Dental treatment in Pregnancy and Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

Ideally we recommend that women see the dentist for a thorough clean and check-up before they try to get pregnant.
Many women are concerned that visiting the dentist during pregnancy may put their unborn baby at risk. As a result some women avoid routine check-ups and specific dental treatment, deferring them until after pregnancy. This is however generally not necessary and most dental work can be carried out without increasing pregnancy risk.

Why treat?

Dental problems can occur during pregnancy just as at any other time of life. Moreover during pregnancy, it is common for oral health to deteriorate. This is because hormonal changes in pregnancy make gums more likely to become inflamed. Many women will also experience frequent vomiting which may cause tooth erosion.[1]

Failure to treat a dental problem may have consequences for both mother and baby. Untreated dental issues can worsen with time and result in both harm and unnecessary discomfort for the mother. Furthermore, research suggests that poor dental health during pregnancy may be associated with babies being born prematurely or with low birth weight. This can potentially have important effects on a baby's health and development.[1]

Issues for pregnancy

Check ups

Routine dental check-ups and cleaning can be carried out at any stage of pregnancy.

Local anaesthetic

Local anaesthetics have been given to large numbers of pregnant women for dental procedures and have not been associated with increased pregnancy risk. Because they act locally, it is not expected that the anaesthetic would enter the bloodstream and cross the placenta to reach the unborn baby.[1]

X rays

Dental X rays are safe during pregnancy as the actual radiation dose the unborn baby is exposed to, is considered insignificant. Usual practice is to provide a lead apron for shielding when having dental X-rays.[2]

Procedures

Procedures such as root canal treatment, fillings and tooth extraction may be undertaken at any time during pregnancy and do not increase the risk of negative pregnancy outcomes.[3]

Infection

Antibiotics may be required during pregnancy to treat dental infections. Most antibiotics are safe to use throughout pregnancy.[4] If uncertain, phone MotherSafe directly for advice about

specific medications. Conversely, not treating a dental infection in pregnancy may increase the risk of poor pregnancy outcomes.

Pain

There are several options for pregnant women suffering from dental pain. Paracetamol and codeine are considered the first choice for acute pain in pregnancy. NSAID (non-steroidal anti-inflammatory) medications such as ibuprofen and diclofenac may be used when required between 13 and 30 weeks of pregnancy.[5]

Oral care

Many over the counter products are used to improve dental hygiene and treat conditions such as mouth ulcers, toothache and gum infections. Mouthwashes may contain antiseptics such as chlorhexidine and cetylpiridinium and sometimes may contain small amounts of alcohol. They are spat out rather than swallowed. This means that little of the mouthwash is actually absorbed into a pregnant woman's bloodstream and thus it is not considered a significant exposure to an unborn baby. As such, even if mouthwashes contain some alcohol, they are not anticipated to increase pregnancy risk.

Similarly, mouth gels and mouth ulcer treatments may contain several ingredients including local anaesthetics, anti-inflammatories and corticosteroids. They act locally and do not enter the blood stream significantly. Therefore, their use is not anticipated to be harmful in pregnancy.

Breastfeeding

It is safe while breastfeeding to have routine dental check-ups, X-Rays and specific procedures that require local anaesthetics. Most antibiotics are also compatible with breastfeeding as are oral mouth care products.[6] If pain relief is required, paracetamol and NSAIDS such as ibuprofen and diclofenac are considered compatible with breastfeeding.[6]

Codeine and other similar medications may be required for severe pain. Occasionally, repeated high doses of codeine and similar medications may cause drowsiness, particularly in young, premature babies or if the mother is sensitive to codeine.[6] If drowsiness occurs, the medication should be stopped and medical advice sought.

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

References

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