

## REVIEW ARTICLE

## PERINATAL ORAL HEALTH CARE- AN INSIGHT TO IMPROVE ORAL HEALTH OF EXPECTANT MOTHER AND CHILD

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### ABSTRACT

*Improved health outcomes for the mother and unborn child are the ultimate goal yet, “The achievement of optimal oral health in pregnant women hampered by myths surrounding the safety of dental care during pregnancy. “Prenatal care providers integrate oral health into the care of their pregnant patients so that mother and baby can lead healthy lives. Fortunately, opportunities exist to educate health professionals who work with women about the importance of oral health care during the perinatal period and to engage these health professionals in promoting women’s oral health during that period that could result in improved oral as well as general health of expectant mothers and to their children.*

*The perinatal period is defined as the period around the time of birth, beginning with the completion of the 20th through 28th week of gestation and ending one to four weeks after birth. Perinatal oral health plays a crucial role in the overall health and well-being of pregnant women as well as of their new-born children. By employing principles of perinatal oral health care, we can achieve decreased incidence of early childhood caries, opportunity to provide anticipatory guidance and establishment of dental HOME no later than 6 months of age or by first birthday of child, opportunity to a child to have a lifetime free from preventable oral diseases and to lower the numbers of cariogenic bacteria in an expectant mother’s mouth so that Mutans Streptococci (MS) colonization of the infant can be delayed as long as possible.<sup>1</sup>*

*There is an association between poor oral health of expectant mothers and an increased risk of adverse pregnancy outcomes, such as preterm deliveries, low birth weight babies, pre eclampsia and high risk for vertical transmission of cariogenic bacteria.<sup>2</sup>*

*Clinical specialities involved in perinatal oral health care are provided by advanced practice nurses, allied*

*health personnel, dentists, physicians, Obstetrics and Gynaecology, Paediatrics and Preventive Medicine.*

### RECOMMENDATIONS

An opportunity to educate women regarding oral health by providing a “teachable moment” in self-care and future child-care is offered during pregnancy. Early intervention and counselling during the perinatal period from all health care providers are essential to ensure good oral health for the mother and infant.<sup>3</sup>

Pregnant woman experiencing frequent vomiting and nausea makes them to avoid tooth brushing that results in increased caries rate, so they are advised to rinse with a cup of water containing a teaspoon of baking soda and wait an hour before brushing that helps in minimizing dental erosion and to facilitate tooth brushing.<sup>4</sup>

Tooth brushing with fluoridated toothpaste, flossing and rinsing with an alcohol-free over-the-counter mouth rinse containing 0.05% sodium fluoride once a day or 0.02% sodium fluoride rinse twice a day have been suggested to reduce plaque levels as well as to promote enamel remineralisation.

A healthy diet is necessary to provide adequate amounts of nutrients for the mother-to-be and unborn child. Dietary recommendations include eating small amounts of nutritious food throughout the day that helps to minimize their caries risk. Prenatal diet supplementation with proteins, folic acid, calcium, phosphate and vitamin A, C, D are recommended. The cariogenic potential of the mother’s diet (i.e., cariogenicity of certain foods, beverages, medicines) as well as its effect on her child should be addressed. The frequency of consumption of cariogenic substances and resulting demineralization/remineralisation process also are important. Chewing sugarless or xylitol-containing chewing gum (2-3 times a day) by the mother is important to reduce bacterial plaque levels.

Comprehensive dental examination and treatment should carry out to the expectant mother during second trimester, or the 14th through 20th weeks.<sup>5</sup>

Evading or delay of MS transmission can be

1. MDS

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accomplished by educating the mother or caregiver on behaviours that directly pass saliva to the child such as sharing utensils or cups or straws, cleaning a dropped pacifier by mouth, kissing the baby on mouth, sharing a spoon when tasting baby food.<sup>6</sup>

Routine preventive efforts should include wiping an infant mouth with a soft cloth or gauze cloth after every breast or bottle feed, tooth brushing, optimizing the child's fluoride exposure and limiting the child's frequency of carbohydrate intake.

## CONCLUSION

Many expectant mothers are unaware of the implications of poor oral health for themselves, their pregnancy, and/or their unborn child. Timely delivery of educational information, preventive therapies and treatments by dentists will improve the quality of life of a child.

## REFERENCES

1. **Sacco G, Carmagnola D, Abati S, et al.** Periodontal disease and preterm birth relationship: A review of the literature. *Minerva Stomatol* 2008;57:233-50.
2. **Meyer K, Geurtsen W, Gunay H.** An early oral health care program starting during pregnancy: Results of a prospective clinical long-term study. *Clin Oral Investig* 2010; 14(3):257-64.
3. American Academy of Pediatrics. Policy on oral health risk assessment timing and establishment of the dental home. *Pediatrics* 2003;111:1113-6.
4. New York State Department of Health. Oral health care during pregnancy and early childhood: Practice Guide- lines. August, 2006.
5. **Gajendra S, Kumar JV.** Oral health and pregnancy: A review. *NY State Dent J* 2004;70:40-4.
6. **Berkowitz RJ.** Acquisition and transmission of Mutans streptococci. *J Calif Dent Assoc* 2003;31:135-8.