

## 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](http://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 adjunctive analgesic to local anesthetics.

## Guidance for Oral Health Professionals

### Provide Oral Disease Management and Treatment to Pregnant Women

- Provide emergency or acute care at any time during the pregnancy, as indicated by the oral condition
- Develop, discuss with women, and provide a comprehensive care plan that includes prevention, treatment, and maintenance throughout pregnancy. Discuss benefits and risks of treatment and alternatives to treatments.

## Guidance for Oral Health Professionals

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

- 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 exists, 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.

| Pharmaceutical Agent                                  | Indications, Contraindications, and Special Considerations                                       |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Analgesics</b>                                     |                                                                                                  |
| Acetaminophen                                         | May be used during pregnancy.                                                                    |
| Acetaminophen with Codeine, Hydrocodone, or Oxycodone |                                                                                                  |
| Codeine                                               |                                                                                                  |
| Meperidine                                            |                                                                                                  |
| Morphine                                              |                                                                                                  |
| Aspirin                                               | May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters. |
| Ibuprofen                                             |                                                                                                  |
| Naproxen                                              |                                                                                                  |

### Pharmacological Considerations for Pregnant Women

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

|                    |                               |
|--------------------|-------------------------------|
| <b>Antibiotics</b> |                               |
| Amoxicillin        | May be used during pregnancy. |
| Cephalexin         |                               |
| Clindamycin        |                               |
| Metroidazole       |                               |
| Penicillin         |                               |
| Ciprofloxacin      | Avoid during pregnancy.       |
| Clarithromycin     |                               |
| Levofloxacin       |                               |
| Moxifloxacin       | Never use during pregnancy.   |
| Tetracycline       |                               |

## Pharmacological Considerations for Pregnant Women

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

|                                                                                |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Anesthetics</b>                                                             | Consult with a prenatal care health professional prior to using intravenous sedation or general anesthesia.                                                                                              |
| Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine) | May be used during pregnancy.                                                                                                                                                                            |
| Nitrous oxide (50%)                                                            | May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional. |
| <b>Over-the-Counter Antimicrobials</b>                                         | Use alcohol-free products during pregnancy.                                                                                                                                                              |
| Cetylpyridinium chloride mouth rinse                                           | May be used during pregnancy.                                                                                                                                                                            |
| Chlorhexidine mouth rinse                                                      |                                                                                                                                                                                                          |
| Xylitol                                                                        |                                                                                                                                                                                                          |

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## Examples of Questions to Add to Health History Based on National Consensus Statement and Relevance of Responses

| QUESTIONS                                                                                                                                 | RELEVANCE OF RESPONSE                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When is your due date? How many weeks pregnant are you?                                                                                   | To determine the ideal schedule for any treatment; to assess the appropriate diet and oral hygiene counseling; to anticipate the likely clinical changes at clinical examination                        |
| Do you have any questions or concerns about receiving oral healthcare while you are pregnant?                                             | To explain that many pregnant women and some prenatal healthcare providers are confused over the safety and appropriateness of dental care, even when dental problems are encountered                   |
| Have you received prenatal care? If not, do you need help making an appointment for prenatal care?                                        | To explain the importance of prenatal care and offer assistance in referral to prenatal health professionals in the community, especially those who accept Medicare and other public insurance programs |
| Since becoming pregnant, have you been vomiting? If so, how often? Also, do you suffer heartburn or have acid reflux into your mouth?     | To assess risk for acid erosion                                                                                                                                                                         |
| Do you have any dietary cravings, fads, or food aversions?                                                                                | To assess risk for dental caries, acid erosion, and the adequacy of overall nutrition                                                                                                                   |
| Are any teeth sensitive to heat or cold, or sweet or acidic foods and drinks?                                                             | To assess risk of acid erosion                                                                                                                                                                          |
| Do you have swollen or bleeding gums, a toothache, or other problems in your mouth? Have you noticed any changes since becoming pregnant? | To assess the likelihood of soft-tissue changes, caries, or other oral maladies                                                                                                                         |
| Are you able to perform your routine oral hygiene as normal?                                                                              | To assess if oral hygiene procedures are compromised because of nausea and vomiting, which are commonly due to morning sickness, and if more intense prevention should be instituted                    |

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

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[http://pediatrics.aappublications.org/  
content/early/2013/08/20/peds.  
2013-1985](http://pediatrics.aappublications.org/content/early/2013/08/20/peds.2013-1985)

### The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

- 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

### The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

- **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 detectable serum concentrations

### The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

- 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

<http://toxnet.nlm.nih.gov>

### The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

#### **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



## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

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

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

– **Codeine** and **Hydrocodone** can reach high levels in breast milk

- Adverse events reported:
  - Unexplained apnea
  - Bradycardia
  - Cyanosis
  - Sedation

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

- 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 Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

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

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

- The following **are** recommended in the
  - **Butorphanol**
  - **Morphine**
  - **Hydrocodone (Dilaudid)**

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Narcotic Analgesics

- 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.

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### 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)

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Non-Narcotic Analgesics

- Limited published data on other NSAIDs and use is **discouraged** in breastfeeding

- |              |             |
|--------------|-------------|
| – Etodolac   | – Oxaprozin |
| – Fenoprofen | – Piroxicam |
| – Meloxicam  | – Sulindac  |
|              | – Tolmetin  |

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Antidepressants, Anxiolytics, and Antipsychotics

- Some of these agents appear in breast milk at clinically significant levels
- |                          |                          |
|--------------------------|--------------------------|
| – Bupropion (Wellbutrin) | – Citalopram (Celexa)    |
| – Diazepam (Valium)      | – Lithium (Eskalith)     |
| – Fluoxetine (Prozac)    | – Lamotrigine (Lamictal) |
|                          | – Venlafaxine (Effexor)  |

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Antidepressants, Anxiolytics, and Antipsychotics

- Some of these agents appear in breast milk at clinically significant levels
  - 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

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

### Herbs

- Reliable information on safety of many herbal products is lacking



## 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

- |                |              |
|----------------|--------------|
| – Chamomile    | – Chastetree |
| – Black Cohosh | – Echinacea  |
| – Blue Cohosh  |              |



## 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
- Valarian
- Ginkgo
- Fenugreek
- *Hypericum* (St. John's wort)



# Marijuana AND Pregnancy

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

## Possible Effects on Your Fetus



Disruption of brain development before birth



Smaller size at birth  
Higher risk of stillbirth



Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy



Harm from secondhand marijuana smoke  
Behavioral problems in childhood and trouble paying attention in school

## Possible Effects on You



Permanent lung injury from smoking marijuana



Dizziness, putting you at risk of falls



Impaired judgment, putting you at risk of injury



Lower levels of oxygen in the body, which can lead to breathing problems

## DID YOU KNOW?

- Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- There's no evidence that marijuana helps morning sickness (ask your obstetrician-gynecologist [ob-gyn] about safer treatments).
- You also should avoid marijuana before pregnancy and while breastfeeding.

Marijuana and pregnancy don't mix. If you're pregnant or thinking about getting pregnant, don't use marijuana.



If you need help quitting marijuana, talk with your ob-gyn or other health care professional.

Research is limited on the harms of marijuana use for a pregnant woman and her fetus. Because all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana. ACOG believes women who have a marijuana use problem should receive medical care and counseling services to help them quit.



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