- *AVOID, ESP. 3RD TRIMESTER (B/D)*
- DIFLUNISAL / DOLOBID- *AVOID, ESP. 3RD TRIMESTER (C/D)*
- *WHAT'S LEFT???????????????*

MEDICATIONS-ANALGESICS

- **TYLENOL / ACETAMINOPHEN-BEST FOR MILD TO MODERATE PAIN**
- **STRONGER? – TYLENOL 3 (wt. CODEINE)**
- **VICODIN (TYLENOL WITH HYDROCODONE)**
- **DEMEROL / MEPERIDINE**

MEDICATIONS-ANESTHETICS

- THORNY AREA WITH SOME DISAGREEMENT
- NO DEFINITIVE STANDARD
- MAIN ISSUE-MEPIVICAINE (CARBO) 3% WITHOUT VASOCONSTRICTOR VS. LIDOCAINE 2% WITH EPI. 1:100,000
- DOES EPI STIMULATE UTERINE MUSCLE?
- CONCENTRATION? IN BLOODSTREAM?

Lidocaine vs. mepivacaine

- Category B
- 2%
- Epi will keep it local
- Less likely to re-inject
- *Less drug of better category*
- Uterine muscle effect?
- Category C
- 3% (50% MORE DRUG)
- Leaves tissue more readily
- More likely to re-inject
- *More drug of a worse category*
- No muscle effect

MEDICATIONS-ANESTHETICS

- MORE EXPERTS ARE LEANING TOWARDS LIDO WT EPI 1:100,000
- SEE NYSDJ JANUARY 2004

- NOTE: *ARTICAINE 4% CATEGORY C*
- *MARCAINE: CATEGORY C*

PREGNANCY AND X-RAYS

- MOST FEARED/MISUNDERSTOOD ASPECT
- GENERAL RULE-MINIMIZE X=RADIATION
- GENERAL RULE-YOU CAN'T TREAT MUCH WITHOUT X-RAYS!
- CAN YOU EXTRACT? DEEP EXCAVATION? ENDO?

PREGNANCY AND X-RAYS

- *SENSIBLE PLAN: TAKE NEEDED X-RAYS*
- *POSTPONE FULL MOUTH SERIES*
- *POSTPONE ROUTINE RECALL BW'S (SOME DISAGREEMENT ON THIS)*
- *NOTE IN CHART: PREGNANT PATIENT X-RAYS TO BE TAKEN AFTER BIRTH-
INFORM PATIENT*

PREGNANCY AND X-RAYS

- WORST TRIMESTER= FIRST
- SINGLE DENTAL FILM, COLLIMATED TUBE, AIMED AT HEAD, LEAD APRON
RADIATION EXPOSURE IS ALMOST UNDETECTABLE!
- *BALANCE X-RAY RISK VS. RISK OF NOT TREATING INFECTION AND PAIN OR BAD DIAGNOSIS WITHOUT FILM*

PREGNANCY AND X-RAYS

YOU MAY BE X-RAYING PREGNANT
PATIENTS ALREADY

HAS PATIENT MISSED A PERIOD?

ASK, POST NOTES AND SIGNS,
MEDICAL HISTORY

URINE PREGNANCY TEST ON SITE?

GENERAL RECOMMENDATIONS CONSENSUS ??????????

- PRE-PREGNANCY AND EARLY PREGNANCY COUNSELLING-INCLUDE A DENTAL COMPONENT
- PROPHY/HYGIENE *IN ALL TRIMESTERS*
- PAIN/INFECTION – *TREAT IN ALL TRIMESTERS*
- TREAT DEEP CARIES LIKELY TO BECOME PROBLEMATIC

GENERAL RECOMMENDATIONS CONSENSUS ??????????

- SECOND TRIMESTER-BEST FOR GENERAL RESTORATIVE
- FIRST TRIMESTER-WORST FOR CHEMICALS AND RADIATION
- THIRD TRIMESTER-KEEP APPTS. SHORT, CHAIR POSITION MAY BE PROBLEMATIC
- BETTER LEANING ON LEFT SIDE

GENERAL RECOMMENDATIONS CONSENSUS ????????????

- NO CONTRAINDICATIONS FOR DENTAL RESTORATIVE MATERIALS, INCLUDING AMALGAM
- RECOMMEND POSTPONING TRULY ELECTIVE AND INVASIVE PROCEDURES-
3RD MOLAR EXTRACTIONS, CROWN AND BRIDGE, PERIO SURGERY.....

CONSULTS

- NOT GENERALLY NECESSARY FOR HEALTHY PREGNANT PATIENTS
- IF NEEDED, *BE SPECIFIC ON PROCEDURE PLANNED, MEDICATIONS PLANNED, ETC.*
- *OTHER REASONS FOR CONSULT?*

QUESTIONS???

*I THINK WE'VE STIRRED UP
ENOUGH ISSUES.....*

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